

**Case Report on Fibroid Uterus**

**Abstract: .**

Uterine fibroids are also known as leiomyomas or myomas are muscular tumors that can form on the uterus. They seldom become malignant, and having them does not increase your risk of uterine cancer. Fibroids come in a variety of sizes, shapes, and locations. They can be found inside your uterus, on the surface, or in the uterine wall. They may also have a stalk or stem-like structure that connects them to the uterus.

**Main symptoms and/or important clinical findings:-**Constipation, backache, or leg discomfort since 4 month, monthly bleeding for more than a week since 4 month, pelvic pressure or discomfort since 4 month, frequent urination since 4 month, difficulties emptying the bladder.

**Nursing perspectives:-** fluid replacement that has been administered, i.e. DNS and RL checked vital signs and blood pressure every hour, kept an intake and output chart, and made sure the patient had enough rest and sleep. Medication was administered in accordance with the doctor's orders.

**CONCLUSION:-**

Because most women with uterine fibroids do not have any symptoms, they receive less medical attention, and fibroid tumors are commonly left untreated. Atypical uterine bleeding, particularly heavy and persistent bleeding, is the most prevalent presenting symptom among symptomatic women.

**Key words:-**

Myomectomy, fibroid uterus, gynecological tumors, reproductive age, NigeriaNigeria

## **Introduction:-**

Uterine fibroids are benign uterine growths that often appear during pregnancy. Uterine fibroids, also known as leiomyomas or myomas, aren't linked to an elevated risk of uterine cancer, and only a tiny fraction of them become cancerous. Uterine fibroids are noncancerous uterine growths that commonly develop during pregnancy. [1]Fibroids in the uterus are known as leiomyomas (lie-o-my-O-muhs) or uterine fibroid. It's conceivable you have a solitary fibroid or a cluster of many. Many fibroids can induce weight gain by pushing the uterus to expand to the point where it touches the rib cage. Uterine fibroids, often called by your doctor as leiomyomas or myomas, are muscular tumours that can grow on your uterus. [2]

They don't usually turn malignant, and having one doesn't necessarily guarantee you'll have uterine cancer. Fibroids come in a variety of sizes, shapes, and locations. They could be found inside your uterus, on its surface, or in the uterine wall.[3]A stalk- or stem-like structure could also infect your uterus. Others give birth to massive masses that alter the size and form of your uterus. Fibroids in the uterus are most common in women of reproductive age, ages 30 to 40, but they can afflict anyone at any age. They're more common in black women than white women, and they show up and progress faster in black women.[4],[5]

**Patient information** :- A 65-year-old woman was admitted to the hospital on November 2, 2021, with abdominal pain, heavy bleeding, severe menstrual bleeding in the previous four months, monthly bleeding lasting more than a week since four months, pelvic pressure or discomfort since four months, frequent urination since four months, difficulty emptying the bladder, constipation, backache, or leg pain. Primary concern and symptoms of patient

The doctor may diagnose uterine fibroids as leiomyomas or myomas, which are muscle tumors that can occur on your uterus. They seldom progress to malignancy, and having one does not imply you'll have uterine cancer. Fibroids come in a wide range of sizes, shapes, and locations.

Medical, family, and psycho-social history:

He's never had to deal with something quite like this. In the past, exercise-induced angina or dyspnea was never a concern. There were no fevers, joint pains, involuntary movements, rash, or nodules. There were no indications of tuberculosis or bronchial asthma. There has never been any type of surgical procedure before.

**Family history** ; She is eager to reunite with her family. She was mentally stable, there was no genetic sickness in her family, she was conscious and focused, and she had good relationships with physicians, nurses, and other patients.

Relevant past intervention with outcome Not reported

### **Clinical finding:-**

Subserosal fibroids (those that protrude from the uterus), intramural fibroids (those that protrude from the myometrium), and submucosal fibroids (those that protrude from the uterine cavity) are all types of uterine fibroids (inside the mucosa). The symptoms and treatment choices are determined on the size, number, and location of the tumors. Abnormal uterine bleeding, which is generally substantial monthly bleeding, is the most common symptom. 12 Other symptoms include pelvic pressure, bowel dysfunction, urinary frequency and urgency, urine retention, low back pain, constipation, and dyspareunia. 13

### **Historical and current information from these episodes of care organised as timeline :-**

She had no prior medical experience in her current state. The treatment for fibroid uterus began. OD tab limcee, BD budecort and duolin nebulization, BD strepsils, BD syr ascoryl, BD metformin

BD protein powder Telma BD, Neurobin forte.

