

African-American women 3 times more likely to get fibroids

August 9 2011

Women who experience heavy periods, cramping, pain during sex, an urge to urinate frequently and even infertility may have a common disorder that affects African-American women three times more often than other women. This condition, called uterine fibroids, occurs when benign tumors grow in the uterus. Eighty percent of African-American women develop uterine fibroids by their late 40s, according to the National Institute of Environmental Health Sciences.

“Fibroids are most common in women in their 30s through their 50s, but they tend to strike African-American women at a younger age,” said Kenneth Pierce, MD, a radiologist at Loyola University Health System (LUHS) and an associate professor for the Department of Radiology at Loyola University Chicago Stritch School of Medicine (SSOM).

“Fibroids also grow more quickly and cause more symptoms in these women, so it is crucial that we manage them and prevent these women from developing debilitating conditions including anemia and pain-related lost-work days.”

No one knows exactly what causes fibroids or what makes them suddenly grow or shrink. However, risk factors like obesity, age, poor diet, having children or using contraceptives may play a role. For most women, fibroids tend to stop growing or shrink after menopause.

“The good news is women who suffer from the painful side effects of fibroid tumors may no longer need to undergo a hysterectomy to rid themselves of symptoms,” Dr. Pierce said. “Many treatment options

exist to help women who are bothered by fibroids.”

Uterine fibroid treatments include hysterectomy, embolization and hormone therapy.

Interventional radiologists at Loyola University Health System now have access to minimally invasive technology that uses a catheter to cut off the blood supply to the tumors. Uterine artery embolization (UAE) has been used in the treatment of postpartum hemorrhage (PPH) since the 1970s, but it is a relatively new option for the treatment of fibroids.

“Uterine artery embolization results in less bleeding, cramping and pain compared with alternative options,” Dr. Pierce said. “Patients also recover quickly and are home in less than 24 hours with no need for readmissions.”

Working through a small incision, the catheter is threaded through an artery in the leg until it reaches the arteries that supply blood to the [uterus](#). Tiny acrylic particles are injected through the catheter into the uterine arteries and the particles subsequently block blood supply to the fibroids, which reduces the size of the tumors.

Dr. Pierce estimates that UAE, on average, shrinks tumors by more than one-half. Some women experience light cramping after the procedure and most resume regular menstrual periods shortly after UAE. This procedure also has the benefit of preserving fertility in women of childbearing age.

“Uterine artery embolization may spare [women](#) from having a hysterectomy and entering menopause prematurely,” Dr. Pierce said. “We are fortunate to have highly trained radiologists on staff to manage patients without surgery. Curing diseases through catheters is a benefit for our patients who are often young, active and eager to get back to

their lives.”

Provided by Loyola University Health System

Citation: African-American women 3 times more likely to get fibroids (2011, August 9)
retrieved 2 May 2024 from

<https://medicalxpress.com/news/2011-08-african-american-women-fibroids.html>

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