

A rare case of multiple fibroids with pregnancy

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Abstract

Leiomyomas are the most common benign tumor of the uterus and affect 40 % to 50% of women older than 35yrs of age. Usually they are asymptomatic(70% to 80%).approximately 5% of leiomyoma are of submucosal type being least common but usually are more symptomatic. symptomatic leiomyomas are managed with either medical therapy or surgical management in the form of myomectomy or hysterectomy. multiple submucosal fibroid in pregnancy is a rare and often complicate with a fetal morbidity and mortality.¹

Keywords: Fibroids, Miscarriage, Preterm labor, Fetal anomalies, Myomectomy, Hystrectomy, Uterine artery embolization.

Introduction

Fibroid tumor are benign tumor found in their 30's and 40's, fibroids are benign smooth muscle monoclonal neoplasms of uterus arising in the myometrium and sometime in the ligament attach.²

Uterine myoma usually asymptomatic during pregnancy.³ medical research has shown that the most uterine fibroids do not grow or shrink during pregnancy. It has been found that about a third of fibroids may enlarge during the first three months (first trimester) of pregnancy.⁴ Studies have shown that the vast majority of women with fibroids have an uncomplicated pregnancy and childbirth. However it has been found that some women do unfortunately have some problems due to their fibroids. It is known that uterine fibroids are linked to a greater rate of spontaneous miscarriage, placental abruption, preterm labour, malpresentations, an abnormal or difficult labour need for caesarean section and intrapartum or postpartum haemorrhage.⁵

Making the diagnosis of fibroids during pregnancy is neither simple nor straightforward because the difficulty of differentiating fibroid from physiological thickening.⁶ Research has shown that only 42% of fibroid greater than 5cm (labelled as large) and 12% of smaller fibroids (measuring 3-5 cm) can be felt and diagnosed on pelvic examination. Surprisingly, making the diagnosis using ultrasound is also difficult and this is mainly because of the difficulty of distinguishing fibroids from the normal thickening of the lining of the uterus (myometrium). It is therefore thought likely by specialists that the frequency of fibroids during pregnancy is actually underestimated.⁷

Myomectomy is most commonly performed procedure during pregnancy with fibroid at a time of caeserian section.⁸ Surgical management of leiomyoma during pregnancy (intrapartum) is safe in carefully selected patients.⁹

Case Report

A 48years old female came to opd with complaints of heavy bleeding per vaginal associated with lower abdominal pain. Her last menstrual period date 26/12/2017, regular, cyclic, heavy flow, she is nulligravida and underwent for diagnostic dilatation & curettage 15 years back. She was married at 16 years of age and her active married (aml) life of 11years and divorced after that because of she never conceived during aml period. During that period there is history of single in vitro fertilization cycle and outcome was negative, she married again. During her 2nd aml no positive history of pregnancy both husband are fertile.

On examination pulse: 110/min, bp-130/80mmhg, respiratory rate-17/min, spo2-98% local examination 20-24 weeks size of uterus, bulky, mobile, fornices clear, bleeding present.

Usg: multiple uterine fibroids of varying size (7x5,6x5,7x6,3x2) with live foetus in utero of 12weeks of gestational age fetal heart rate-150/min.as shown in (Fig.1, 2, 3, 4, 5)

Investigation: (blood & urine)hb-9.10 mg/dl,wbc-9850,platelets:- ,BGRH -O POSITIVE- ,HIV-non reactive, HBsAg -non reactive, creatinine- 0.58mg/dl, urea- 16.2mg/dl, rbs-82.40mg/dl, urine routine-PUS CELL:55-60Ccell/hpf, Epithelial cell-10-15 cell/hpf, Red blood cell-absent, Cast -absent, Crystals-cal. oxalate(occ).

Ecg: Within normal limits.

Chest x-ray: Both lungs fields are normal both cp angels well defined cardiac shadow appears normal.



Fig. 1: Foetus in utero 3D Image



Fig. 2: FHR of the foetus



Fig. 3: Fibroid with foetus



Fig. 4: Measuring size of fibroid



Fig. 5: 3d image of foetus



Fig. 6: Cut section showing multiple



Fig. 7 Specimen of uterus



Fig. 8: Specimen of uterus



Fig. 9: Specimen of uterus

Management

Multiple fibroids with pregnancy and bleeding per vaginum leading indication for hystectomy as doctor point of view. She is feeling uncomfortable after knowing that she is pregnant, though pregnancy is accidental finding during examination and was nulligravida and counseled by us and family members to continue the pregnancy. After discussion with the family members and her husband its turn out that she don't want to continue the pregnancy as this is her 2nd

marriage and she is mother (children's from 1st marriage of his husband), and having grandson so due to personal reasons she don't want to continue the pregnancy, so final decision is pannhystrectomy (according to age and prevent further complication after reserving ovaries and fallopian tube).

Pre-operative: Injectable antibiotics given for 2days for infection and one unit of whole blood given.

Operative: PANHYSTRECTOMY performed under spinal anaesthesia.as shown in Fig. 6,7,8,9

Post-operative: One unit of whole blood given injectable antibiotic for 3 days and shifted to oral antibiotics for 5 days with analgesics & antacid.

Discussion

Fibroids are very common in women of reproductive age. Most fibroids do not grow (or become smaller) in pregnancy, but about 30% may enlarge during the first three months of pregnancy. The results from studies are somewhat conflicting, but it is reassuring to note that the majority of women with uterine fibroids will have uncomplicated pregnancies and childbirth.

Uterine fibroids are linked to an increased rate of spontaneous miscarriage, preterm labour, foetal malpresentation, labour dystocia, caesarean section and postpartum haemorrhage, hystrectomy.¹⁰

The most frequent complication of a fibroid in pregnancy is pain. The symptoms can generally be managed with conservative treatment, but very rarely surgical treatment is necessary. A caesarean section may be advisable for those women who have previously had a myomectomy, especially if the cavity of the uterus was opened. Uterine artery embolization is a reasonable alternative treatment option to surgery in the event of fibroids causing severe problems, but uterine artery embolisation is absolutely contra-indicated during pregnancy and in those women who wish to fall pregnant in the future. Those don't want to fall pregnant in future hysrectomy is advisable, hystrectomy is indicated for uterine fibroids that cause substantial bleeding, pelvic pain or pressure or anemia refractory to iron replacement in women not wishing to preserve fertility.¹¹

Conclusion

A 48years old female came to opd with complaints of heavy bleeding per vaginal associated with lower abdominal pain. On usg finding she diagnosed as a multiple fibroids with pregnancy, she is already grandmother and she don't want any further child so for this patient we planned for panhysterectomy.

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