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Large Fibroid Complicating Pregnancy

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***Abstract**: The uterine fibroids are very common in the reproductive age group. During pregnancy, it may undergo rapid growth and red degeneration. It may get infected during puerperium. Most of the fibroids are asymptomatic. Women with fibroids may have infertility, a tendency for miscarriage, malpresentations, pre-term labor, placental abruption, placenta previa, fetal growth restrictions, fetal anomalies, postpartum hemorrhage, uterine dystocia, and increased risk of caesarean. Here, we present 24year-old primigravida who was admitted with 9 months of amenorrhea and anterior lower uterine segment fibroid of size 10.0 cm × 7.4 cm . She conceived immediately after marriage. All Investigations were normal. She was delivered by a outlet forceps assisted vaginal delivery. An alive female baby of 2.8 kg with good Apgar score. There was no sign of intrauterine growth restriction of the baby. The post-natal period was uneventful. The patient was discharged and came for follow-up after a month and was found to be alright.*

***Keywords:** Leiomyoma, Pregnancy complications*

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I. 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, 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.

II. Case Report:

A 24-year-old primigravida, came for antenatal check up at 8 weeks of gestation. On examination not pallor, no pedal edema, vitals stable. P/A: Uterus palpable around 14 weeks size. P/V: Confirmed abdomen findings. Patient was then referred to ultrasound abdomen. She had a dating ultrasound scan done which showed single live intrauterine gestation sac corresponding to period of ammenorrhoea and anterior wall uterine fibroid size of 10.7 cm x 8.1 cm. Patient was followed up antenatally for symptoms and signs of red degeneration of fibroid.

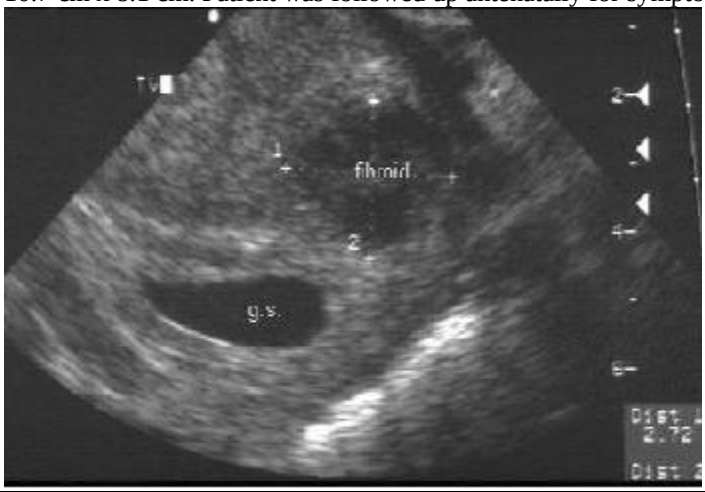

Fig:1

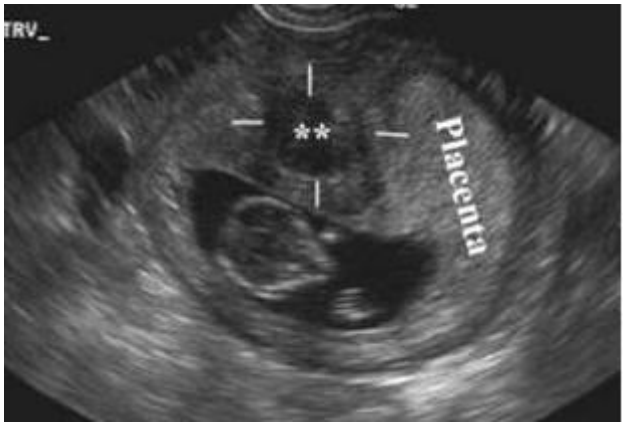

Fig:2

She had repeated admissions for pain, impending pre-term labor during her antenatal visits and got treated. At term, she got admitted for safe confinement. On clinical examination, no pallor, no pedal edema, vitals are stable. Uterus corresponds to term gestation with fetus cephalic presentation and fibroid was felt in anterior uterine wall of lower segment with no tenderness. Ultrasonography was done. The impression was that of an "anterior lower segment uterine myoma" of size 10.0 cm × 7.4 cm on the left side with term gestation in cephalic presentation with fetal weigh 2.5 kg and the liquor was adequate, amniotic fluid index - 10.All blood parameters were normal. Labour induced by Cerviprime gel,PGE2 labour was accelerated with ARM and synto drip . Delivered a live female baby weighing 2.8 kg by outlet forceps (assisted vaginal) delivery indication prolonged second stage. Patient had mild postpartum hemorrhage and managed with uterotonics. Post-natal period was uneventful. She was discharged. She came for review with her baby after six weeks. Scan was done for assist the size of fibroid, report shows intra mural fibroid of same size.

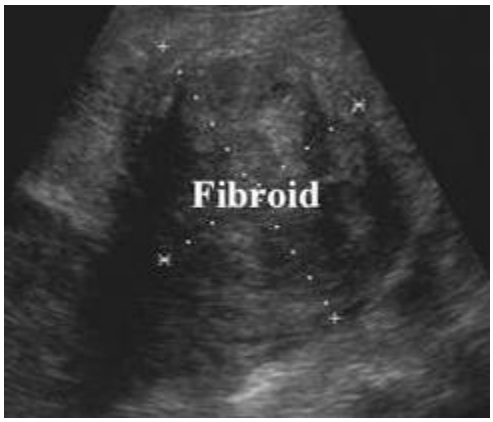

Fig:3

III. Discussion:

Fibroids are usually estrogen dependent benign tumors found in women of reproductive age group, which cause symptoms likes infertility, menstrual problems, pressure symptoms, pain, recurrent miscarriages. Complications in pregnancy are red degeneration, sudden increase 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.There is a fourfold increase of placental abruption and breech presentation, two fold increase of first trimester bleeding and dysfunctional labour and six fold increase of caesarean delivery. The rate of caesarean section was 38-72.7 % 5,8,12 and the indications for caesarean section being failure to progress, fetal distress and malpresentation, (Breech-19.04%, Neglected shoulder presentation 4.76%, cord prolapse 14.28%). Sometimes a huge fibroid in early pregnancy with complication may require myomectomy.

IV. Conclusion:

This pregnant woman with the fibroid complicating pregnancy inspite of repeated admissions for threatened abortion,pain and impending preterm labour was managed with close monitoring of maternal and fetal well being and delivered successfully at term with forceps (assisted vaginal)delivery with good maternal and fetal outcome.Prophylactic intervention is seldom warranted. A careful surveillance during pregnancy by experienced obstetrician is sufficient for most women with myomas. The moral of this case is 'patience is the

mother of success and gain ‘. This woman was closely monitored and never hurried on hasty decisions on mode of delivery. Detailed evaluation of case and experience played the key role in deciding against caesarian section which would have been the options of many other obstetricians. This encourages the obstetricians and provides them with an important message of having patience, which is a lost trait in many budding obstetricians.

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