



AN UNUSUAL CASE OF PRIMIGRAVIDA WITH TERM WITH HUGE SYMLASTIC CENTRAL CERVICAL LEIOMYOMA AN INTRA OPERATIVE CHALLENGE.

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ABSTRACT

Introduction: Leiomyomas are the most common benign tumours of uterus which arise from the smooth muscle cells of the uterus and it often increases in size during pregnancy. Its incidence in pregnancy is approximately 0.01-10.7%. Cervical fibroid with cystic degeneration in pregnancy is a rare occurrence.

Aims & Objectives: Case was reported because of the rare incidence of primigravida with term pregnancy with normal uterus and with cervical duplication associated with huge combined intramural and cervical fibroid and its outcome.

Material & Methods: Detailed history of the patient as it is a rare case ,per abdomen examination,per vaginal examination,detailed investigations & diagnosed to have primigravida with term gestation with huge fibroid with cystic degeneration who underwent surgical management at Great Eastern Medical School & Hospital.

Results: An unusual case of pregnancy with normal uterus & double cervix with huge central cervical fibroid.

Conclusion: As there was technical difficulty, due to presence of multiple fibroids and suspicion of neoplasia , proceeded for Cesarean Hysterectomy.

KEYWORDS : HUGE SYMLASTIC CENTRAL CERVICAL LEIOMYOMA

INTRODUCTION:

Mullerian anomalies, like cervical duplication and with normal uterus & vagina are rare, undiagnosed with incidence 2-3%.^{5,6}

They are at increased risk for adverse pregnancy outcomes. Leiomyomas are the most common benign tumours of uterus which arise from the smooth muscle cells of the uterus and it often increases in size during pregnancy. Its incidence in pregnancy is approximately 0.01-10.7%.Cervical fibroid with cystic degeneration in pregnancy is a rare occurrence.Uterine fibroid is associated with infertility as well as low implantation rates after in vitro fertilization.¹

The first line of management of uterine fibroids coexisting pregnancy is conservative management with counselling for myomectomy after delivery.³

This is because they are usually asymptomatic with complications occurring in 10–30% of cases During pregnancy ,labour and puerperium. However in the presence of intractable symptoms, some patients have been offered termination of pregnancy.⁴

Alternatively both antepartum myomectomy and caesarean myomectomy have been done successfully in carefully selected cases.^{3&4}

AIMS & OBJECTIVES:

Case was reported because of the rare incidence of primigravida with term pregnancy with normal uterus and with double cervix associated with huge central cervical fibroid of size 36x30x30cm and its outcome.

CASE HISTORY:

An un booked case of 26yr old primigravida with term pregnancy came to GEMS outpatient department 1st visit with huge mass occupying lower abdomen.

Her last menstrual period:26/04/20 .Expected date of delivery:03/02/21

Period of gestation :38weeks.Marital life:1 ½ yr, Non consanguineous marriage.Her previous menstrual history was regular with normal flow associated with dysmenorrhea .

She conceived spontaneously.

She had Antenatal care at outside private hospital, USG done.

7 wks - a large uterine fibroid -19.8x12.7x10.7cm.

12wks - rapidly enlarging uterine mass of size 26.9x22.4 cm with cystic degeneration. MRI done revealed impression of uterine intramural fibroids with giant 18cm fibroid in the left Anterolateral wall.

20 wks- TIFFA scan - normal in view of foetus and degenerating fibroid in left side of uterus of size 33x24cm.

General Examination: Moderately built & nourished No pallor, icterus, cyanosis, clubbing, koilonychia. No lymphadenopathy & pedal edema.

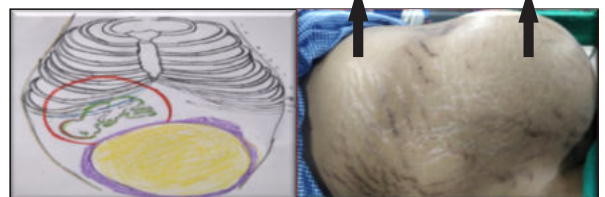
Height:163cm weight:75kg with BMI:28.3

BP:110/70,PR:80/min,RR:16/min and temp: afebrile CVS:S1 S2 heard, RS: BAE present.Thyroid, breast and spine are normal

Per Abdomen Examination:

Gravid uterus enlarged to 36weeks with Fundus more onto Rt. Hypochondrium. Huge cystic swelling of size 36x30 cm occupying whole of lower abdomen.

Gravid Uterus Cystic Fibroid



Per Speculum Examination: Cervical os not visualised.

Per Vaginal Examination: All Fornices full of mass and cervix high up, not felt.

