



SURGICAL INTERVENTION FOR UTERINE FIBROID BY MYOMECTOMY: A CASE STUDY

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ABSTRACT Uterine fibroids, also known as leiomyomas, are the most prevalent non-cancerous growths affecting the female reproductive tract. They commonly occur in women during their reproductive years and can present with symptoms including excessive menstrual bleeding, pelvic discomfort, infertility and compressive effects on nearby pelvic organs. For women seeking to retain fertility, myomectomy remains the surgical treatment of choice for symptomatic fibroids. This case study highlights the patient's clinical features, diagnostic evaluation, surgical intervention, postoperative management, and treatment outcome following myomectomy.

KEYWORDS : Uterine Fibroid, Myomectomy, Neoplastic, Anaemia, Haemangioma.

INTRODUCTION

Uterine fibroids are non-malignant tumours composed of smooth muscle tissue that develop within the uterus. While a large number of fibroids do not produce symptoms, symptomatic cases can considerably impair a woman's quality of life. The management approach is determined by factors including the patient's age, severity of symptoms, fibroid size and location, and reproductive goals. Myomectomy involves the excision of fibroids with preservation of the uterus and is considered the preferred surgical option for women who desire future fertility.

Case Study

A 33 years old female patient admitted under *Prasruti Tantra evum Streeroga* department on 13/05/2026 with Chief Complaints of Heavy menstrual bleeding for 2 months, Lower abdominal pain for 6 months, Pelvic pressure, fatigue, and weakness with Palpitations. History of Present Illness The patient experienced progressively increasing menstrual bleeding associated with passage of clots over the previous two months. She also reported dull lower abdominal pain, pelvic heaviness, urinary frequency, and generalized weakness. Medical management provided only temporary symptomatic relief, leading to consideration of surgical intervention.

Past Medical History

- No history of hypertension or diabetes
- No previous major surgeries
- No known drug allergies

Family History: No family history of gynaecological malignancy.

Samanya Parikshan

- General condition: Stable
- Pulse: 84 beats/min
- Blood Pressure: 110/80 mmHg
- Temperature: 98.6°F (37°C)
- Respiratory Rate: 18 breaths/min
- Pallor present (++)
- Agni: Mandagni
- Koshtha: Krur
- Prakruti: Pitta Pradhan Kapha Anubhandhi
- Per-Abdominal examination revealed an enlarged uterus corresponding to approximately 20-22 weeks of gestation with Guarding and Rigidity present along with Tenderness.

Investigations

- CBC: Haemoglobin 7.2 g/dl
- Blood Grouping and Cross-Matching done.
- Liver and Kidney Function Tests: Normal
- Urinalysis: Normal
- Pregnancy Test: Negative
- Pelvic Ultrasound (14/05/26):
 - o Large fibroid-like structure 154 x 134 x 103 mm is seen in the pelvis, extending up to the umbilical region; possible uterine fibroid.

- o S/o CT Abdomen & Pelvis for further evaluation.
- CT Abd Pelvis (15/05/26): Nodular lesions are seen in both lobes of the liver measuring up to 14 mm. ?Metastatic and Atypical Haemangioma. A large, well-defined, heterogeneously enhancing soft-tissue density lesion in the pelvis arising from the anterior uterine wall, extending superiorly into the lower abdomen to the level of the umbilicus. No calcification or fat is seen in it. D/D large subserosal uterine fibroid with surrounding peritoneal fat stranding; possibility of Malignant Degeneration of fibroid.
- PET-CT (18/05/26): FDG uptake (SUV Max & 4) Heterogeneously enhancing solid component of a solid cystic well-defined lesion in the pelvis extending into the lower abdomen measuring 150x103x154 mm. It is causing mass effect on bilateral distal ureters, resulting in upstream bilateral hydronephrosis. Uterus is displaced posteriorly. Above features s/o Neoplastic aetiology needs to be ruled out.

Treatment Plan

Preoperative Management (Poorvakarma)

- Correction of anaemia with iron supplementation with Two PCV transfusions.
- Physician Fitness with informed consent obtained.
- Intravenous fluids with Preoperative antibiotics.
- Pre-anaesthetic evaluation done.

Surgical Procedure (Shashtakarma)

The patient underwent an exploratory Laparotomy with Myomectomy under suitable anaesthesia. A midline incision was made; the uterus was exposed and a fibroid weighing 1294 grams was carefully enucleated. Haemostasis was achieved, and the uterine wall was repaired in layers to preserve uterine integrity. Both the ovaries were visualised and were normal. The abdomen was closed after ensuring that there was no active bleeding.

Postoperative Care (Paschatkarma)

- Monitoring of vital signs and Pain management with analgesics, Intravenous antibiotics.
- Monitoring for excessive vaginal bleeding, Wound care, and dressing.
- High-protein and iron-rich diet.
- Patient education regarding follow-up and future pregnancy planning.

Outcome

The patient's postoperative recovery was uneventful. The Fibroid sample was sent for Histopathological Examination for further evaluation, which came out to be Benign Smooth Muscle Tumour, i.e., leiomyoma. Pain was effectively managed; there was no evidence of infection or haemorrhage, and bowel and bladder function returned to normal. Haemoglobin levels improved with iron therapy. She was discharged on the eighth postoperative day in stable condition with advice for regular follow-up.

DISCUSSION

Myomectomy is an effective uterus-preserving procedure for women

with symptomatic fibroids who desire future fertility or wish to retain their uterus. Careful patient selection, appropriate surgical technique, and comprehensive postoperative care contribute to favourable outcomes. Long-term follow-up is important because fibroids can recur in some patients.

CONCLUSION

Myomectomy remains an effective treatment for symptomatic uterine fibroids in women who wish to preserve fertility. Successful management requires accurate diagnosis, skilled surgical intervention, vigilant postoperative monitoring, and patient education.

Compliance with Ethical Standards

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Disclosure of Conflict of Interest

The authors declare no conflict of interest regarding the publication of the manuscript.

Statement of Informed Consent:

Informed consent was obtained from the patient.