**Diagnosis:** fibroid uterus with exploratory laparotomy

**Prognosis:-**

Your symptoms may go away when the fibroids reduce in size. If little fibroids aren't producing any symptoms, they may not require treatment. Fibroids in the uterus are a common condition that many women suffer at some point in their life. Fibroids can be very small and cause no symptoms at all in some cases.

**Therapeutic intervention'-**

She was given Tab limcee OD, nebulization with budecort and duolin BD, strepsils BD, syr ascoril BD, and metformin BD in this case study. BD protein powder Telma BD, Neurobin forte

**Change in therapeutic intervention:-**

Despite her best efforts, the patient is improving and is in good health after receiving medicine. She is urged to eat a soft diet, rest, and avoid junk food.

**Change in therapeutic intervention (with rational)**

In the therapeutic intervention, no difficulties were reported.

**Follow up and outcome**

up-to-date Therapy for uterine fibroids is frequently determined by the treatment. Even if the fibroids don't require treatment, you should visit the doctor every six to twelve months for a check-up to ensure they haven't grown larger. If your therapy necessitates the use of medicine, follow-up may consist of nothing more than continuing to take your medicine. Talk to your doctor about modifying your medicine or dose if you detect any unexpected signs or symptoms, or if your initial symptoms don't improve. classification of uterine fibroids surgery, including hysterectomy, will definitely take longer and be more demanding in recuperation. In certain situations, it's critical to focus on general health

### **Important follow up diagnostic and test result:-**

Avoid lifting large weights and seek medical advice for a blood test. After therapeutic treatment, all of the findings are normal .

### **Discussion :**

A case of fibroid uterus linked to ST elevation, as well as the limitations of the report. Uterine fibroids (leiomyomata uteri) are noncancerous uterine smooth muscle tumors. The prevalence of malignant tumors in women varies. Depending on their age, race, parity, and the methods employed to detect them, the percentage ranges from 20% to 50%. After a thorough examination of the uterus in one study, fibroids were identified in 77 percent of postmortem tissues. More than half of the women in the survey said they experienced no symptoms.[6] Fibroids are uterine tumours caused by the hormone oestrogen, and they are most often discovered after menopause. They usually fade away after menopause. African-American women, who are more likely to be single or have a small family, are more likely to have them. Menorrhagia, dysmenorrhoea, pressure feelings, abdominal distension, and infertility are all symptoms of uterine fibroids. With the exception of submucosal fibroids, infertility appears to be an unexpected side effect of fibroids .[7]

Degeneration, torsion, prolapse of a submucous fibroid, ureteral occlusion, venous thromboembolism, and intestinal obstruction are among the other problems. Traditional clinical review papers, often known as updates, discuss the relevant medical literature in contrast to systematic reviews and meta-analyses. The updates are based on the medical literature and cover a wide range of issues.[8] Nonquantitative systematic reviews scour the medical literature for all relevant information in order to discover the optimal diagnostic or treatment approach. Meta-analyses (quantitative systematic reviews) use advanced statistical analysis of pooled research papers to answer a specific clinical question. This article explains how to write an American Journal of Medicine-style evidence-based clinical review article. Doctor of family medicine. The issue should, first and foremost, be of wide interest and relevance to family practice.[9]

Include a chart outlining the review's continuing medical education objectives. In your literature search, look for evidence-based reviews from places like the Cochrane Collaboration, BMJ's

Clinical Evidence, and the InfoRetriever Web site. When feasible, use data based on clinical outcomes like morbidity, mortality, or quality of life, as well as primary care population research. Please rate the level of evidence for the following important suggestions scale in publications submitted to American Family Physician: A++ (randomized controlled trial [RCT], meta-analysis).[10]

#### **COMPETING INTERESTS DISCLAIMER:**

**Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors**

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