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**UTERINE LEIOMYOMA IN NIGERIA : CLINICAL PRESENTATION AND MANAGEMENT**

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**Introduction.** Nigeria is among the countries in the world with the highest record of women with leiomyoma. Leiomyoma is a benign tumor of smooth muscle origin, it commonly involves the smooth muscle of the uterus of a woman of reproductive age (15-49). Result from a study in 2016 has shown that a total of 50 females at the age from 30 to 49(51.9%) has been diagnosed with leiomyoma. It has been noted that leiomyoma is accounted for 20-70% cases of infertility in Nigeria. Majority of women with leiomyoma are asymptomatic as a result get less clinical attention and are not diagnosed.

**Materials and methods.** Majority of the women don't show any symptoms, however few of them complains of abnormal uterine bleeding. In the study conducted from July 2016 -August 2016, we found out that 20 women presented with leiomyoma among which 50% complained of gushing –type of bleeding which increase their use of pads/tampons,10% pain during sex,10% non-cyclic pelvic pain and 30% infertility. The treatment includes; conservative therapy (progestin, oral contraceptive,levonorgestrel-releasing intrauterine system and gonadotropin releasing hormone agonist), surgical intervention which includes embolization of uterine artery, endometrial ablation, myomectomy and hysterectomy for patients with severe symptoms.

**Results.** The data collected during the study shows that among the 20 women who presented with leiomyoma , 50% presented with bleeding, 10% presented with pain during sex, 30% presented with infertility, and 10% presented with non-cyclic pelvic pain. During treatment it was recorded that among these women 30% of the cases where treated with myomectomy, 20% with hysterectomy, 10% with endometrial ablation and 5%with embolization of uterine artery.

**Conclusion.** Leiomyoma is accounted for 20-70% cases of infertility in Nigeria. Majority of women with leiomyoma show no symptoms as a result get less clinical attention and are not diagnosed. Due to lack of untrained medical staff and financial constraints of patients , recent therapeutic and surgical methods cannot be implicated. The preference to myomectomy is mostly due to the patient's strong desire to reproduce.