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Spontaneous Expulsion of Uterine Fibroid Vaginally; Mimicking Inevitable Abortion: A Case Report

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ABSTRACT:

Leiomyomas are the most common benign tumour of uterus and affects 40 to 50% of women older than 35yrs of age. Usually they are asymptomatic (70 to 80%). Approximately 5% of leiomyomas are of sub mucosal type being least common but are more symptomatic. Symptomatic leiomyomas are managed with either medical therapy or surgical management in the form of myomectomy or hysterectomy. Newer therapies like UAE and hysteroscopic resection gaining popularity. We are reporting an interesting and rare case of a large submucosal fibroid which was spontaneously expelled per vaginally mimicking inevitable abortion.

Keywords: *Submucous leiomyoma, Fibroid, Expulsion.*

INTRODUCTION

Leiomyoma is not only the commonest tumour of the uterus but it is the commonest benign solid tumour in female. Asymptomatic fibroids may be present in 40 to 50% of women older than 35yrs of age[1]. Majority of fibroids are asymptomatic but can present with AUB or dysmenorrhagia or many a times it can cause recurrent pregnancy loss and infertility[4]. They may also presents with secondary changes like degeneration, infection, vascular changes or sarcomatous changes. Red degeneration occurs in large fibroids usually in second half of pregnancy but rarely can occur without pregnancy as in our case. The symptoms produced by leiomyoma depends upon the site irrespective of their size and the maximum symptoms produced by the submucosal type. Depending upon the symptoms they can be managed either by medical or surgical method. Spontaneous vaginal expulsion of fibroids after normal vaginal deliveries, uterine artery embolization[2] and laparoscopic assisted uterine depletion[3] has been reported. But as in our case, spontanuos expulsion of large submucosal fibroid mimicking inevitable abortion is very rare although a favourable outcome.

CASE REPORT

A 45 yrs P4+0 reported to labour room with complaints of pain abdomen since last 10-12 hours, moderate to severe in intensity, intermittent, associated with hardening of uterus. She had amenorrhea for 2mnths, with normal previous cycle. On examination, she was afebrile, her pulse: 94/min, BP: 110/70mmhg without any significant finding on general physical examination. On per abdomen, uterus was 18-20 wk size with uterine contraction 1× 2× 45-50, no fetal part palable. On per speculum; os open with blood mixed discharge: on per vaginum, os 5-6cm dilated, fully effaced, soft part palable at -1, 0 station. So possibility of inevitable abortion kept in view of amenorrhea. Investigation sent and she was watched for further progress. The reports were as: Hb 9.8gm%, blood group B+v, RBS 102mg%, HIV, HbsAg and STS were non reactive. After one hrs she started bearing down and expelled a large 15 x 12 cm (fig no: 1) friable, foul smelling mass, bluish purple in color, soft in consistency (fig no:2) along with excessive bleeding per vaginum. The mass expelled out spontaneously and after that bleeding stopped. On cut section, evidence of red degeneration with haemorrage (fig no 3). After expulsion, uterus was10 weeks size firm and mobile. She was kept for observation in post partum ward and that period of observation was uneventful. Her follow up ultrasound shows no any uterine mass.

Figure 1: Showing spontaneous vaginal expulsion of large submucous fibroid.

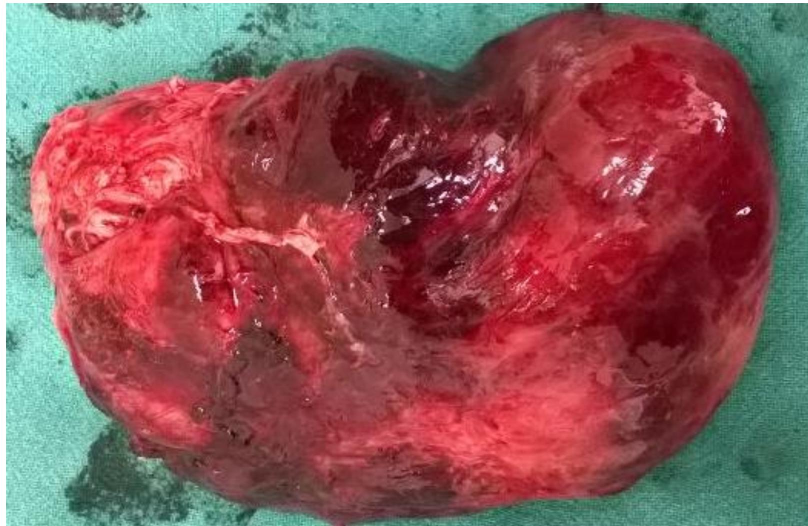

Figure 2: Submucous fibroid (15×12 cm).

