The treatment of uterine fibroids depends on symptoms of patients, size of the fibroid, desire for future pregnancy, and preference of the treating gynecologist. The present study was undertaken to compare treatment preferences in women desirous and nondesirous of pregnancy by an experienced gynecologist in symptomatic uterine fibroids. Newer medical or minimally invasive treatment modalities are increasingly being used for the treatment of fibroids. However, conventional surgical treatment such as myomectomy and hysterectomy are still preferred by gynecologists.

**Keywords:** Hysterectomy, myomectomy, selective progesterone receptor modulator, uterine fibroids

**RESULTS**

In women, nondesirous of pregnancy with larger size fibroid (>4 cm); hysterectomy was preferred choice by gynecologists (79.8%). Levonorgestrel intrauterine system device was preferred in 55.3% and myomectomy in 51.1% for smaller size fibroid (≤4 cm).

In women, desirous of pregnancy with larger size fibroid, myomectomy was preferred by all (100%) gynecologist. Gonadotrophin-releasing hormone agonists were preferred by 47.9% for smaller size fibroid. Detailed analysis of treatment practices is shown in Table 1.

**DISCUSSION**

Above results showed that invasive method such as hysterectomy and myomectomy are still preferred methods for the treatment of uterine fibroids as compared to medical treatment. Similar practices are also reported from gynecologists across the world, probably due to faster relief of symptoms.[1] Our survey reports that LNG-IUS in women nondesirous of pregnancy and GnRHa in women desirous of pregnancy is next preferred methods. However, these require multiple follow-up visits and more time is required to achieve...
symptom-free life. There are no reported long-term benefits of these treatments, and hence, these treatments can be considered to be short-term options.[2] In our survey, progesterone receptor modulators were less preferred by gynecologists (8.5%–20.2%) as compared to GnRHa (20.2%–47.9%). This is due to the lack of enough evidence for its long-term use and price of the drug. Totally four progesterone receptor modulators, namely, mifepristone, asoprisnil, ulipristal acetate (UPA) and telapristone acetate are being used for the treatment of uterine fibroids. UPA (5–10 mg daily) has shown promising results in 12 weeks therapy with a significant reduction in the volume of uterine fibroid.[3] Other drugs of this group are less studied to produce evidence-based results. SPRM treatment has less estrogen deprivation and bone loss, and no rebound side effects; hence, may be considered for future use.[4] Recently, an internet survey of Belgian gynecologist has reported increasing use of SPRM followed by surgery (70%) and myomectomy was a preferred surgical method (79%).[5] To conclude, currently, surgical options are more practiced for the treatment of uterine fibroids as there is lack of enough evidence for the long-term use of medical treatment.

### Financial support and sponsorship
Nil.

### Conflicts of interest
There are no conflicts of interest.

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| Treatment option | Size of fibroid ≤4 cm | Size of fibroid >4 cm |
|------------------|----------------------|----------------------|
|                  | Women desirous of pregnancy | Women nondesirous of pregnancy | Women desirous of pregnancy | Women nondesirous of pregnancy |
| Myomectomy       | 49 (52.1)             | 12 (12.8)             | 94 (100)                  | 48 (51.1)                   |
| Hysterectomy     | Option not asked      | 32 (34.0)             | Option not asked          | 75 (79.8)                  |
| Mifepristone     | 28 (29.8)             | 28 (29.8)             | 4 (4.3)                   | 24 (25.5)                  |
| DMPA             | 8 (8.5)               | 28 (29.8)             | 8 (8.5)                   | 8 (8.5)                    |
| SPRMs            | 19 (20.2)             | 16 (17.0)             | 8 (8.5)                   | 12 (12.8)                  |
| GnRha            | 45 (47.9)             | 32 (34.0)             | 19 (20.2)                 | 32 (34.0)                  |
| LNG-IUS          | 8 (8.5)               | 52 (55.3)             | 8 (8.5)                   | 28 (29.8)                  |
| UAE              | 0                    | 8 (8.5)               | 8 (8.5)                   | 24 (25.5)                  |
| RFA              | 0                    | 4 (4.3)               | 0                        | 0                          |

**Note:** DMPA: Depot medroxy progesterone acetate, SPRMs: Selective progesterone receptor modulator, GnRHa: Gonadotropine releasing hormone analogue, LNG-IUS: Levonorgestrel intra-uterine system, UAE: Uterine artery embolization, RFA: Radiofrequency ablation.