not see the importance of visiting hospitals. Women of reproductive age should be advised on the need for regular antenatal care attendance. There is a need for continuous sensitization on the importance of ANC as well as ensuring the services accessible, acceptable, affordable and of good quality. These will provide a chance to diagnose preeclampsia as early as possible and to prevent the complications.

References:

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A CLINICAL CASE REPORT ON LEIOMYOMA

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Introduction: Leiomyoma is a benign tumor of smooth muscle, the type of muscle that is found in the heart and uterus. A leiomyoma of the uterus is commonly called a fibroid; it rarely becomes cancer (0.1%). Uterine fibroids are the single most common indication for hysterectomy. Fibroids are hormone-dependent tumours and it has been proven that estrogens contribute to their growth. It can be present and be inapparent. However, they are clinically apparent in up to 25% of women and may cause significant morbidity, including prolonged or heavy menstrual bleeding, pelvic pressure or pain, and, in rare cases, reproductive dysfunction. Both the economic cost and the effect of fibroids on quality of life are substantial. [1]

Clinical case: The Patient, a 37 year old female presented with nausea when she eats large amounts of food, frequent urination. Abdomen is distended on palpation, a lumpy firm mass is palpable extending from the pubic symphysis to midway between the umbilicus and the xiphisternum (equivalent to 16-week pregnancy). It is non-tender and mobile, not fluctuant and not possible to palpate beneath the mass. No abdominal pain, normal bowel habits. Her periods have been regular, every 27 days and have always been heavy , with clots and flooding on the second and third days. She has never had any treatment for heavy periods. She has been with her partner for 7 years and despite not using contraception she has never been pregnant.
Bimanual examination revealed a non-tender firm mass occupying the pelvis. On speculum examination the cervix was normal with no blood and closed. On ultrasonography, there was a 12-cm intramural fibroid containing cystic areas, with no obstruction of the ureters. On MRI, a bulky retroverted uterus containing multiple, well-circumscribed intramural fibroids and a large submucosal fibroid projecting into the endometrial cavity. On hysteroscopy, a large mass of fibroid tissues seen in the uterus. CBC was Hemoglobin: 6.3g/dl, Mean cell volume 68fl, White cell count 4.9 x10^9/l, Platelets 267x10^9/l. Treatment: The patient underwent surgical removal of the fibroid (abdominal Myomectomy ) because she wanted to have children. Oral iron supplement was given to treat the anemia (Ferrous sulfate at a dose of 650mg daily)

**Conclusion:** The patient had leiomyoma (a large uterine fibroid). Which is the cause of menorrhagia and hence the microcytic anaemia from iron deficiency. It is also likely that fibroid is accounting for her infertility history.

The cause of uterine fibroids are poorly understood, but current research shows association with;

* Genetic changes: Many fibroids contain changes in genes that differ from those in normal uterine muscle cells. [2]

* Hormones: Estrogen and progesterone, two hormones that stimulate development of the uterine lining during each menstrual cycle in preparation for pregnancy, appear to promote the growth of fibroids. Fibroids contain more estrogen and progesterone receptors than normal uterine muscle cells do. Fibroids tend to shrink after menopause due to a decrease in hormone production. [3]

* Other growth factors: Substances that help the body maintain tissues, such as insulin-like growth factor, may affect fibroid growth.

* Extracellular matrix (ECM): ECM is the material that makes cells stick together, like mortar between bricks. ECM is increased in fibroids and makes them fibrous. ECM also stores growth factors and causes biologic changes in the cells themselves.[4]

Uterine fibroids are believed to develop from a stem cell in the smooth muscular tissue of the uterus (myometrium) which divides repeatedly, eventually creating a firm, rubbery mass distinct from nearby tissue. The majority of women with uterine fibroids are asymptomatic, consequently get less clinical attention and fibroid tumors often remain undiagnosed. Symptomatic women typically complain about abnormal uterine bleeding, specifically in terms of heavy and prolonged bleeding.[5] Additionally, women with uterine fibroids may suffer more often from dyspareunia and non-cyclic pelvic pain.

About 20 percent to 80 percent of women develop fibroids by the time they reach age 50. Fibroids are most common in women in their 40s and early 50s.

**References:**