PIPADOR REVISION

MRCOG Part 1 Revision Notes

Fibroids

CLINICAL MANAGEMENT • LECTURE 459

VISUAL EXAMINATION REVISION NOTES

2026 Edition

459

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Fibroids

Uterine fibroids — definitions, assessment and management including pregnancy

≈ 70%	FIGO 0–8	Relugolix CT	UAE
Women by 50	Location	Oral medical option	Uterus-preserving

■ KEY FACTS: Learning objectives

- Define uterine fibroids and the FIGO classification.
- Describe symptoms, assessment and investigation.
- Describe medical, radiological and surgical management (NICE NG88, NICE TAs), including fibroids in pregnancy.

459.1 Key definitions

Term	Definition
Fibroid (leiomyoma)	• Benign smooth-muscle tumour of the myometrium • Oestrogen- and progesterone-dependent
Submucosal (FIGO 0–2)	Projecting into the cavity — HMB, subfertility, miscarriage
Intramural (FIGO 3–4)	Within the myometrium
Subserosal (FIGO 5–7)	Projecting outwards — pressure symptoms
Red degeneration	Haemorrhagic infarction, usually in pregnancy — pain
Uterine artery embolisation (UAE)	Radiological occlusion of uterine arteries causing fibroid infarction
Relugolix combination therapy	Oral GnRH antagonist + oestradiol + norethisterone acetate (NICE-approved for moderate–severe fibroid symptoms)

■ IN PLAIN ENGLISH: Fibroids

Fibroids are very common and **only need treatment if they cause symptoms** (bleeding, pressure, pain, fertility problems). Choice depends on size, position and whether the woman wants to keep her fertility.

459.2 Assessment

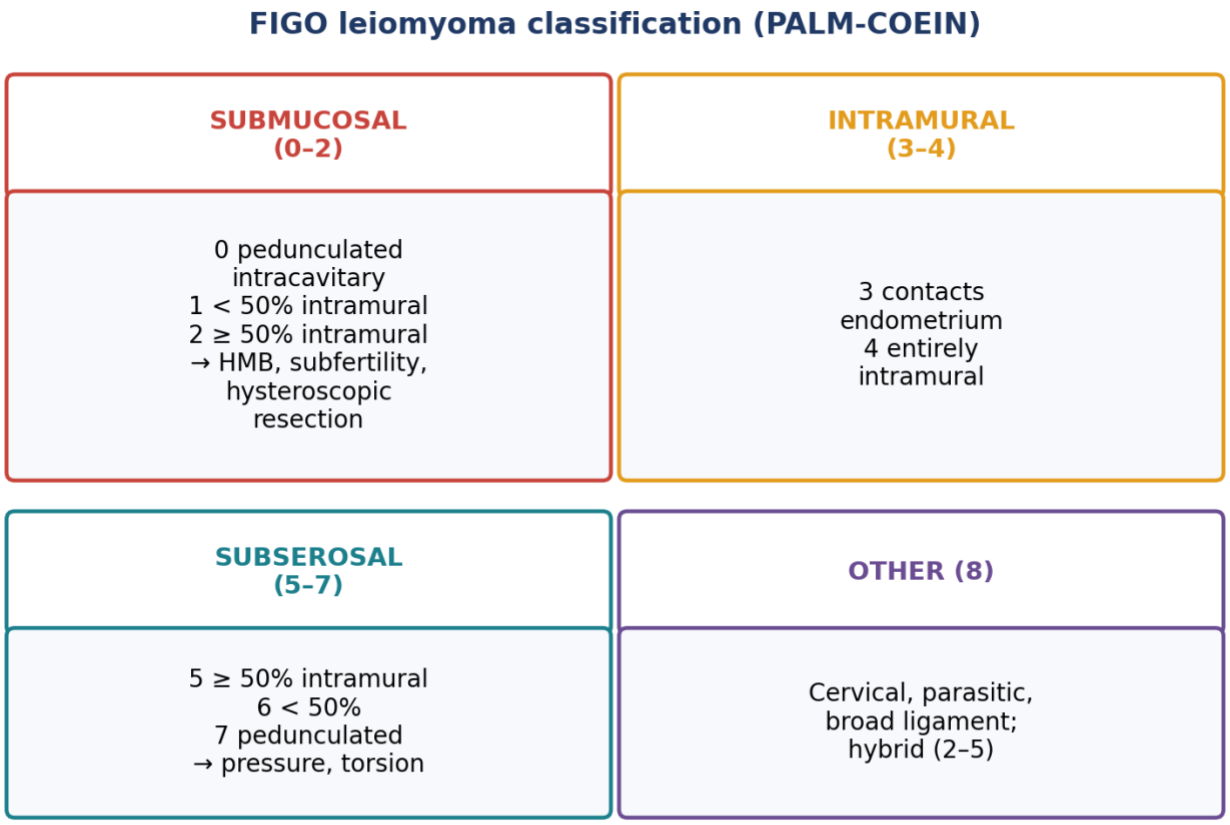


Figure 459.1 — FIGO classification of fibroids

- Symptoms: HMB, pressure (urinary frequency, constipation), pain, subfertility, pregnancy complications; many asymptomatic.
- Investigations: FBC (anaemia), TVS ± abdominal USS
  - Outpatient hysteroscopy for submucosal fibroids
  - MRI before UAE/complex myomectomy or if sarcoma suspected (rapid growth after menopause).

