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Case Report on Fibroid Uterus

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Abstract:

Introduction: Uterine enlargement is prevalent in a woman's reproductive life. It is most commonly found as a result of leiomyomas, aside from pregnancy. Leiomyomas, often known as fibroid, are benign muscle fibres neoplasms that primarily arise from the myometrium due to their fibrous structure. They can be detected during a normal pelvic examination in asymptomatic women or they can cause symptoms. Pain, pressure sensations, dysmenorrhea, and irregular uterine bleeding are all common concerns. Although surgery for uterine fibroid management is accessible to satisfy the patient's acute needs, there are still obstacles in establishing a suitable complementary medical treatment.

Main symptoms and/or important clinical findings: A 65 years Old female was admitted in AVBRH on date 11/02/2021 with abdominal discomfort, heavy menstrual blood in the last four months, pelvic tension or pain, frequent urination over the last four months, difficulty emptying the bladder, constipation, backache, or muscle pain as. **Obstetric history-** Patient had bad obstetric history of two abortion. **The main diagnoses, therapeutic interventions, and outcomes:** After physical examination and investigation, this case was diagnosed having fibroid uterus. Patient had previous history of LSCS. Patient was treated with antihypertensive drugs. Present case was stable but ultrasonography revealed sign of stage I- fibroid growth. **Nursing perspective:** Fluid replacement i.e. DNS and RL, monitoring vital sign. **Conclusion:** Because most women with fibroids are asymptomatic, they receive less medical care, and uterine malignancies go untreated frequently.

Keywords: Myomectomy, fibroid uterus, gynecological tumors, reproductive age

Introduction:

Uterine fibroids are the most regular condition influencing ladies and young ladies, influencing 25% of African American ladies at 251 years old and up to 80% of African American ladies when they reach menopause.[1,2,3] Although clearly uterine fibroids are a wellbeing difference issue, it influence ladies, all things considered, and cost the US medical services framework billions of dollars every year. Uterine fibroids are quite possibly the most well-known issues in ladies of conceptive age everywhere on the world.[4]

By the age of 50, it is predicted that 70% of women will have one or more uterine fibroids, with approximately 30% of patients experiencing symptoms and seeking treatment.[5] Fibroids affect 60% of African-American women by the age of 35, compared to 40% of Caucasian women of the same age.[6]

Uterine fibroids don't have positive clinical treatment in the cutting edge gynecological practices other than a medical procedure, subsequently making the patients look for substitute treatments of

mending. Notwithstanding horrible careful cases, regular mindset of patients is to keep away from the medical procedure to a potential degree by looking for Ayurveda or some other elective therapy of their decision. This typical conduct likewise remains constant for the patients with uterine fibroid where harm has been precluded. The purposes behind keeping away from the medical procedure might be numerous for example protecting the anatomical and practical honesty of the body, a simple dread of a medical procedure, age of the patient, monetary imperative, social explanation, etc. In the perspective on these realities and remembering treatment restrictions of this issue, a theory with respect to treatment convention was made.

Patient information:

Patient specific information: On the 11th of February, 2021, an elderly woman was admitted to AVBRH with the chief complaint of stomach pain, heavy menstrual blood loss for the previous four months, pelvic tension or pain for the previous four months, frequent urination, difficulty clearing the bladder, constipation, backache, or leg pain for the previous four months. After physical examination and investigation, doctor diagnosed this case as fibroid uterus for further management. A 65 yrs. old female had bad obstetric history of two abortion with hypertension.

Primary concerns and symptoms of the patient: On 11/02/2021, the patient presented to the AVBR hospital's OBGY OPD with the chief complaint of abdominal pain, heavy blood loss for the past four months, pelvic pressure or pain for the past four months, increased urination, trouble emptying the bladder, constipation, back pain, or leg pain for the past four months.

Medical, family, and psycho-social history: Present case having hypertensive history since 15 year and patient take antihypertensive drug. She belonged to nuclear family and her husband had medical history of Diabetes Mellitus. She was mentally stable, conscious and oriented to date, time and place. She had maintained good relationship with doctors and nurses as well as other patients also.

Relevant past intervention with outcomes: Present case had bad obstetric history (abortions and menopause).

