

A Rare Case of Huge Intramural Fibroid With Full Term Pregnancy.

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ABSTRACT

Uterine fibroids are a very common finding in women of reproductive age. The majority of fibroids do not change their size during pregnancy, but one-third may grow in the first trimester. Although the data are conflicting and most women with fibroids have uneventful pregnancies, the weight of evidence in the literature suggests that uterine fibroids are associated with an increased rate of spontaneous miscarriage, preterm labor, placenta abruption, malpresentation, labor dystocia, cesarean delivery, and postpartum hemorrhage.

Keywords: uterine fibroid, myomectomy, pregnancy, live birth.

INTRODUCTION

Uterine leiomyoma is most common gynecological condition followed by ovarian mass which can coexist with pregnancy and may affect the outcome of pregnancy. The incidence of uterine leiomyoma during pregnancy is 0.09% to 3.9%.

Recent Incidences increases as more women are delaying child bearing. During early pregnancy the apparent asymmetrical enlargement of uterus may be only noticeable finding.

Ultrasonography criteria for diagnosis of fibroid in pregnancy:

- Size > 3cm
- Spherical Shape
- Distortion of myometrial contour.
- Different acoustic structure from myometrium
- Speckled pattern of internal echoes
- No enhancement of echoes behind the mass
- Colour Doppler study showing spraying of blood vessel in mass.

CASE REPORT

A 22 years old female arrived in outpatient department with amenorrhea for 9 months and 16 days with fibroid in uterine cavity with history of myomectomy 2 years back.

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LMP- 8/1/17

EDD-15/10/17

POG- 41 weeks 2 days

O/H- G3P0L0A2

A1 – 11/2 year back at 2 months of POG/
Spontaneous not followed by D and C

A2 – 1 year back at 2 month of POG/
Spontaneous not followed by D and C

On Examination

General condition of patient was good

PR-78/min

BP- 110/70 mmHg

RR-18/min

Temp- afebrile

Height- 5'11''

Weight- 68 kgs

Per abdomen

Uterus term size

Oblique lie, Head free floating

FHS +ve, regular, around the umbilicus

Lump felt below the umbilicus

With groove between the fetus and lump

Per Vaginum

Os closed, Uneffaced, posteriorly placed

Investigation:

Patient Blood Analysis Shows;

Hb- 11g/dl

TLC- 15000

DLC- 82/10/1/1

MCV-82

MCH-29

MCHC- 36
HIV
HLV
HBsAg
VDRL

Non-Reactive

USG Finding

Single line intra uterine factor of about 38 weeks with heteroechoic rounded lesion measuring 107.9 x 79.6mm, volume – 485.0cc is seen in lower uterine segment S/o uterine fibroid.

Intra operative finding

Transverse incision given that was extended as the inverted T-shape incision.

Baby delivered as breech, alive and healthy with 2.8kg wt.

Uterine incision stitched in layers.

There was a fibroid present over the anterolateral aspect extend upto posterior aspect from upper uterine segment to lower uterine segment upto the cervix, approx. 1.3 kg wt with 12x9x8 in diameter with degenerative changes. The whole fibroid enucleated from plan of cleavage.

Specimen sent to HPE.



Histopathology report

Gross: Fibroid 12x9.5x7 cms, grey white in colour.

Microscopic: Leiomyoma with hyaline degeneration.

DISCUSSION & CONCLUSION

Uterine fibroid is very common in reproductive age group. The majority of fibroid do not change their size during pregnancy but one third may grow in the first trimester.

Most women with fibroid have uneventful pregnancies. Uterine fibroid are associated with increased rate of spontaneous miscarriage, preterm labor, placenta abruption, malpresentation, labor dystocia, cesarean delivery and post partum hemorrhage.

Some patient with previous history of myomectomy may need to be delivered by elective cesarean section prior to the onset of the labor, particularly if the uterine cavity was entered. Term pregnancy with huge fibroid is a very rare condition because fibroids are associated with increased mid-trimester losses.

Resection of fibroids distorting the uterine cavity with cesarean section can eliminate the pregnancy losses and double the live birth rate in subsequent pregnancies.

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