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## These symptoms could signal fibroids, polyps and other uterine growths; take note



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One in every four women in the world is diagnosed with fibroids. If you analyse this statistic keeping your family or office team as a sample size, you'll instantly realise its veracity. "Fibroids are very common. Twenty five per cent of women all over the world are affected by it. However, the good news is that only 20-50 per cent of them might show visible symptoms," says Dr Anjali Kumar, senior consultant, obstetrician and gynaecologist, Paras Hospital (Delhi).

However, fibroids are just one of the different kinds of uterine growths (Some 10 per cent of women also struggle with polyps). Considering its widespread presence, it becomes important to understand the many kinds of uterine growths and the complications they might pose if left untreated.

Uterine growths are tissue enlargements of the uterus. They can be caused due to various reasons and each one comes with its share of challenges. Benign growths or non-cancerous growths include uterine fibroids, adenomyosis and uterine polyps while dangerous (malignant) ones include cancerous tumours. Dr Kaberi Banerjee, MBBS and MD in obstetrics and gynaecologist from AIIMS, helps you identify the peculiarities, symptoms and treatments for each of these types.

Fibroids are the most common benign tumours that typically develop during the middle and later reproductive years (35-49 years) with unclear reasons. There is an abnormal growth of smooth muscle tissue which arises from the tissue in the muscle of the wall of the uterus, called the myometrium. They are not cancerous. While most fibroids are asymptomatic, they can grow and cause heavy menstruation, painful sexual intercourse, and increased urinary frequency and urgency. Some fibroids may interfere with pregnancy and cause

infertility. They can be diagnosed with a pelvic examination (bimanual examination) and confirmed by an ultrasound. Most fibroids do not require any treatment unless they are showing visible, disturbing symptoms. After menopause fibroids tend to shrink naturally and it is unusual for them to cause problems. Symptomatic uterine fibroids can be treated with medication to tackle symptoms and shrink their size. Other treatments include ultrasound fibroid destruction, myomectomy or radio frequency ablation, hysterectomy or uterine artery embolisation.

Adenomyosis is the growth of the uterine tissue from one particular layer of the uterus (the inner lining of the uterus called the endometrium) into the "wrong" layer (the muscle layer called the myometrium). In 90 percent cases, its occurrence is associated with pelvic endometriosis (a condition where tissues normally found **inside the uterus start growing outside of it**). **Even though adenomyosis is a benign condition, it can enlarge the uterus, clinically appearing as a growth.**

The cause is not well established but it's more common after childbirth. Adenomyosis may or may not show symptoms. Some women, however, may experience excessive bleeding, painful menstrual cycle, intermenstrual bleeding and painful intercourse. In such cases, the gynaecologist might suggest a physical examination, ultrasound and an MRI for diagnosis.

Currently, the only effective treatment available is a hysterectomy or the removal of the uterus. The decision as to whether or not to have a hysterectomy depends on the severity of the symptoms and the overall health of the patient.

Polyps of the uterus are benign overgrowths or bulges, of the normal tissue lining the uterus into the uterine cavity. Polyps may also be found in the uterine cervix. They rarely contain cancerous cells and mostly affect women in their 40s. They may or may not cause problems such as irregular vaginal bleeding, bleeding after intercourse and heavy menstrual bleeding. Diagnosis can be made by an ultrasound, hysteroscopy or examination under a microscope of the tissue removed during uterine sampling. Curettage—a procedure in which the lining of the uterus is removed, is also an effective cure for this condition.

Endometrial cancer or uterine cancer affects the inner lining of the uterus. This form of malignant growth is the third most common cause of gynaecologic cancer death (after ovarian and cervical cancer). It usually occurs within a few decades of menopause and is closely associated with obesity and excessive estrogen exposure. It might cause vaginal bleeding and/or spotting in postmenopausal women. Before menopause, this usually means bleeding, abnormal menstrual periods, anaemia, lower abdominal pain or pelvic cramping, thin white or clear vaginal discharge, unexplained weight gain, swollen glands/lymph nodes in the neck, under chin, back of head and top of clavicles, incontinence. The diagnosis can be made by transvaginal ultrasound, an MRI of the pelvis and confirmed with endometrial biopsy. The primary treatment is surgical. Radiotherapy or chemotherapy may be required in advanced cases.

