

Pregnancy With Gynecological Pathology and its Obstetric Outcome



Medical Science

KEYWORDS : PREGNANCY, GYNECOLOGICAL PATHOLOGY

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ABSTRACT

BACKGROUND: A variety of coincidental gynecological conditions may present during pregnancy which may need to be dealt during the pregnancy itself. Data are conclusive that these pathology particularly uterine anomalies and some type of fibroids associate with adverse outcome like repeated pregnancy losses, repeated preterm deliveries, increased operative interference and many intra partum and post partum complications.

METHOD: This study was carried out 125 cases at tertiary health centre with in 2 years period. All patients with these gynecological pathologies known before pregnancy and conceived with that, also patients first time diagnosed during pregnancy, diagnosed at the time of delivery and in puerperium were included in study.

RESULTS: In fibroid with pregnancy abortion (22.5%), preterm delivery (20%) and caesarean rate (55%) were quite high. In our study 50% patients had cervical dystocia and emergency Caesarean section in pregnancy with third degree uterine prolapse and procidentia. Out of 20 cyst diagnosed antenatally only 2(10%) were removed in 2nd trimester due to severe abdominal pain. From the 18 cases remaining in most of the patient (78%) either cyst resolved completely or decrease in size in follow up. In our study in uterine anomaly out of 112 pregnancies studies outcomes were: abortion (17.9%), ectopic (7.1%), PTD (24.1%) and term delivery (50.9%).

Conclusion: Majority of fibroids do not change their size during pregnancy. Pain is the most common complication and symptom can usually be controlled by conservative management. -The increase use of ultrasound in early gestation has led to an increase in incidence of adnexal pathology. The majority of adnexal masses diagnosed in pregnancy is benign and will resolve spontaneously without invasive intervention. Pregnancy during uterine prolapse is possible and an elective caesarean section near term could be the safest mode of delivery!!

Introduction

- A variety of coincidental gynecological conditions may present during pregnancy which may need to be dealt during the pregnancy itself.
- These gynecological conditions either may be acquired like fibroid, ovarian pathology genital organ prolapsed or may be congenital like congenital mullerian anomaly.
- Data are conclusive that these pathology particularly uterine anomalies and some type of fibroids associate with adverse outcome like repeated pregnancy losses, repeated preterm deliveries, increased operative interference and many intra partum and post partum complications.

Objectives of this study

- To study the association of various gynecological problems with pregnancy.
- To observe the effect whether it is adverse or not, of these pathologies on the pregnancy.
- To assess the effect of pregnancy on this gynecological pathologies vice versa.
- To observe the management of the pregnancy with gynecological problem.

Method

- All patients with these gynecological pathologies known before pregnancy and conceived with that, also patients first time diagnosed during pregnancy, diagnosed at the time of delivery and in puerperium were included in study. In patients, mullerian anomaly past obstetric outcomes was also studied. All patients with fibroid greater than 3 cm, ovarian cyst greater than 4 cm and uterine prolapse of more than 3rd degree with pregnancy were included in this study.
- This study was carried out 125 cases at tertiary health centre with in 2 years period.

1) Outcomes of pregnancy in fibroid

	Outcome	Location of placenta		Type of fibroid		Total	percentage
		Not on fibroid	On fibroid	Intra mural	Sub serosal		
Normal delivery	Preterm	0	1	1	0	1	2.5%
	Term	6	2	6	2	8	20%
Caesarian section	Preterm	6	1	5	2	7	17.5%
	Term	9	6	9	6	15	37.5%

Abortion	1 st trimester	0	6	5	0	6	15%
	2 nd trimester	1	2	3	0	3	7.5%

2) Comparative studies of pregnancy with fibroid

Study	Abortion	Preterm	Caesarian section
Present study	22.5%	20%	55%
Hasan et al(3)	25%		73%
Benson et al(1)	14%		38%
Klasky et al(2)	20.9%	16%	
Rice et at(4)	-	21.5%	

3) Distribution according to sonographic criteria

Sonographic criteria		Resolved at full term	Remain same in size at full term or in follow up	Resolved in follow up after delivery or abortion	Removed antenatal	Removed at term with Caesarian section	Total
Detected antenatal	Simple cyst <5	2		1			3
by USG	Simple cyst >5	5	1		1	1	7
	Complex cyst	1	2	4	1	1	8
	Multipalcyst	1	1				2
Not detected antenatal						2	2

