Lower Uterine Segment Fibroid Complicating Pregnancy: A Case Report

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INTRODUCTION

Leiomyoma is the most common estrogen dependent benign tumor of the uterus occurring in the reproductive age. Asymptomatic myomas can be present in 50% of cases.¹ During pregnancy, fibroid may grow in size due to hormones and undergo red degeneration. Growth of leiomyoma is dependent on estrogen production, growth factors and clonal expansion.² The tumor thrives during the period of greatest ovarian activity. Continuous estrogen secretion, especially when uninterrupted by pregnancy and lactation are thought to be the most important risk factor in the development of myoma. It causes mainly menstrual problems such as menorrhagia, metrorrhagia, dysmenorrhea, and also infertility. Incidence of women suffering infertility is 12-25%.³ In spite of several complications of fibroid in pregnancy, this case had come out successfully with a live baby.

CASE REPORT

A 26-year-old primigravida, a booked case, got admitted for safe confinement. She has been attending ante-natal clinics from the first trimester. She had a dating ultrasound scan done. She had repeated admissions for pain, impending pre-term labor during her antenatal visits. At term, she got admitted. On clinical examination, nil abnormality was found out, except transverse lie. Medical and surgical history was not significant. Ultrasonography was done. The impression was that of an “anterior lower segment uterine myoma” of size 7.2 cm × 7.1 cm on the right side. Patient was not anemic. Blood pressure was normal. The uterus was term on palpation. It was a transverse lie, fetal heart rate was good. The liquor was diminished (oligohydramnios, amniotic fluid index - 4 cm). The routine blood investigations were normal. Patient was taken up for elective lower segment caesarean section (LSCS) and delivered an alive female baby weighing 2.5 kg and there was huge intramural fibroid 7 cm × 7 cm on the right side of lower segment of the uterus (Figure 1). The uterine cavity closed in two layers without disturbing the intramural fibroid (Figure 2). Patient went in for mild postpartum hemorrhage and managed with uterotonics and blood. Post-operative period was uneventful. She was discharged home on the 8th post-operative day. She came for review with her baby.

DISCUSSION

Fibroids are usually estrogen dependent benign tumors found in women of reproductive age group, which cause symptoms like infertility, menstrual problems, pressure symptoms, pain, recurrent miscarriages. Complications in pregnancy are red degeneration, sudden increase in...
in women with fibroids. According to a study in contrast to the usual fact, it shows that women with leiomyomas are at no longer at risk for obstetric complications when compared with women without fibroids. Sometimes a huge fibroid in early pregnancy with complication may require myomectomy.

CONCLUSION

This lady with the fibroid complicating pregnancy in spite of repeated admissions for threatened abortion, pain, and impending preterm delivery was treated with tocolytics. LSCS was done and had a good fetal outcome. This encourages the obstetrician and gives hope for the patient in an ordinary set up in developing countries. With the discovery of the myomas in the antenatal period, need not alarm the obstetrician and does not usually appear to have an adverse impact on the outcome of the pregnancy.

REFERENCES


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