

**JEANNETTE**

But, in addition to that, I'm also at the UCSF Fibroids Center and this is one of my favorite topics to talk about are fibroids. So thank you for having me. So today we're going to talk about an overview of uterine fibroids. We're going to talk about the types and classifications of fibroids, the typical presentation that patients come in with, and then we're going to talk about the different options. We'll talk about medications, the interventional radiology procedures, and the surgical options. I like to focus most on the alternatives to hysterectomy, although we'll include hysterectomy as well.

**LAGER:**

So just to give a historical perspective, this is a quote from Dr. Bonney. He was a gynecologist. And he said, "a lady recently married, wishing above all things to have a child underwent a hysterectomy on account of a single fibroid," which is pretty uncommon now. "Being a woman of strong character she accepted the blow without complaint and none of those who knew her well received the-- perceived the tragedy. I was among this number and the grief of this is still came in me today." This quote was actually talking about his wife. They had recently gotten married and about two years later she was diagnosed with one single submucosal fibroid, which we now do hysteroscopic myomectomies commonly, and unfortunately she wasn't able to have children because of this. And so he spent his career thinking of alternatives to treat fibroids, so just gives us an idea of where we are today.

Fibroids are very common. 70% to 80% of women have fibroids. And at the time of hysterectomy specimen about 70% to 80% are known to have fibroids. But not all of those fibroids cause symptoms, about 25% of them do.

We don't know exactly what causes fibroids, but we do know that there are some risk factors. Compared to Caucasian women, African-American women have about a two to three time increase of fibroids. Women who have their periods early, if there's prenatal exposure to DES, if they have fewer pregnancies-- decreased parity, all increase the rate of fibroids. And obesity, alcohol, high glycemic index, vitamin D deficiency are all associated with fibroids, as well as consumption of red meat. There is some decreased risk seen with green vegetables and fruit. And we do know that there is a familial disposition or a genetic disposition to fibroids. So if someone's mother or aunt has fibroids, it's very common for women to have fibroids as well.

In 2010, Dr. Munro introduced the classification system for abnormal uterine bleeding, so any type of abnormal uterine bleeding. There were two types PALM and COEIN, and that's up at the top. And they were just to help to remember the different causes. So it's not always fibroids that cause abnormal uterine bleeding. PALM can be other structural causes-- polyps, a benign condition called adenomyosis, malignancies can all cause abnormal uterine bleeding. And then there are also things like coagulopathies, abnormalities of ovulation that can cause abnormal uterine bleeding as well. For this we're going to focus on the subclassification of fibroids. And, as you can see below, it's divided into where the location of the fibroid is, and that's really very important when we think about symptoms of fibroids.