



MANAGEMENT OF FIBROID COMPLICATING PREGNANCY

Obstetrics & Gynaecology

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KEYWORDS

INTRODUCTION

- Uterine leiomyomas are most common smooth muscle tumors of uterus.
- Their incidence in pregnancy is 2%.¹
- Leiomyoma may vary in location and may develop as sub mucosal, intramural, sub serosal. Less frequently these develop in cervix or broad ligament.
- Some become parasitic and their blood supply is derived from adjacent structures such as highly vascularised omentum.
- In the rare manifestations of leiomyomatosis peritonealis disseminatanumerous subperitoneal benign smooth muscle tumours may appear similar to disseminated carcinomatosis.²
- It is widely believed that fibroids increase in size during pregnancy. However, only about 25% of fibroids enlarge during pregnancy.
- Most of the growth occurs in the first trimester, with little increase in size during the second and third trimesters.
- Larger fibroids (>5 cm in diameter) are more likely to grow, whereas smaller fibroids are more likely to remain stable in size.
- The mean increase in fibroid volume during pregnancy is 12%, and very few fibroids increase by more than 25%.
- Larger fibroids may undergo hemorrhagic infarction and can cause varying severity of pain, which is often localized to the region of the fibroid.
- There may be associated nausea, vomiting, mild pyrexia and mild leucocytosis.
- Classically, this complication occurs at approximately 20 to 22 weeks of gestation.

AIMS AND OBJECTIVES

- Aim of the study is navigating pregnancy with fibroids.
- The objectives of the study are-
 1. Management of fibroids in pregnancy
 2. Pregnancy outcome and complications.

MATERIALS AND METHODOLOGY

This is a cross sectional observational study done at Dr. PSIMS & RF for a period of 1 year including all pregnant women with fibroids.

Case 1

A 33yr G3A2 with 36wks POG with gestational HTN, GDM and Fibroid complicating pregnancy.

- Her scan showed fibroid measuring 8.3x7.4x6.8cm in anterior myometrium, lower uterine segment at utero cervical junction.
- She was posted for elective LSCS at 37wks POG.

Indication:

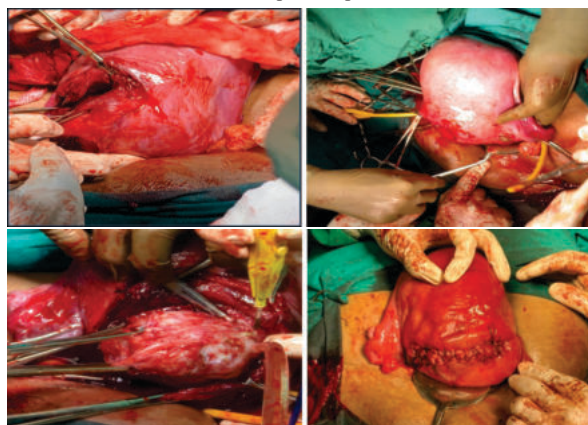
Lower segment intramural fibroid complicating pregnancy.

Intraoperative Findings:

1. An intramural fibroid of size 8x8x6 cm was noted at the incision site on left side at lower uterine segment
2. Baby presented as oblique presentation and delivered as such an alive boy of birth weight 3.05 kg with good APGAR.
3. Bilateral windows were created in the leaves of broad ligament and tourniquette was applied with foleys catheter to occlude uterine arteries.
4. Bilateral ovarian vessels were occluded with hemostatic clamps.
5. Transverse incision was given at endomyometrial junction. Capsule identified and enucleation of fibroid was done.
6. Dead space was closed in layers with vicryl 2.0

7. Complete hemostasis secured after removal of hemostatic clamps and tourniquete.

- Post OP vitals are stable and post OP period was uneventful.



Case 2

A 25 year primi with 38 weeks POG with previous history of laparoscopic myomectomy with fibroid complicating pregnancy.

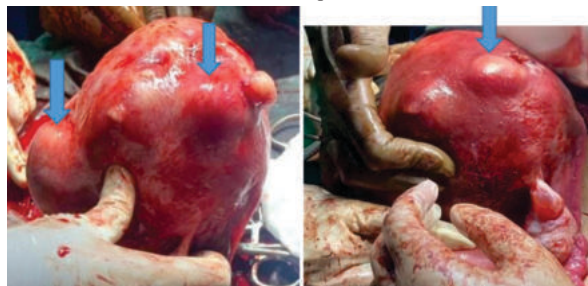
- Her scan showed multiple fibroids, lateral wall fibroid of 6 x 3.9 cm and lower anterior sub serosal fibroid of 5.4 x 5.3 cm, posterior myometrial fibroid of 4.9x4.6cm.
- She was posted for elective LSCS at 38 weeks 2 days POG.

