

## INTRODUCTION

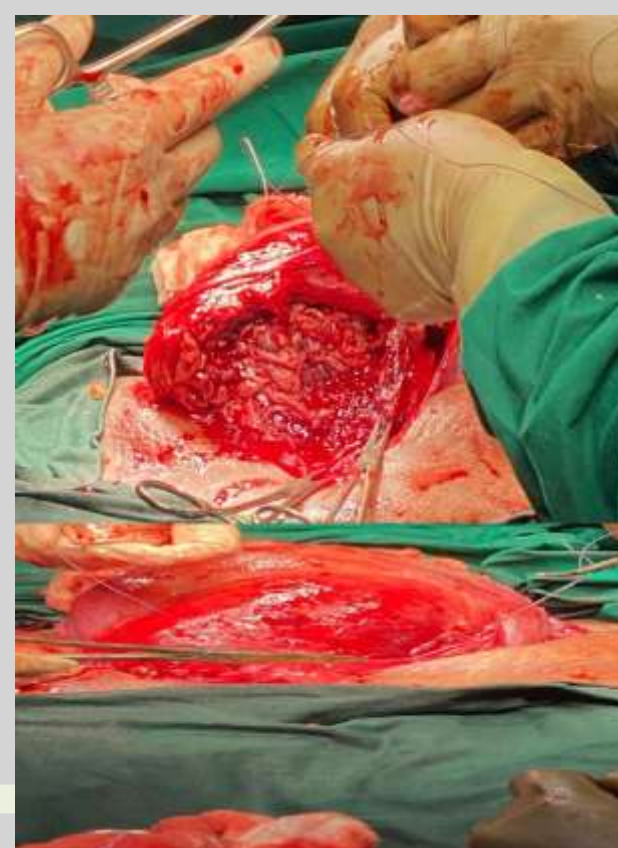
Uterine myomas during pregnancy has shown a significant surge due to increasing childbearing age. Occurrence of uterine myomas during pregnancy can range from 1.6 to 12.6%. Uterine fibroids can increase chances of antepartum, intrapartum and postpartum complications. Vascularity also increases.

## CASE DESCRIPTION

- A 22-year-old female primigravida was referred to our tertiary care centre i/v/o a large uterine fibroid coexisting with pregnancy at 14 weeks gestation.
  - She had a history of heavy menstrual bleeding and dysmenorrhoea before pregnancy. She was diagnosed with uterine fibroid before pregnancy with a 22-week-sized uterus.
  - The patient was advised surgical management for the same before planning pregnancy.
  - Successive obstetric scans showed adequate fetal growth however with advancing pregnancy there was an increase in size of myoma.
  - The patient was explained about antepartum, intrapartum and postpartum complications.
  - Two admissions during ANC period first due to acute febrile illness and second at 32 weeks of gestation due to an episode of antepartum haemorrhage, which was managed conservatively.
- Betamethasone was administered intramuscularly.
- The scan at 32 weeks of gestation showed a single live intrauterine foetus in a transverse lie with an EFW of 1.6 kg. A large 24 x18x13 cm fibroid completely replaced the lower uterine segment and cervix.

## MANAGEMENT

- The patient presented at 34 weeks of gestation with complaints of labour pain.
- She was posted for emergency caesarean section at 34 weeks i/v/o the large uterine fibroid completely replacing the lower uterine segment and cervix.
- Caesarean done under spinal anaesthesia access to the baby was secured by removing the fibroid from the lower segment, it was degenerated. weight of the baby was 1.8 kg. The baby cried after stimulation.
- The weight of the fibroid was 2.7kg. The estimated blood loss was 900 ml.
- She had an uneventful postoperative course. On histology, features were consistent with that of leiomyoma uteri with degeneration.



## DISCUSSION

- This case showed that with large myomas in lower segment of the uterus, myomectomy may be inevitable and there appears to be no absolute contra-indication to myomectomy.
- Pregnancy with fibroid/fibroids is a high-risk pregnancy. During pregnancy, the management is usually conservative, but sometimes, surgical treatment too is required.
- The myomectomy avoided during pregnancy or caesarean section due to fear of uncontrollable intraoperative and postoperative hemorrhage.
- Myomectomy during CS is not always a hazardous procedure and can be performed without significant complications. Myomectomy should be performed after CS unless the delivery of the baby is not possible without the removal of fibroid

## CONCLUSION

- Safe to perform myomectomy during cesarean section if the surgeon is experienced and the size and location of the myoma is considered.

## REFERENCES

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