

Fibroid Tumors

During my seventh week of pregnancy seven years ago, I discovered I had a uterine fibroid tumor. The intense pain kept me in bed for 14 days. My gynecologist referred me to a maternal-fetal specialist who prescribed a medication that stopped the pain and got me back on my feet. But as my fibroid grew steadily along with my baby, it began to block the birth canal. So I had to have a Caesarean section. Thankfully, I gave birth to a healthy baby boy.

Shortly after, my fibroid shrunk to its pre-pregnancy size and didn't give me any more problems—until four years later. The tumor grew twice the size of a walnut, along with six others, causing such heavy bleeding during my monthly periods that I didn't dare leave my house. Within nine months, I was anemic and in desperate need of medical care.

I didn't want a hysterectomy, the surgical removal of the uterus, so I chose to have an abdominal myomectomy, major surgery that involves removing the fibroids but keeping the uterus intact. But less than a year later, a new batch of tumors developed, and the profuse bleeding returned. This time I chose uterine artery embolization, a non-surgical, less invasive treatment that dramatically reduces the blood supply to the uterus, causing the fibroids to shrink while preventing others from cropping up. But time will tell.

A Common Phenomenon

Uterine fibroids are the most common pelvic tumor in women ages 30 to 40. It's estimated that 75 percent of us will develop fibroids (called leiomyomas or myomas) between the onset of menstruation and menopause. Most women don't know they have them because they never produce symptoms, but at least 20 percent to 25 percent will experience problems at some point.

African-American women are three to nine times more likely to have fibroids than White women. Our tumors begin developing at younger ages and tend to grow more rapidly. "And we're more likely to have multiple tumors," says Robyn R. Jones, M.D., an obstetrician-gynecologist at Chestnut Hill Hospital in Philadelphia.

The reasons aren't clear. Recent studies show that racial



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disparities in socioeconomic status and access to quality health care may play a role. Some medical experts believe that our fatty diets, lack of exercise, and our exposure to hazardous environmental pollutants are contributors. But no one really knows.

Defining Fibroids

Fibroids are non-cancerous tumors made of muscle and fibrous tissue that grow from the muscular wall of the uterus. Their size, shape, and location vary widely. They can appear inside the uterus (submucosal), on its outer surface (subserosal), within its wall (intramural), or attached to it by a stemlike structure (pedunculated).

They can be as small as a pea or walnut and as large as an orange or grapefruit. A woman may have one or several in various shapes and sizes. The tumors can remain small for years, suddenly grow quickly, or grow slowly over a long period of time. In rare cases, a large, rapidly growing fibroid can signal cancer. But malignant tumors are only found in approximately 0.1 percent of women with fibroids.

Just the Facts

- Asian women are less likely to develop fibroids that cause symptoms.
- Fibroids account for an estimated 300,000 hysterectomies annually in the United States.
- Myomectomies are performed less than 40,000 times a year in the United States.
- Fibroids cost our healthcare system more than \$1.2 billion annually.

Causes

Although fibroids are very common, little is known about what causes them. The female hormone estrogen has been shown to fuel their growth, especially during pregnancy when high levels are present. Low levels of estrogen during menopause cause them to shrink.

Some medical experts believe that fibroids have a genetic origin, because they tend to run in families. Recent studies suggest that women who have a family history of fibroids are twice as likely to develop them than those who don't.

Researchers at the Center for Uterine Fibroids at Brigham and Women's Hospital, an affiliate of Harvard

Medical School in Boston, are investigating the genetic causes of these tumors in the ongoing clinical trial "Finding Genes for Uterine Fibroids." "This ongoing study will allow us to identify the genes that play a role in tumor formation and symptoms, so we can pioneer new treatments in the future," says Elizabeth A. Stewart, M.D., clinical director for the center. (To learn more about this study, go to <http://www.fibroids.net>).

Warning Signs

Often fibroids have no symptoms, but if they do, here's what to look for:

- Heavy bleeding during your period
- Longer or more frequent periods
- Menstrual pain (cramps)
- Bleeding between periods
- Anemia
- Sharp or dull pain in the lower back or abdomen
- Painful intercourse
- Difficulty urinating or frequent urination
- Constipation, rectal pain, difficult bowel movements
- Miscarriages and infertility

Prevention

Though there are no scientifically proven ways of preventing fibroids, some holistic practitioners offer these tips for reducing their size and managing the symptoms.

