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MTP in a patient with fibroid polyp

KEYWORDS

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ABSTRACT *Fibroid is the commonest benign tumour of the uterus.Fibroid polyp lying in vagina causes infertility due to coital difficulty, difficulty in ascent of sperms and pelvic congestion causing congestion & dilatation of endometrial venous plexuses leading to defective nidation. They also cause recurrent abortions. Here I present a case of fibrid polyp with 8 weeks pregnancy. Patient underwent removal of polyp with MTP & laparoscopic tubal ligation.*

Introduction

Fibroid is the commonest benign tumour of the uterus. Fibroid may arise from body of uterus or from cervix. Fibroid polyp lying in vagina causes infertility due to coital difficulty, difficulty in ascent of sperms and pelvic congestion causing congestion & dilatation of endometrial venous plexuses leading to defective nidation. They also cause recurrent abortions. Here I present a case of fibrid polyp with weeks pregnancy.

Case report

A 32 year old patient was admitted for MTP. She has been tried for MTP at some other private hospital but failed hence referred . Patient was willing for MTP with laparoscopic tubal ligation . She was gravid 5, para 4 with all living females. Her all deliveries were full term normal deliveries .LMP was two months before. She had no history of menorrhagia and dysmenorrhoea. There was no significant past and family history. We did her examination. She was pale, temperature 38 degree C, pulse rate 90/min, blood pressure 110/70mm of hg. Her systemic examination was within normal limits. Per abdomen was soft and nontender. On per speculum examination a fibrid polyp was seen protruding in vagina. It was about 5x5 cm, with a thick stalk. Uterus was anteverted and about 8 to 10 wks in size.Following were her investigations.Hb % 7gm%WBC and platelets normal Blood group A positiveBSL 90 mg%HIV, HBsag negativeUPT done outside positive USG done outside showing single live intrauterine pregnancy 8w 4d and evidence of 5x5 cm mass in vagina She was managed in following way She was transfused 3 units of whole blood. Repeat Hb was 10.5gm%. She was posted for removal of fibrid polyp with MTP with laparoscopic tubal ligation. Spinal anesthesia was given. Traction given with allies to gain access to base of polyp & artery clamp applied to base of fibroid polyp. It as removed using monopolar cautery. Base was sutured with vicryl 1-0 by continuous locking sutures. Fibroid polyp sent for histopathological examination. MTP performed by suction evacuation. Laparoscopic tubal ligation done by appling sialastic bands. Patient tolerated procedure well. Postoperatively patient was given antibiotics, analgesics and haematinics. She was discharged on next day. She came for stitch removal on 7th day .Her stitches were healthy. Histopathology report came as leiomyoma.

Discussion

Fibroids are benign uterine growths in a woman's uterus. They are also called uterine leiomyomas, or simply myomas. They can cause problems such as infertility or recurrent abortions. Pregnancy in a patient of fibroid polyp is difficult. Even then we had a patient of pregnancy with fibrid polyp. It is estimated that as many as 1 in 5 women of childbearing age have uterine fibroids. They are most often found in women over age 30, are rarely seen in women under 20 . Although it is not known what causes uterine fibroids, they seem to require the hormone estrogen to grow. A fibroid will probably continue to slowly grow as long as the female is menstruating. At the onset of menopause, when hormone levels drop, fibroids are likely to shrink or disappear.

Fibroid polyp may produce symptoms like intermenstrual bleeding, colicky pain in lower abdomen, excessive vaginal discharge & sensation of something coming down when the polup becomes big distending the vagina. The patient had no symptoms related with fibroid polyp. She conceived with such a moderate sized polyp. I could not find incidence of fibrid polyp with pregnancy. Really it is difficult to find such case. Histopathology report came as leiomyoma.