Indication:

Previous history of laparoscopic myomectomy.

Intraoperative Findings :

1. Multiple fibroids noted on posterior wall and posterolateral wall of uterus, largest measuring 4x3 cms on left posterior wall of uterus.
 2. Baby presented as vertex and delivered an alive girl child of birth weight 2.75kg with good APGAR.
- Post OP vitals are stable. Post OP period was uneventful.



Case 3

A 30 year primi with 37 weeks 3 days POG with cephalic presentation with fibroid complicating pregnancy.

- She was referred at 35 weeks from outside hospital in view of fibroid complicating pregnancy.
- Her scan showed intramural fibroid of 9.8x6.8cm in anterior myometrium in upper segment of uterus.
- She delivered vaginally alive boy child of birth weight 3.7 kg with good APGAR.
- Post partum period was uneventful.

Case 4

A 23 year primi with 39 weeks POG with cephalic presentation with fibroid complicating pregnancy with GDM and hypothyroidism.

- Her scan showed sub serosal fundal fibroid of 8.2x5.2cm, fibroid measuring 2.5x2.3cm in right lateral wall another fibroid measuring 2x1.2cm in posterior myometrium.
- She was posted for emergency LSCS in view of uterine inertia at 39 weeks 6 days.

Intraoperative Finding:

1. Two subserosal fibroids are noted one measuring 7x5cm in left lateral wall another of size 3x2 cm in right lateral wall.
2. Baby presented as vertex and delivered an alive girl child of birth weight 2.27kg with good APGAR.
- Post OP vitals are stable and post OP period was uneventful.

**Case 5**

A 34 year G2P1L1 with 36 weeks 2 days POG with cephalic presentation with previous LSCS with Rh negative pregnancy with chronic hypertension with GDM with fibroid complicating pregnancy.

- Her scan showed fibroid measuring 5.5 x 5.7 x 4.1cm noted in right lateral wall of uterus.
- She was posted for emergency LSCS at 36 weeks 4 days POG.

Indication:

Previous LSCS in labor.

Intraoperative Findings:

1. An intramural fibroid of size 5x4cm was noted in right lateral wall. Two seedling fibroids were noted on the anterior and posterior wall at fundal region.
2. Baby presented as vertex and delivered as alive boy child of birth weight 2.5kg with good APGAR.
- Post OP vitals were stable. Post OP period was uneventful.

**Case 6**

A 29 year primi with 38 weeks 5 days POG with cephalic presentation with fibroid.

- Her scan showed 3.1 x 3.8 cms posterior myometrial fibroid in lower uterine segment.
- She delivered vaginally an alive girl child of Bwt 2.84 kgs with good APGAR.

DISCUSSION:

- Most fibroids are asymptomatic during pregnancy and are diagnosed on routine ultrasound examination.
- Mode of delivery depends on location of fibroids.
- Majority of myomas get lifted out of pelvis either near term and in labor due to uterine contractions.
- Cesarean section indications :
 - Large fibroid more than 6cms in cervical area obstructing labor.
 - Previous myomectomy for intramural fibroid.
 - Malpresentations (breech presentation).
 - Uterine inertia.

- Rarely classical cesarean section if LUS is totally obliterated and distorted by multiple fibroids.
- Routine myomectomy at the time of cesarean section has been condemned in the past due to fear of uncontrolled haemorrhage and peripartum hysterectomy.
- It is still a topic of debate worldwide.
- However in recent case studies have been published its safety without any significant complications.
- Myomectomy at the time of cesarean delivery is required if the fibroid makes it impossible to satisfactorily close the uterine incision.

CONCLUSION:

Prepregnancy evaluation with good antenatal care with good hemoglobin status, keeping vigilance on intrapartum complications, multidisciplinary approach at tertiary care center is preferable for good maternal and perinatal outcome.

Cesarean myomectomy is a safe option in carefully selected cases in the hands of experienced obstetrician with appropriate hemostatic techniques.¹³

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