459.3 Management

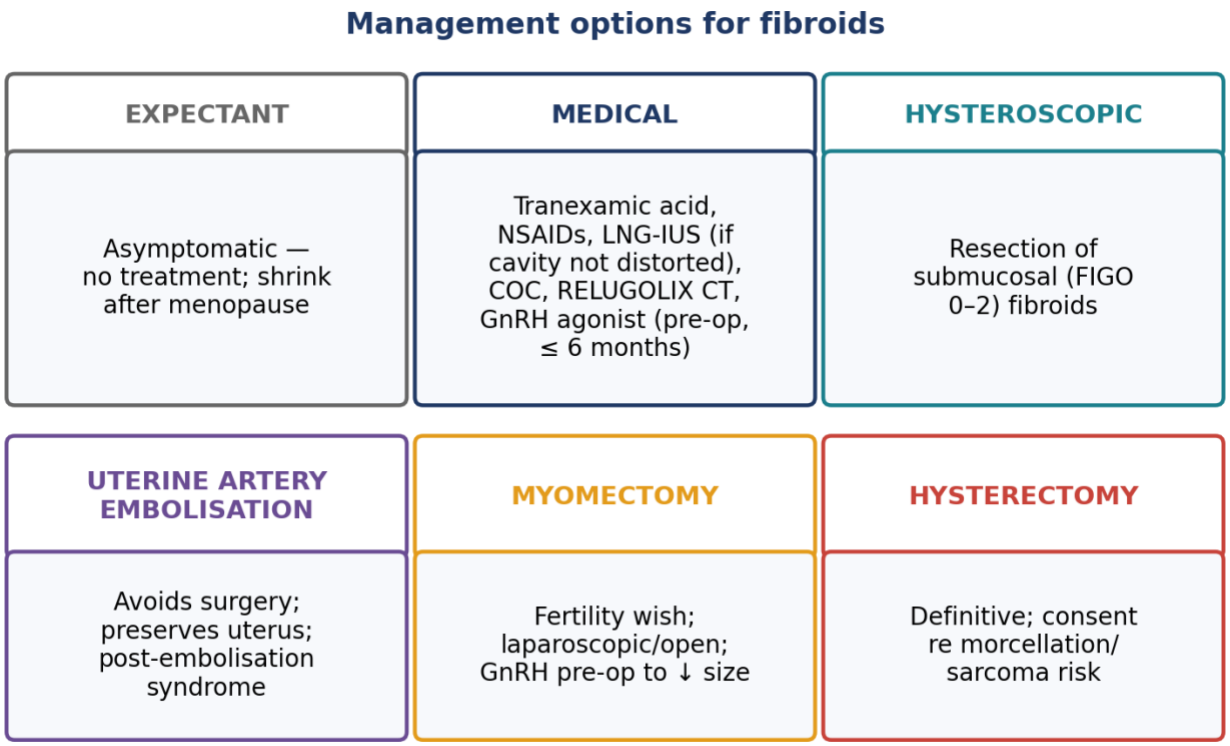


Figure 459.2 — Management options

Option	Key points
Medical (symptom control)	• Tranexamic acid, NSAIDs, LNG-IUS (if cavity not distorted), COC/progestogens • Relugolix CT (long-term option) • GnRH agonist pre-operatively (≤ 6 months; ↓ size, correct anaemia)
Ulipristal acetate	Restricted (liver injury) — only when surgery/UAE unsuitable
Hysteroscopic resection	FIGO 0–2 fibroids (≤ 4–5 cm) — HMB, subfertility
UAE	• Uterus-preserving • Similar satisfaction to surgery • More re-interventions • Uncertain effect on fertility
Myomectomy	• Women wishing fertility • Laparoscopic or open • Risk of uterine rupture in labour • Contained morcellation
Hysterectomy	• Definitive • Counsel about rare unexpected sarcoma (avoid uncontained power morcellation)
MRgFUS / radiofrequency ablation	Selected women, specialist centres

- **Fibroids in pregnancy**: usually asymptomatic
  - Red degeneration → analgesia (paracetamol, opioids; avoid NSAIDs > 20 weeks)
  - Risks of malpresentation, obstructed labour (lower segment/cervical fibroids), PPH
  - Myomectomy at CS generally avoided.

■ COMMON PITFALLS

Treating asymptomatic fibroids.

Missing a leiomyosarcoma in a rapidly enlarging 'fibroid' after menopause.

Using GnRH analogues long-term without add-back (bone loss).

459.4 Must-know summary

■ EXAM TIP

- Fibroids: FIGO 0–2 submucosal (HMB, subfertility), 3–4 intramural, 5–7 subserosal (pressure).
- Treat symptoms only; medical: TXA, NSAIDs, LNG-IUS (no distortion), relugolix CT, GnRH pre-op.
- Procedures: hysteroscopic resection, UAE, myomectomy (fertility), hysterectomy.
- Pregnancy: red degeneration — analgesia; ↑ malpresentation and PPH.

■ MNEMONIC / MEMORY AID

Fibroid degeneration — 'Hyaline, Cystic, Red, Calcific'.