A friend recently confessed that a part of her never wanted to look at her wedding photos. She got engaged in 2009 and was enjoying her bachelorette in Goa when she was faced with an onslaught of pimples that just refused to subside. "I tried ointments, antibiotic shots and milder home remedies such as sandalwood but nothing seemed to work. The doctors called it the "stress acne" and blamed it on the marriage stress," says Nisha Verma, a journalist and now a mother of a two-year-old. She went through her wedding looking and feeling her worst. "On my wedding, I felt like everybody was looking at my pimples—not at me," she narrates. Finally, when she was literally clutching on straws, she walked into a doctor's clinic in her vicinity in Rajinder Nagar, Delhi. "He checked my hairline and pimples and advised an ultrasound. By the evening, he confirmed that I had Polycystic Ovary Disease (PCOD)," adds Verma. She was instantly put on Diane 35 (a popular medicine for PCOD) and within six months, her skin was clear, periods were regular and mood swings got better. The next two years were a breeze but Nisha knows that it's time to get tested again. "I've learnt that there's no permanent solution. You need to control your diet, exercise and find ways to unwind and be happy," she admits. Pooja Masand, Mumbai-based production house owner has had a similar experience with PCOD.

"In 2007, two months before I was to get married, I was diagnosed with PCOD. So I consulted my doctor and fixed it temporarily with medicines. The next year, I underwent a lot of stress. I lost my parents and I was still settling in my marriage. All this escalated the condition," says Masand. When she consulted her doctor again, she was asked to introduce lifestyle changes such as losing weight and changing her diet. "Again, I sorted out the issue for the time being and moved on," she adds. It was finally in 2010 when she wanted to have a baby that the problem resurfaced. So her gynaecologist introduced medication that regulated her ovulation and helped her get pregnant within two months of consultation. But she confirms that in order to deal with PCOD, she has to live a disciplined life. "PCOD is a stress and lifestyle related issue and it affects your fertility and metabolism. Fertility experts will constantly tell you to lose weight and when you have PCOD, you become insulin resistant and it becomes that much harder to lose. It is quite a vicious cycle," she shares.

She confesses that sometimes the pressures of a job, a demanding three year-old and PCOD can all get too much but she has the backing of a supportive husband. 'I work with my husband. My work hours are flexible and this gives me time to concentrate on all the things that matter to me,' she signs off.

The difference between ovarian cysts and uterine growths is that while cysts develop in the ovaries, uterine growths such as fibroids and polyps form on the uterus.

Ones that are filled with fluids.

These cysts are filled with fluid and hard substances.

These are positioned in a complex place on the ovaries.

When there are two or more cysts on the ovaries.

The symptoms of ovarian cysts can vary from person to person. However, usually, one might experience pain in the abdomen along with some heaviness, menstrual irregularities, infertility, unusual bleeding, and in some cases, acute pain in the stomach.

The first step in diagnosis is the ultrasound to identify the cyst type. And then, a CT- Scan or an MRI to find out how many of them exist.

Treatment is based on the type of growth. If it is a simple cyst, it can be treated with medication. If it's big or there are many, surgical intervention is required. Laparoscopic intervention is the most common way to remove the cysts. This is a simple procedure which isn't very painful. The patient can go home in a day and perform regular tasks. There are no dietary precautions to observe.

funfacts Preventive measures to avert fibroids: Women can escape the potential threat of fibroids by introducing lifestyle changes, says Kanchan Naikawadi, preventive healthcare expert and Founder, Indus Health Plus Pvt. Ltd. Arm yourself with knowledge: First of all, be aware of your family history. As women age, their chances of developing fibroids increase. And if one has a family history of fibroids, the risk is up to three times higher on an average. Exercise regularly: Obesity can lead to many health risks including uterine growths. Go for regular check-ups: It is essential to understand that once a woman crosses the age of 25, she needs to be monitored constantly for potential health risks. An ultrasound usually reveals any abnormality so timely treatment is made possible. Prescription alert: Without your doctor's advice, avoid using birth control pills, hormone replacement drugs or spermicidal pills. Basically, don't take anything that increases the level of estrogen in your system. Increased estrogen promotes fibroid tumour growth. Eat Right: Include green

vegetables and fresh fruits in your diet. Kidney beans, lima beans, black beans, pinto beans and split peas are healthy options. Get enough vitamin D: Studies have established that women with vitamin D deficiency are more prone to fibroids. Vitamin D prevents the growth of fibroid cells and even helps reduce their volume. Choose foods that are natural sources of vitamin D such as salmon, tuna, cereal and milk. And make sure you spend 10-15 minutes a day out in the sun. If tests reveal inadequate levels, consult your physician for a suitable supplement dose. Find ways to combat stress: Anxiety reduces the body's progesterone levels, resulting in an estrogen increase. It is important to find ways to unwind to enable existing fibroids to shrink and prevent more from growing. Get sufficient sleep and practice yoga. Keep addictions at bay: Avoid habit forming substances such as alcohol and tobacco; and sugary, processed and fast food. They are toxic and promote the growth of fibroids. funfacts