ORIGINAL RESEARCH PAPER
Volume - 14 | Issue - 07 | July - 2025 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

INTRACAVITARY MYOMECTOMY DURING CAESAREAN SECTION : A NOVEL APPROACH.

Obstetrics & Gynaecology

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ABSTRACT

Caesarean myomectomy is a challenging procedure in obstetrics. A32 years old primigravida with fibroid uterus was posted for elective LSCS in view of breech presentation at term. Intraoperatively, an anterior fundal intramural fibroid of size 10×9 cm was noted. After delivering the baby and placenta, Caesarean myomectomy was performed, through the intracavitary route without additional uterine incisions. Dead space was obliterated with layered by using delayed absorbable suture. Post operative period was uneventful. Hence we avoided additional morbidity by this novel approach.

KEYWORDS

Caesarean myomectomy, intracavitary.

INTRODUCTION:

Fibroids are common benign smooth muscle tumours occurring in 20-40% of women with an incidence of approximately 0.1% to 12.5% of all pregnancies.[1] The Incidence is rising due to late childbearing and increase in the number of caesarean sections over the last few years. Myomectomy during caesarean section is avoided due to increased vascularity of the gravid uterus leading to massive haemorrhage, obstetric hysterectomy and increased perioperative morbidity and mortality. Intracavitary myomectomy during Caesarean section are now performed in patients known to have fibroid in pregnancy or even in those coincidentally found intraoperatively, after several studies showed the procedure to be safe.

Case Report:

A 32 year old primigravida conceived after seven years of primary infertility, was posted for Elective LSCS in view of breech presentation at term. Her early trimester sonography record showed fundal intramural fibroid of size 5×4 cm. Routine follow up with sonography, size of the fibroid was increasing with advancement of pregnancy.

Abdomen was opened through Pfannestiel incision and intraoperatively, an anterior fundal intramural fibroid of size 10×9 cm was noted. After delivering the baby and placenta, Caesarean myomectomy was performed, through the intracavitary route (Fig:1) without additional uterine incisions. Dead space was then obliterated with layered by using delayed absorbable sutures.In post operative period, no significant decrease in haemoglobin level was noted. Hence the patient did not require any blood transfusion. Post operative period was uneventful and discharged after suture removal.

DISCUSSION:

During pregnancy fibroids usually remain asymptomatic.Effects of fibroid on pregnancy - increased risk of spontaneous miscarriage, Preterm labour, Premature delivery, Abruptio placentae, high incidence of caesarean delivery.Intrapartum problem like Obstructed labour (cervical fibroid), Retained placenta, Sub involution of uterus and Post partum haemorrhage[2] may be observed. Effects of pregnancy on fibroids included enlargement, Red degeneration, torsion with pedunculated fibroid. Intraoperative assessment of fibroids is important in decision making for caesarean myomectomy. The main aim of intracavitary enucleation through lower segment incision, as in this case, is to minimalize the uterine scarring and eventual adhesion formation. This is a technique of retrieving the fibroids without additional incisions on the uterus. The fibroid(s) are accessed the lower segment incision, then delivered through the same, thus maintaining an intact uterine surface.

CONCLUSIONS:

The avoidance of multiple uterine scars and the ease of removal of fibroids via a single incision and insignificant amount of blood loss makes intracavitary myomectomy during caesarean section, a better method. It is a very quick technique in handling amount of intraoperative haemorrhage thus decreasing the risk of peripartum hysterectomy and also preventing post operative adhesions. The idea of performing intracavitary myomectomy at the time of caesarean section appears to be effective in a low-resource country like India, which if performed safely, it can avoid the additional morbidity of a future surgery, thus justifying the cost-effectiveness of the procedure .

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