Case Report: Obstetrics

A Case Report on Cervical Fibroid – Myomectomy during Caesarean Delivery

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ABSTRACT

Fibroid in pregnancy is not uncommon but cervical fibroid is rare during pregnancy and managing it is challenging for obstetricians. This is a case of cervical fibroid in gravida3 that was diagnosed during anomaly scan. Fibroid grew in size till term. She underwent elective caesarean delivery in view of previous 1 LSCS. Caesarean myomectomy was done and a 20× 15 cm big fibroid weighing 1655 gm was removed, with minimal blood loss. Intraoperative and postoperative period was uneventful. This case shows that myomectomy can be done for large fibroid during caesarean delivery with proper precaution and by an expert surgeon.

Keywords: Cervical Fibroid, Caesarean myomectomy

Introduction:

Fibromyomas of the uterus are not uncommon during pregnancy with an incidence ranging from 0.1 to 10.7% of all pregnancies.[1] However, fibroids of the cervical region are quite rare and pose a unique management challenge. Cervical fibroids in pregnancy makes it a high risk pregnancy as it can change the shape of the cervix, or push the uterus upwards or cause symptoms of obstruction and it needs to be managed accordingly.[2]

Surgical challenges are high with caesarean myomectomy of large-sized cervical fibroids due to its poor accessibility, close association with vital organs like the bladder, ureter, rectum and increased vascularity during pregnancy.[3]

We are reporting this case of pregnancy complicated with a large cervical fibroid which was managed conservatively throughout the antenatal period and treated surgically at the time of delivery.

Case Report:

This is a case of a 32 year old gravida3 para1+1 living1, booked case with history of previous 1 caesarean delivery done 3 years back for NPOL. She was diagnosed with a cervical fibroid measuring about 8 × 7.7 cm in size in her anomaly scan. The fibroid grew in size throughout her pregnancy to a size of 15× 10.3 cm in her third trimester scan (Fig 1). Despite the increase in the size of the fibroid, her antenatal period was uneventful. The patient was keen on myomectomy and gave her consent for doing the same

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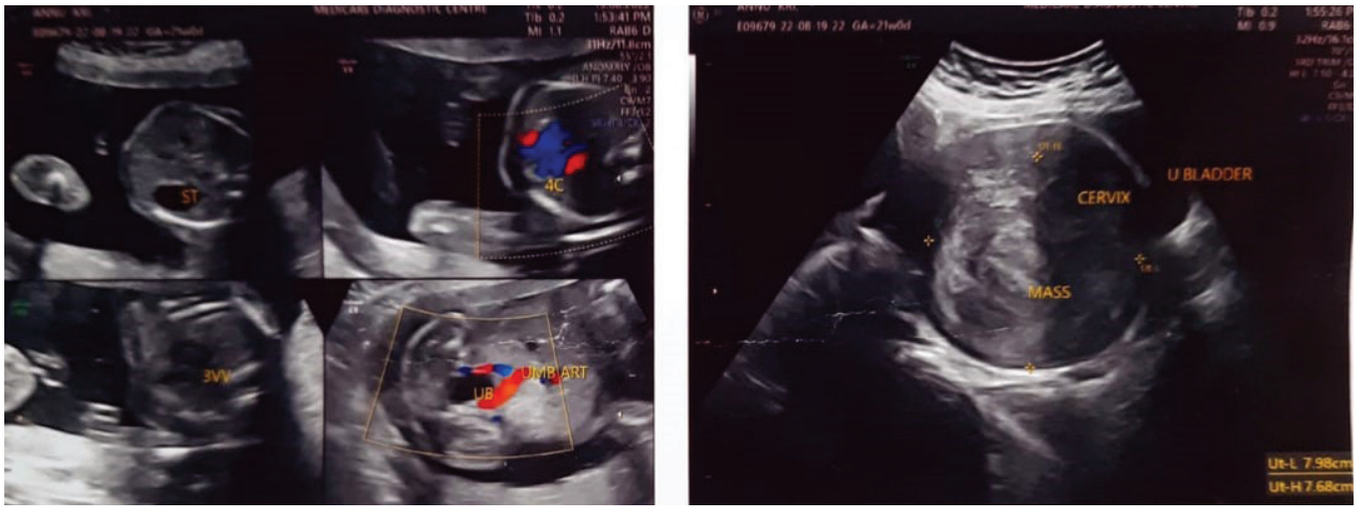

Fig 1: USG showing big cervical fibroid

along with caesarean delivery after being informed about the possible complications.

During caesarean delivery, the uterus was found to be shifted to the left side, fetal lie was oblique, with a floating head. Loose fold of peritoneum over lower segment of uterus was identified and a curvilinear incision was taken over it. A healthy male child of 2490 gm was delivered by vertex. Thereafter, the fibroid was palpated and it was found to be arising from the right posterolateral area of the cervix. Myomectomy was done by a nick at the prominent part, then brisk enucleation was done using myoma screw and scissors and a huge fibroid about 20×15 cm, weighing 1655 gm was removed (Fig 2); then the cavity was close by vicryl 1-0 suture followed by closure of the uterine wound by usual method. Complete haemostasis was achieved. Blood loss was about less than 600mL. Drain was kept for 24 hr with minimal serosanguinous discharge. Her intraoperative and postoperative period was uneventful. Her Hb% before and after surgery was 13.3% and 11.5% respectively. She was put on routine antibiotics and analgesics and was discharged with a healthy baby on postoperative day 4. On follow up visit at 6 weeks, patient did not report any complications.

