

Short Communication

Age prevalence of uterine fibroids in south-southern Nigeria: A retrospective study

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Analysis of clinical records of eight hundred and ninety-six (896) patients within 2000 – 2007 presenting with uterine fibroid tumours was carried out. The records were obtained from the Gynaecology Clinics of the University of Port Harcourt Teaching Hospital (UPTH) and The Braithwaite Memorial Specialist Hospital (BMSH) both in Port Harcourt, Rivers State. A frequency distribution (Table 1) showed age group 16 – 25 years (31 subjects) 26 – 35 (465) and 36 – 45 years (400) presented with fibroid in the years under review. Other analysis carried out included the percentage incidence of fibroid presentations within the years understudy (2000 – 2007), for ages 16 – 25 yrs (3.5%), 26 – 35 yrs (51.9%) and 36 – 45 yrs (44.6%) (Table2). A comparative percentage of incidence was done for 2004 and 2007, which indicated that there was an increase in the incidence of fibroid tumours in age group 16 – 25 yrs from 1.8% in 2004 to 3.5% in 2007; age group 26 – 35 yrs from 48.8% in 2004 to 51.9% in 2007; a decrease for age group 36 – 45 yrs from 49.4% in 2004 to 44.6% in 2007. This study would be of immense importance to reproductive health care providers, clinicians in medical practice, since uterine fibroids have been implicated as one of the primary causes of infertility in women.

Key words: Uterine fibroids, fertility, women Port Harcourt.

INTRODUCTION

Uterine fibroids are very common non cancerous growths that develop in the muscular wall of the uterus (Goodwin et al., 2008). Fibroids rarely develop into cancer (<0.1% of cases) (Levy et al., 2000). Fibroids may occur in any of the three layers or coats of the uterus. As such, there could be Intramural (within the perimetrium), submucosal (within the endometrium) and pedunculated i.e. suspended by a stalk within or outside the uterus (Mayo-Clinic.com). It has been estimated that uterine fibroids are the most common benign tumours found in women. They are clinically obvious in 20 – 25% of women of reproductive age (Crum, 1999). Cramer and Patel (1990) estimated that fibroids could affect 77% of women in the United States. Fibroid has been implicated as a cause of infertility and accounted for 7.4% of that studied population (Ekwere et al., 2007). Most of the time fibroids grow in women of child bearing age (Newbold et al., 2000);

there have, however, been reports of rare cases in which young girls (prepubertal) had small fibroids (Traloar et al., 1992)

It is impossible to allocate adequate resources towards tackling the many health problems and challenges in the society without accurate and reliable demographic information. This study therefore is a contribution aimed at updating and adding to available data on uterine fibroids in Nigeria, by analyzing the incidence of these tumours among a significant proportion of Nigerians attending the Gynaecology unit of the University of Port Harcourt and Braithwaite Memorial Specialist Hospital. It is also the aim of this study to aid in sensitizing the community to the steady increase of fibroid tumours in the studied population.

MATERIALS AND METHODS

Clinical files of all patients that presented with uterine fibroids or leiomyomas between 2000 and 2007 obtained from the Gynaecology clinics of the University of Port Harcourt Teaching Hospital and the Braithwaite Memorial Specialist Hospital both in Port Har-

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Table 1. Showing frequency occurrence of fibroid tumours within 2000 -2007.

Year	Age group		
	16-25 years	26-35 years	36-45 years
2000	2	3	-
2001	3	10	-
2002	1	3	-
2003	2	68	-
2004	3	81	82
2005	-	87	75
2006	15	102	93
2007	5	111	150
Total	31	465	400

Table 2. Percentage frequency of fibroid tumours occurrence in the 3 age groups.

Age Group (yrs)	16 – 25	26 – 35	36 – 45
Percentage frequency (%)	3.5	51.9	44.6

court was obtained (after clearing due ethics requirement) and analyzed. A total of eight hundred and ninety-six files was obtained and analyzed. The files were sorted out according to age groups determined by us. Statistical analysis using percentage, frequency distributions was carried out on the data obtained.

RESULTS AND DISCUSSION

The hospital records showed that in eight years (2000-2007), 896 patients presented with uterine fibroids. Of this number, 31 were in the 16 – 25 years age group, 465 in the 26 – 35 years age group and 400 in the 36 – 45 years age group (Table 1). The percentage incidence of fibroids among the age group was given as 3.5% for 16 – 25 age group, 51.9% for the 26–35 age group and 44.6% for the 36 – 45 age group (Table 2). A comparative analysis of the percentage incidence of uterine fibroid within the study period showed that occurrence of fibroid increased from 1.8% in 2004 to 3.5% in 2007 for the 16–25 years age group, 48.8% in 2004 to 51.9% in 2007 for the 26–35 age group and a decrease of 49.4% in 2003 to 44.6% in 2007 for the 36–45 years age group (Table 3).

The percentage incidence of fibroid tumours in our study was 3.5, 51.9 and 44.6 for the three groups 16 – 25, 26 – 35 and 36 – 45 yrs, respectively. The percentage occurrence has been put at 20–25% among white women (Olufowobi et al., 2004). Our study is in slight agreement with this value, in that a prevalence percentage of 51.9% was got for 2007. Kurtz and Middleton (1996) put a prevalence ratio of 3:1 between black and white women. Observation from our study indicated that age group 16 - 25 years had higher prevalent rate of fi-

Table 3. Comparing percentage frequency of fibroid occurrence in 2004 and 2007.

Age group (yrs)	2004	2007
16 – 25	1.8	3.5
26 – 35	48.8	51.9
36 - 45	49.4	44.6

broid 3.5% in 2007 (Table 3). This is in agreement with Cramer et al. (1995) who reported a slightly increased risk of fibroids associated with early menarche. In agreement with our previous findings (Olotu and Oladipo, 2006), there is an age decline in the onset of menarche among girls from the region under study.

The occurrence of fibroids has been implicated in infertility cases among women; about 27-40% of cases of multiple fibroids occur in infertility cases (Reeds, 1995). Ekwere et al. (2007) put this value at 7.4% from a study conducted in Calabar in Southern, Nigeria. It was observed from our study that younger women now present with fibroids (Table 3). This is a worrisome trend as the ability of such women to conceive and maintain a normal pregnancy maybe compromised.

Conclusion

A lot of health problems has been attributed to or linked with fibroids in women. Some of these problems include infertility, high Body Mass Index (BMI), abnormal menstruation, recurrent menstruation, etc. Of importance is the fact that younger females are now presenting with fibroids. Cessation of child bearing at an early age, high BMI, is all predisposing factors in the incidence of fibroid tumours. Thus healthy lifestyle should be encouraged and routine check ups conducted so as to detect and possibly treat such tumours early.

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