4) Comparison study for percentage of cyst resolved at full term

USG feature	WK lam et al(5)	Present study
<5cm simple cyst	93%	100%
>5cm simple cyst	25%	71.4%
Multicystic	62%	50%
Complex cyst	55%	33.3%

5) Pregnancy outcomes in uterine anomalies

	Abortion	Term	preterm
bicornuate	36%	23%	40.6%
unicornuate	36.5%	16.2%	44.6%
Arcuate	27.5%	7.5%	62.7%
Septate	44.3%	22.4%	33.1%
Didelphy	32.3%	28.3%	36.2%

6) Comparison study of uterine anomalies

Outcomes	Bicornuate	unicornuate	arcuate	septate	didelphy	total
Total no of patients	16	18	6	7	3	50
Total number of pregnancy	37	38	12	19	6	112
Abortion	6(16.2%)	3(7.9%)	3(25%)	6(31.5%)	2(20%)	20
Ectopic	2(5.4%)	6(15.8%)				8

Caesarian	preterm	3(8.1%)	6(15.8%)	1(8.33%)	1(5.3%)		11
	term	5(13.6%)	8(21%)	6(50%)	1(5.3%)	1(20%)	21
Normal delivery	preterm	6(16.2%)	4(10.5%)		6(31.5%)		16
	term	15(40.5%)	11(29%)	2(16.33%)	5(26.4%)	3(60%)	36

7) Vaginal anomaly

Abnormality	Normal delivery	Caesarian section
Partial longitudinal vaginal septum (n=4)	50%	50%
Transverse vaginal septum(n=1)	100%	-
Transverse vaginal septum(n=1)	100%	-

8) Uterine prolapse and pregnancy

Degree of prolapsed	Obstetric history	Pessary kept at (wk)	Pessary removed at (wk)	Terminated at	Normal delivery / Caesarian section	Indication of Caesarian section	Complication
3	G3P2A0L2	10	18	38	Normal delivery	-	-
3	G2P1A0L1	-	-	35	Caesarian section	Cervical dystocia	Preterm
4	G3P2A0L2	10	19	35	Caesarian section	Elective	Preterm
3	G2P1A0L1	-	-	37	Caesarian section	Cervical dystocia	Still birth

Discussion

- In fibroid with pregnancy abortion (22.5%), preterm delivery (20%) and caesarian rate (55%) were quite high.
- Complication like malpresentation (10%), oligohydroamnios (15%), Post partum hemorrhage (10%) and Pre mature rupture of membrane (7.5%) were significantly high in fibroid with pregnancy.
- out of 20 cyst diagnosed antenatally only 2(10%) were removed in 2nd trimester due to severe abdominal pain.

From the 18 cases remaining in most of the patient (78%) either cyst resolved completely or decrease in size in follow up.

Out of 6 cyst removed during pregnancy in histology 4 were cyst adenoma and 2 were follicular cyst.

In our study in uterine anomaly out of 112 pregnancies studies outcomes were: abortion (17.9%), ectopic (7.1%), Pre term delivery (24.1%) and term delivery (50.9%).

Septate uterus had high rate of Spontaneous abortion (31.6%) and Pre term delivery (36.8).

In patients with arcuate uterus had good rate of term delivery (66.67%).

Out of 112 pregnancies and excluding abortions, malpresentation (27.38%) and CS (38%) were quite high.

Majority of the patients were diagnosed at the time of Caesarian section (40%).

In our study 50% patients had cervical dystocia and emergency Caesarian section in pregnancy with third degree uterine prolapse and procidentia.

CONCLUSION

- Majority of fibroids do not change their size during pregnancy.
- Pain is the most common complication and symptom can usually be controlled by conservative management.
- The increase use of ultrasound in early gestation has led to an increase in incidence of adnexal pathology the majority of adnexal masses diagnosed in pregnancy are benign and will resolve spontaneously without invasive intervention.
- When a mullerian anomaly is identified, woman should be counseled about reproductive prognosis, pregnancy outcomes and evidence based managements!
- Pregnancy during uterine prolapse is possible and an elective caesarean section near term could be the safest mode of delivery!!

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