

Dear Friends,

Greetings from the editor's desk...!

I hope, you all are enjoying the journal as much as we are in bringing out yet another issue, which has various very interesting articles and papers and what caught my eye was the one on fibroids and I thought that this is a subject which needs a very holistic approach in managing them.

Almost 30–40% of women may have fibroids at some time in their lives, though the prevalence can vary a lot. Today, what I would like to lay emphasis on, is that these are benign and may not really disturb life barring a few. But what is generally observed is that fibroids bear the brunt of too many blames, and we are, most of the times, over-managing them. It is a general observation that the size, position, age of the patient, will to reproduce or symptoms are a few situations which need management and that too in an evidence-based manner. Not all fibroids cause symptoms, not all fibroids cause infertility, not all fibroids need to be removed, not all fibroids grow and turn malignant. A very sincere effort is required to understand the needs of the women having fibroids and then counseling the pros and cons of each management option and a thorough discussion on the management with proper consent is the call of the day. Only about 2–3% fibroids are solely responsible for infertility and need to be removed and also depending upon their location. They can be a reason for recurrent pregnancy losses as well. Some of the fibroids may also cause heavy menstrual bleeding, pelvic pain, frequency of urination, etc. Depending upon the severity of the symptoms and the size and location of the fibroid with the age and reproductive status of the woman, conscious efforts should be made in managing them. Also keeping in mind the long-term implications of the treatment options, many times, a lot of unnecessary surgeries are performed which can have consequences on the future fertility and also giving rise to a lot of physical, mental and psychological trauma to the woman undergoing these invasive procedures. Every effort should be made to discuss the treatment plans and their effects on the future, long-term consequences.

We are fortunate that many conservative medical options are available to us today, yet sometimes, surgery becomes inevitable. All we can do is to use our knowledge and acumen judiciously, so that the best can be offered to our population.

I would like to inform that a document is coming very soon from the FIGO, the FIBROID toolbox, which will be a great asset in our learning and care provision.



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