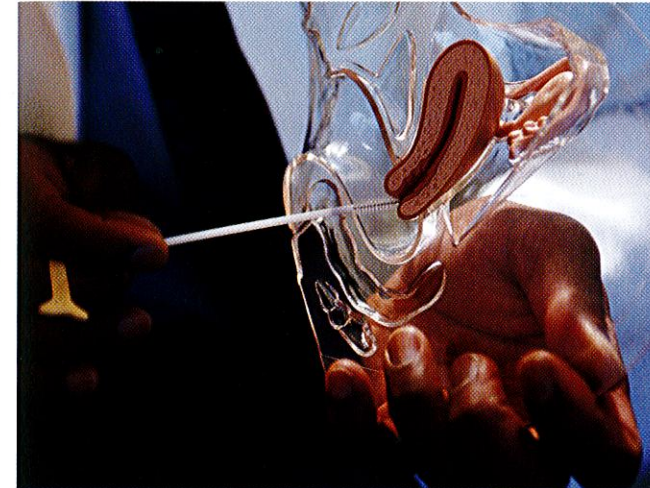
Eliminate meat and dairy products from your diet. These contain hormones such as estrogen that are used to stimulate growth in farm animals, and may contribute to fibroids.

Cut back on coffee, tea, chocolate, cola, salt, alcohol, fried foods, and foods high in sugar.

Relax. Release anger and anxiety with deep-breathing or meditation.

Exercise.

See your physician for yearly pelvic examinations.



Treatment

Fibroids are usually first discovered during a routine pelvic examination. To confirm the diagnosis, your doctor may give you an ultrasound exam, during which a healthcare practitioner glides a hand-held wand over your abdomen while viewing an internal image of your uterus on a television screen. Magnetic resonance imaging (MRI) or computed tomography scans (CT scans) are used to pinpoint fibroid size and location more precisely.

Once you're diagnosed, you'll need to know what your best treatment options are if your fibroids are causing you problems. **For a holistic approach, eliminate all dairy products and commercially grown poultry and red meat from your diet.** These foods contain harmful estrogen-containing chemicals that can promote fibroid growth and worsen symptoms, says Andrea D. Sullivan, Ph.D., N.D., a naturopathic doctor and author of *A Path to Healing: A Guide to Wellness for Body, Mind, and Soul* (Doubleday).

Eat organic fruits and vegetables to rid your body of pesticides, and consume high-fiber foods such as peas, beans, and brown rice to flush unwanted toxins. Foods containing soy, such as tofu, soy milk and soy nuts, can help balance hormone levels and relieve troublesome symptoms, says Dr. Sullivan.

If natural approaches don't work, **drugs such as gonadotropin releasing hormone agonists (GnRH) can be used to shrink fibroids** and control bleeding for three to six months. Doctors are now combining this therapy with estrogen and progesterone regimens to prolong symptom relief up to two years. Birth control pills are another option to stem blood flow.

When all else fails, there are uterus-sparing surgical treatments you can consider.

Laparoscopic Bipolar Coagulation. A surgeon cuts off the blood supply feeding the tumors by inserting a laparoscope, a slender telescope-like instrument, through the navel to cauterize or clip the uterine blood vessels, says Leonard Weather Jr., M.D., director of Omni Fertility and Laser Institute in New Orleans, who is one of only a few U.S. physicians offering this cutting-edge treatment. Fibroids decrease in size 50 percent to 70 percent, relieving symptoms.

Uterine Artery Embolization. An interventional radiologist inserts a thin tube, or catheter, into the main uterine artery through the groin, where tiny plastic or spongelike particles are injected to block blood flow to the fibroids. The tumors shrink, banishing symptoms.

Myomectomy. A surgeon removes the fibroids but leaves your uterus intact. Tumors can be extracted through an abdominal incision, the navel (laparoscopically), or the vagina (hysteroscopically).

Myolysis. With a laparoscope, an electric needle destroys blood vessels feeding tumors located only on the surface of the uterus.

Focused Ultrasound Surgery. Ultrasound rays at high temperatures zero in on fibroids through your abdomen to cut off their blood supply. No incisions are made. This type of surgery isn't yet available, but recent pilot studies show that the procedure is safe and effective for reducing tumor size and alleviating symptoms just one month after treatment.

Key Cultural Challenge

African-American women must inform themselves about the latest drug therapies and uterus-sparing surgical procedures available, because too many of us are having unnecessary hysterectomies, which require a six- to eight-week recovery time and possible complications down the road, Dr. Weather says.

Hot Topic

Studies are under way to test the effectiveness of **GnRH antagonists** that seem to stop menstrual periods and reduce fibroid size faster than the GnRH agonists Lupron, Synarel, and Zoladex. Researchers are also testing the antifibrotic drug pirfenidone for future use in fibroid treatment.

— Judith Springer Riddle