Clinical findings: The patient was conscious and well oriented to date, time and place. Her body built was moderate and she had maintained good personal hygiene. Her blood pressure was high i.e. 150/100 mm/hg, pulse rate was slightly increased. On breast examination, breast was normal. On abdomen inspection, Abdominal shape was normal, abdominal girth was 94 cm and fundal height was 30 cm. In abdomen palpation, showed that hard structure was felt. On vaginal examination, discharge was seen, no any uterine prolapse was observed.

Timeline: Present case had bad obstetric history had bad obstetric history (abortions and menopause) with gestational hypertension her blood pressure was high i.e. 150/100 mm/hg, pulse rate was slightly increased.

Diagnostic assessment: On the basis of patient history, physical examination, abdominal palpation and USG and other investigations the patient is having fibroid uterus.
USG- **Fibroids** can grows as a single nodule (one growth). **Fibroid** can **range** in **size** 5 cm in diameter.

Fasting blood sugar was normal but post meal was slightly increased. Urea – serum was slightly decreased, Haemoglobin was slightly decreased. Total WBC count was increased.

No challenges experienced during diagnostic evaluation.
Prognosis: Blood investigations show that the present case is slightly anemic, WBC level is increased.

Therapeutic intervention:

Present case took the Gynecological management with antihypertensive drug Tab. Lobet 100 mg three time in a day for hypertension, Tab Limcee twice a day, Tab. Budocord and Deolin twice a day, Nebulization, Syrup Ascoril twice a day, Protein powder twice a day, Tab Neurobion forte Once a day. No changes were made in therapeutic intervention.

Nursing perspectives: IV fluid was provided to maintain the fluid and electrolyte. Monitored vital signs per hourly and intrauterine bleeding.

Discussion:

Present case was admitted in hospital with chief complaints was abdominal pain, heavy menstrual bleeding, pelvic pressure sine 4 months, Urgency of urination, difficulty emptying the bladder, constipation, backache and blood pressure was high (150/100mmhg) since four month for further management. After physical examination and investigation doctor diagnosed this case as Fibroid uterus. She took treatment of hypertension, and calcium supplementary drug. Patient condition was stable, blood pressure was controlled i.e.130/80 mm/hg, according to ultrasonography report which revealed intra uterine fibroid growth.

The use of gonadotropin-releasing hormone (GnRH) analogues and therapeutic treatment of pain and bleeding were the mainstays of medical care of fibroids until recently. The latter causes a hypooestrogenic condition, which causes fibroids to shrink and blood loss and anaemia to be addressed, but the treatment's length is limited by side effects such as menopausal symptoms and bone mineral density loss.

Selected progesterone receptor modulators (SPRMs), a novel class of drugs, have lately demonstrated to be quite effective in the medical care of fibroid patients.[7] SPRM treatment results in quick management of heavy menstrual flow and correction of anaemia in most patients, in addition to fibroid shrinking. Menopausal symptoms and bone loss are not common since oestrogen levels remain around mid-follicular levels.

A few investigations have discovered a relationship among corpulence and an expanded occurrence of uterine leiomyoma's. In an imminent report from Great Britain,[8] the danger of fibroids expanded around 21% for every 10 kg expansion in body weight; comparative outcomes were gotten when the weight list (BMI) was dissected as opposed to weight. For a situation control concentrate from Thailand,[9] a 6% expansion in hazard was noticed for every unit expansion in BMI. Essentially, an enormous forthcoming investigation of enrolled attendants in the United States tracked down an expanded fibroid hazard with expanding grown-up BMI, just as an expanded danger related with weight acquire since age 18 years.[10] Phatak et. al. [11] and Deshpande et. al.[12] reported cases on uterine fibroids. Few of the related cases and studies were reviewed[13-16].

Conclusion:

Uterine fibroids can produce a variety of bleeding and pain symptoms, which can negatively affect a woman's sexual life, as well as her relationship, family, and career. Nonetheless, more research into the symptoms and their effects on daily living is required.

Uterine fibroid is seen during reproductive life of a female irrespective to the age, which may result in various menstrual problems such as dysmenorrhea, menorrhagia, and irregular periods, by disturbing anatomical as well as physiological integrity. Medical management of this problem is possible on the basis of Ayurvedic fundamental principles.

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