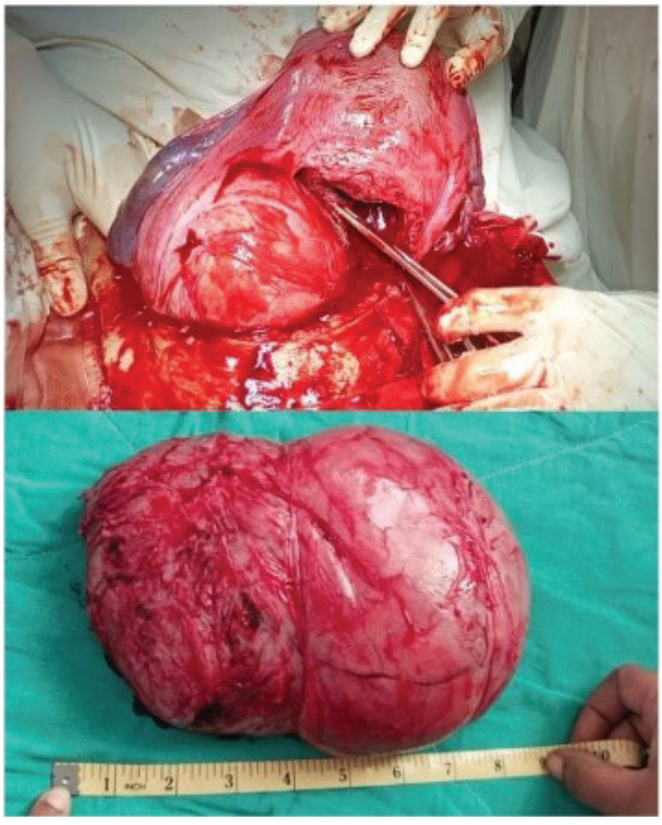

Fig 2: Cervical fibroid during and after caesarean myomectomy

Discussion:

Management of cervical fibroid during pregnancy is challenging and still a debatable topic. Many studies are available on the conservative management of cervical fibroids, but there are limited studies related to the myomectomy of large-size cervical fibroid during caesarean delivery due to the complications associated with the same such as uncontrolled bleeding, need for caesarean hysterectomy, ICU admission and other associated morbidities 1,4

This was a large fibroid, in an unusual position, pushing the fetal head up; it might have been the cause of NPOL in her last pregnancy. In this pregnancy, we electively planned to do a caesarean delivery with concurrent myomectomy owing to the large size of the cervical fibroid. Dissection of fibroid was fairly smooth and quick with minimal blood loss. There

was no need for intraoperative and postoperative blood transfusion and no prolonged hospital stay was required. Based on this case report, we ascertain that caesarean myomectomy can be one of the possible measures for treating large-sized cervical fibroids without any dreaded complications.

Concurrent myomectomy during caesarean section can decrease the morbidity and mortality associated with later surgery, decrease the hospital admission rate, reduce the economic burden on the patient and can provide early relief from associated symptoms and hence can be found to be beneficial over conservative management. Therefore, contrary to traditional view, our experience leads us to rethink that myomectomy during caesarean delivery can be easier than in a nongravid uterus due to some degree of oedema of the tissue and clear delineation of planes. It should be considered in properly selected cases by an experienced surgeon.

Compliance with Ethical Standards Conflict of Interest

The authors declare that they have no conflict of interest.

Abbreviations:

LSCS- Lower Segment Caesarean Section

NPOL- Nonprogress of Labour

Hb- Haemoglobin

USG- Ultrasonography

ICU- Intensive Care Unit

REFERENCES

1. Saini SR, Nama A, Khajotia S, Kochar S. Cervical fibroid in pregnancy- Case report and review of literature [Internet]. Available from: https://www.academia.edu/download/63449796/IJOGR-6-4-545-547120200527-95386-1ibhhmg.pdf
2. Ashokan PA. A Case report of pregnancy with cervical fibroid. University Journal of Surgery and Surgical Specialities [Internet]. 2019 May 29 [cited 2022 Dec 19];5(4). Available from: http://14.139.191.179/index.php/surgery/article/view/10789
3. Chaithra TM, Leena GP, Soman U, et al. Caesarean myomectomy in a cervical fibroid: a brief communications. Int J Pregn & Chi Birth. 2017;2(1):17-19. DOI: 10.15406/ipcb.2017.02.00009
4. Gandhi AC, Dugad HI, Shah Y. A rare presentation of cervical fibroid in pregnancy. Annals of African Medicine. 2014 Sep 5;13(2):88–90.