

Lower segment large myoma complicating pregnancy: a case report.

P. Sharma, G. Gurung, A. Amatya, A. Rana

Department of Obstetrics and Gynaecology, Tribhuvan University Teaching Hospital, Kathmandu, Nepal.

Correspondence to: Dept. of Obst and Gynae, TUTH

Background: Uterine myoma is becoming a common problem during pregnancy as the age at first pregnancy is seen in the increasing age and low parity.

Case report: We have encountered a 33 years old primigravida whose cervical myoma was detected during pregnancy and was confirmed at the time of emergency caesarean at term. She was found out to have cervical myoma during the operation.

Introduction

Uterine myoma is found in up to 4% of pregnant women and one in ten women with myoma during pregnancy will have complications related to myoma^{1,2}. Obstructed labour due to myoma remains a major problem in obstetric practice. Malpresentation, red degeneration, acute inflammation, postpartum suppurative infection of myoma, threatened abortion, threatened preterm delivery, abruptio placentae and pelvic pain are few common complications of myoma during pregnancy. Not all cases of myoma need surgical intervention prior or at the time of delivery. It was found that lower segment myoma and their size were independent predictors of the caesarean section³. Here we report a case of lower segment large myoma complicating pregnancy which was managed successfully.

Case

A 33 years old lady, Mrs M was admitted in the Maternity ward of Tribhuvan University Teaching Hospital on 23rd January 2006 with premature rupture of membrane. She was primigravida at 37+ weeks of gestation. She was married for nearly two years and had regular antenatal check-ups at Out-patient Department.

Her antenatal period was uneventful and abdominal ultrasonography which was done at 22 weeks of gestation revealed singleton alive foetus of 22 weeks with cephalic presentation. Placenta was located at the fundus. There was a large hypoechoic lesion in the cervix measuring 8.0 x 5.2 cm². Considering the fact that this cervical myoma would obstruct the vaginal delivery, elective caesarean section was planned at 37 weeks of gestation. At 36+ weeks abdominal ultrasonography was repeated, which revealed a single live foetus with cervical myoma measuring about 8.4 x 5.6 cm².

Five days later this lady presented to the emergency department with premature rupture of membrane and her systemic examination was normal. The presentation of foetus was cephalic with regular FHR and uterus was relaxed. The vulva was wet on inspection and os was closed, cervix was soft, posterior and uneffaced with frank leaking on vaginal examination. The liquor was clear at the time of admission.

Emergency lower segment caesarean section was performed on the same day of admission. It was carried out under spinal anaesthesia with Pfannenstiel incision. A male baby of 3100 gm with good Apgar score was delivered. Uterus was enlarged with increased vascularity. The liquor was absent. Bilateral tubes and ovaries were normal but there was a large pedunculated subserous myoma which was seen arising from the posterior part of cervix measuring about 9 x 8 cm². The myoma was adhered with adjacent omentum and gut and was left undisturbed. Her postoperative course was uneventful and she was discharged on 4th postoperative day. She underwent MRI before her discharge which revealed cervical myoma (Fig 1).



Fig.1 Cervical myoma on 6th puerperal day.

Lower segment large myoma complicating pregnancy

Discussion

Uterine myoma is the commonest benign tumour of female reproductive system. Nowadays, with the increasing age of the obstetric population and the widespread use of ultrasonography, uterine myomas are frequently detected during pregnancy. It is found in about 2%-4% of pregnant women and one in ten women would have complications related to the myoma^{1,2}.

Malpresentation is the commonest antenatal complication in pregnant women with myoma larger than 6 cm. Other common complications of myoma during pregnancy are increased incidence of threatened abortion, threatened preterm delivery, abruptio placentae and pelvic pain⁴. Due to massive infarction and acute inflammation, myoma can also cause postpartum fever⁵. Postpartum suppurative pyomyoma is another rare complication of myoma in pregnancy⁵.

Myoma during pregnancy can cause obstructed labour. Not only size of myoma, but location of myoma also plays a pivotal role for chances of complications, mainly for obstructed labour. It was found that lower segment myoma and their size were independent predictors of caesarean section³. There are few reports in literature, which noted high incidence of caesarean section which was up to 73%, in cases of uterine myoma in pregnancy^{6,7}.

In our local medical journals, we could not find any report of lower segment myoma complicating pregnancy.

In our case, we planned for elective caesarean section as this lady had a large lower segment uterine myoma which would have obstructed labour. However, few days prior to elective admission, she presented with preterm rupture of membrane and had to undergo emergency caesarean section.

There are reports of successful myomectomy during pregnancy and subsequent normal vaginal deliveries in cases of myoma during pregnancies^{3,4}. Also, there are reports of myomectomy during caesarean section⁸. We did not perform such in our case as the situation did not demand.

Reference

1. Omar SZ, Sivanesaratnam V, Damodaran P. Large lower segment myoma-myomectomy at lower segment caesarean section—a report of two cases. *Singapore Med J.* 1999;**40**:109-10.
2. Lolis DE, Kalantaridou SN, Makrydimas G, et al. Successful myomectomy during pregnancy. *Hum Reprod.* 2003;**18**:1699-702.
3. Vergani P, Ghidini A, Strobelt N, et al. Do uterine leiomyomas influence pregnancy outcome? *Am J Perinatol.* 1994;**11**:356-8.
4. Exacoustos C, Rosati P. Ultrasound diagnosis of uterine myomas and complications in pregnancy. *Obstet Gynecol.* 1993;**82**:97-101.
5. Lee WL, Chiu LM, Wang PH, Chao HT, Yuan CC, Ng HT. Fever of unknown origin in the puerperium. A case report. *J Reprod Med.* 1998;**43**:149-52.
6. Hasan F, Arumugam K, Sivanesaratnam V. Uterine leiomyomata in pregnancy. *Int J Gynaecol Obstet.* 1991;**34**:45-8.
7. Doring GK, Larm S. Conservative procedures in 64 pregnant patients with myoma: the course of pregnancy, labor, and the puerperium. *Geburtshilfe Frauenheilkd.* 1987;**47**:26-9.
8. Michalas SP, Oreopoulou FV, Papageorgiou JS. Myomectomy during pregnancy and caesarean section. *Hum Reprod.* 1995;**10**:1869-70.