Investigations:

All investigations are normal, CA-125 values-27.8 U/ml and CEA-0.86ng/ml.

USG ABDOMEN & PELVIS At GEMS:

Single live Fetus in Cephalic , corresponding to 34wks , Severe Oligo hydromnios(AFI=2cm)and large abdominal pelvic cystic lesion of size 25x20x24cm.

Diagnostic Possibilities.

1) Fibroid with cystic degeneration. 2) left adnexal cystic lesion

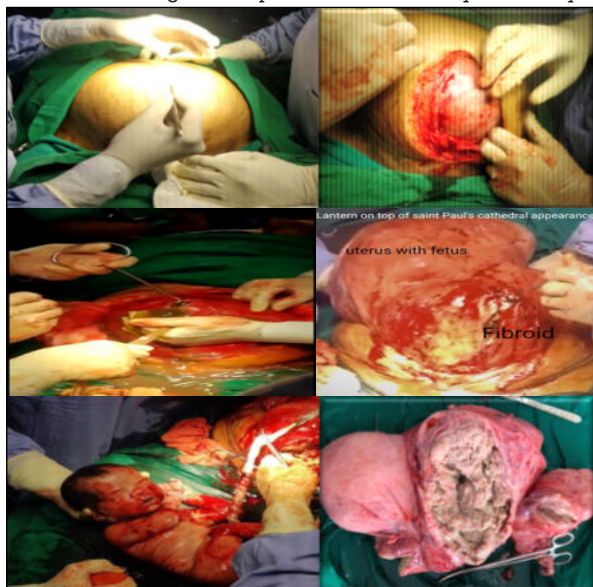


As there is no possibility for vaginal delivery , so decided for Cesarean Section in view of Severe Oligohydromnios and Huge Central Cervical Fibroid.

Patient and relatives explained about high risk about patient and fetus. consent regarding surgery was taken.

Intraoperative Findings:

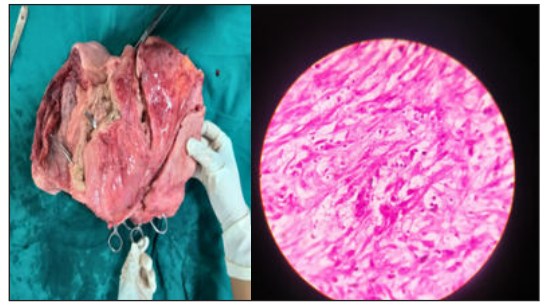
- 1) Sub umbilical midline incision given. Abdomen opened in layers.
- 2) A huge cystic swelling over whole lower part of uterus & cervix, extending to left lateral side of uterus and cervix. Total anatomy was distorted.
- 3) As uterus is not accessible incision extended up, still uterus not accessible .
- 4) So decided to reduce size of fibroid. A small incision made over the cystic area of Swelling and about 2L of fluid was drained. Now the whole uterus has come down.
- 5) A classical cesarean section done delivered a single live female baby with birth weight 2.3kg with good APGAR. Placenta was expelled as whole.
- 6) As the fibroid looking suspicious of malignancy & due to presence of multiple fibroids ,Opinion taken from other senior colleagues and proceeded for Total Hysterectomy.



At end of surgery gross pictures

Histopathology Results

Symplastic Leiomyoma



Bicollis entering into Single uterine cavity

40x-Smooth muscle cells with pleomorphic nuclei

DISCUSSION:

Incidence:

Fibroid in pregnancy 10.7%.¹

Cervical fibroid with cystic degeneration in pregnancy is a with prevalence of <1%.Fbroids depends upon size likely to cause complications during all three trimesters. So Obstetricians are vigilant entire pregnancy.⁴

Complications:

- 1) Degenerative changes
- 2) Miscarriage
- 3) Malposition (or) Malpresentation
- 4) Foetal growth restriction
- 5) High caesarean section rate
- 6) Preterm labour
- 7) Obstructed labour
- 8) APH
- 9) PPH.¹

It is a high risk pregnancy so be managed in tertiary care centres. There is no clear guidelines how to manage such cases, has unique management challenges. Its important to anticipate the complications in pregnancy & proper counselling and seek multidisciplinary help.⁴

Why this patient has single uterine cavity & two cervixes ?

During embryogenesis -two mullerian ducts will fuse cranially (1st segment) giving rise to single uterus, but in the caudal part (2nd segment) still fusion did not take place so giving rise to two cervices.^{5,6}



CONCLUSION:

Here we presented an unusual case of pregnancy with normal uterus & double cervix with huge central cervical fibroid.

As there was technical difficulty, due to presence of multiple fibroids and suspicion of Neoplasia , proceeded for Cesarean Hysterectomy.

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