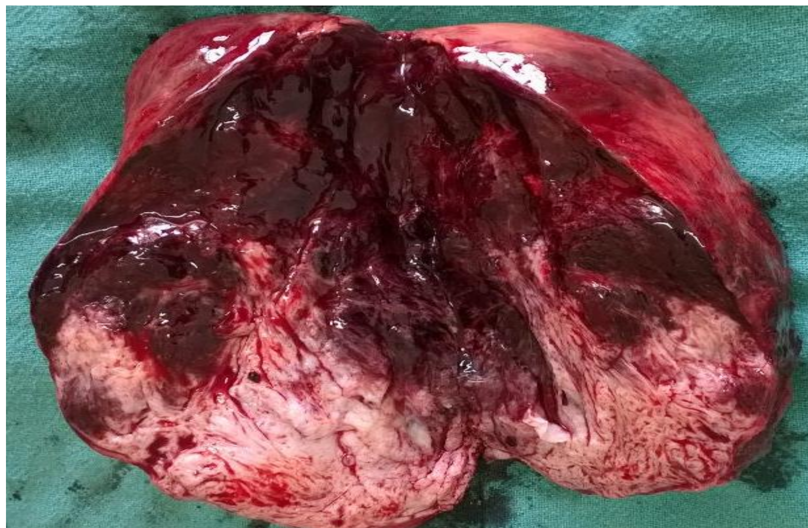

Figure no 3: cut section of fibroid showing degenerative changes

DISCUSSION

Leiomyoma is commonest benign solid tumour in female composed mainly of smooth muscle cells but also containing various amount of fibrous connective tissue. The tumour is well circumscribed but not encapsulated. It is impossible determine the true incidence but asymptomatic fibroids may be present in 40 to 50% women older than 35yrs of age.[1] The incidence is higher in black women than white but there is no explanation for this racial differences. The aetiology is unclear but prevailing hypothesis is that may arise single neoplastic smooth cell of myometrium. [4] The stimulus for transformation is not known but there may be chromosomal abnormality or some polypeptide growth factor may stimulate the growth of leiomyoma either directly or via estrogen. They often have family history suggesting gene coding for their development[4].

Majority of fibroids are asymptomatic and detected accidently on clinical examination or at laparotomy or laparoscopy. The symptoms are more related to anatomical site than size, so submucosal type which are least common but are more symptomatic[4]. The symptoms may be menstrual abnormalities, pregnancy complication, infertility, pain abdomen or acute abdomen, pressure symptoms or may have just lump abdomen. Another rare but favourable presentation is spontaneous expulsion of fibroid. This may happen either due to tearing of pedicle or tumour may actually be born so to speak medium of violent uterine contraction. Both these events though occur rarely but terminate favourably. Even though the deeply seated interstitial tumour beneath mucous membrane, the capsule rupture by pains and entire mass may then be cast off as in our case[6].

Depending upon the symptoms they can be managed either by medical or surgical method. Medical metods includes use of progestogens, antifibrolytics, antiprogesterines, PG synthetase inhibitors, danazol, GnRH agonist and antagonists. Surgeries includes myomectomy[5] by vaginal or abdominal route and by hysterectomy. Now minimally invasive technique like UAE[2] and hysteroscopic resection[3] are gaining popularity. So, Spontaneous vaginal expulsion of fibroids after normal vaginal deliveries, UAE[2] and laparoscopic assisted uterine depletion[3] has been reported in literature. But a very few cases of spontaneous expulsion of fibroids without any intervention has been reported[6].

CONCLUSION

Leiomyoma is commonest benign solid tumour in female mostly asymptomatc. Symptomatic leiomyomas are managed with either medical therapy or surgical management in the form of myomectomy or hysterectomy. Newer therapies like UAE and hysteroscopic resection gaining popularty. Another a rare but favourable way is spontaneous expulsion of fibroid which occur either without any intervention or after UAE or laparoscopic assisted uterine depletion.

Conflict of interest: None of the authors had no conflict of interest to declare.

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