

Uterine Fibrosis Medical Treatment and its Risk Factor

Celenza Antonio*

Department of Medicine, Sir Charles Gairdner Hospital, Western Australia, Australia

EDITORIAL NOTE

The most frequent type of mild uterine tumor is uterine fibroids (also known as leiomyomas or myomas). Abnormal bleeding, pelvic masses, pelvic discomfort, reduced fertility, bulk sensations, and obstetric problems are some of the clinical manifestations.

Uterine fibroids are innocuous growths in the uterus that afflict about one-third of all women of reproductive age. Excessive and extended monthly bleeding, anemia, discomfort, stress, and infertility are among symptoms of symptomatic women. Hysterectomy, surgical intervention, and arteria uterine embolization are invasive and minimally invasive therapy methods that need hospitalization and many weeks of recovery time. Exablate is an outpatient surgery that allows patients to go home the same day and return to work one to two days later. Uterine leiomyomata are the most frequent gynecological condition; as a result, it's not unexpected that a variety of often bizarre treatments have been tried and improbable procedures offered over the years, most of which are unsubstantiated by scientific data.

Based on clinical evaluation, Cramer and Patel assessed the prevalence of uterine fibroids to be 33%, ultrasound scan 50%, and histological investigation of hysterectomy tissues 77 percent. Due to variances in research design, the disease's reported frequency fluctuates greatly. In reality, a proper clinical study should include ultrasound scanning in a randomly chosen population to identify the precise prevalence of fibroids.

MEDICAL TREATMENT

Today, it is commonly believed that in persons with asymptomatic uterine myomas who do not want to get pregnant, no particular treatment is needed and that these patients merely need to be monitored on a regular basis. As a result, the most conservative approaches should be used to reduce morbidity/risk and improve results.

In 2016, a total of 75 Randomized Controlled Trials (RCT) were carefully reviewed, with the conclusion that their overall quality was very low and that there was inadequate evidence to support any medical therapy in the management of fibroids. Surprisingly, another systematic analysis published the same year, based on 52 researches, came to a different result, namely, that available data supports the efficacy of a number of drugs, opening up interesting pathways for the development of medicinal alternatives to surgery.

RISK FACTOR

Even though epidemiologic studies have related numerous risk factors for uterine leiomyomas to oestrogen and progesterone levels and metabolism, additional processes may be involved in fibroids development. Indeed, the precise involvement of synthetic hormones (estrogens and progesterone) in the creation and proliferation of uterine fibroids has lately been questioned.

After the age of 30, the incidence of fibroid increases rapidly. This might be due to hormonal changes over time or an increase in symptomatology from pre-existing fibroids. Furthermore, the high prevalence of fibroids in the perimenopausal era may be to blame for the rise in gynecologic surgery rates among women who have finished their reproductive years.

Uterine fibroid etiology is still unknown, complex, and perplexing. Traditional investigations revealed that myomas rely on steroid hormones for growth and development. With cytogenetic aberrations seen in roughly 40% of uterine fibroids, the genetic background appears to play a crucial role. The genesis and progression of uterine leiomyomas has been linked to abnormal ECM expression, elevated growth factors, cytokines and chemokine's concentrations, and an extracellular disordered matrix.

Correspondence to: Celenza Antonio, Department of Medicine, Sir Charles Gairdner Hospital, Western Australia, Australia, E-mail: tonycelenza@gmail.com

Received: October 06, 2021; **Accepted:** October 20, 2021; **Published:** October 27, 2021

Citation: Antonio C (2021) Uterine Fibrosis Medical Treatment and its Risk Factor. *Gen Med* (Los Angeles). 9: e365.

Copyright: © 2021 Antonio C. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.