

Vaginal Removal of Fibroid Polyp – A Safe and Successful Procedure

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ABSTRACT

Introduction: Menstrual irregularity is a common symptom for attendance at gynaecology clinic particularly in the late reproductive years. A reasonable percentage of patients found to have fibroid after clinical examination and subsequently confirmed by ultrasonography investigations. Many of them undergo hysterectomy as the definitive procedure.

Aims: To evaluate the outcome of vaginal removal of fibroid polyp over a period of 15 years at a tertiary care semi urban private hospital.

Methods: Analysis of prospectively collected data of eleven cases with diagnosis of fibroid polyp was done. Two patients were excluded because of a decision for abdominal hysterectomy (one for patient preference and other additional fibroids in the uterus). In nine patients an attempt for vaginal removal of fibroid polyp under general anaesthesia was performed.

Results: All patients are parous and all had previous vaginal deliveries. The age range was 38 – 48 years (average – 42.7 years). Vaginal removal of fibroid was successful in eight patients. There were no immediate complications. Histological diagnosis of leiomyoma was confirmed in all cases (100%). Total abdominal hysterectomy was performed in one patient because of uncontrolled haemorrhage at the time operation. This patient required two units of blood transfusion. No subsequent hysterectomy was required in the follow up period (six months to three years).

Conclusions: Vaginal removal of fibroid polyp is safe, simple yet definitive procedure in well selected cases of patients with abnormal uterine bleeding. Additionally, this procedure is minimally invasive, less costly and some can be discharged after twenty-four hours.

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Introduction

Menstrual abnormalities, either heavy periods or heavy and irregular periods are common symptoms for attendance at the gynaecology clinic particularly in the late reproductive years. Some of these patients found to have uterine fibroids after clinical examination and subsequently confirmed by ultrasonography investigations.

Fibroids affect women mainly during their reproductive years. These are diagnosed in up to 70% of white women and more than 80% of women of African origin during their lifetime ¹. Many of women with fibroids remain asymptomatic throughout their life and usually diagnosed incidentally.

Fibroid polyp protruding through the external os is not very uncommon. However, moderate to large size of such polyp may pose diagnostic and therapeutic dilemma. Removal of polyps vaginally can be challenging and majority of them undergo hysterectomy as the definitive procedure.

Aims:

To evaluate the outcome of vaginal removal of fibroid polyp over a period of 15 years at a tertiary care semi urban private hospital.

Materials and Methods:

Analysis of prospectively collected data of eleven cases with diagnosis of moderate size fibroid polyp protruding through cervical external os was done. Two patients were excluded from this study because of a decision for abdominal hysterectomy (one for patient preference and other with several additional fibroids in the uterus). In nine patients an attempt for vaginal myomectomy under general anaesthesia were performed (Fig 1). In all cases, preoperative discussion was done with the patients and their relatives. Possibility of hysterectomy during attempted vaginal removal were explained. Appropriate informed consent was taken. Two units of packed red blood cell were kept as reserve. Anaesthetist and other operation theatre staff were informed about the possibility of conversion to hysterectomy. All cases were performed under spinal anaesthesia. The case which needed hysterectomy was converted to general anaesthesia. Initially examination under anaesthesia was performed.

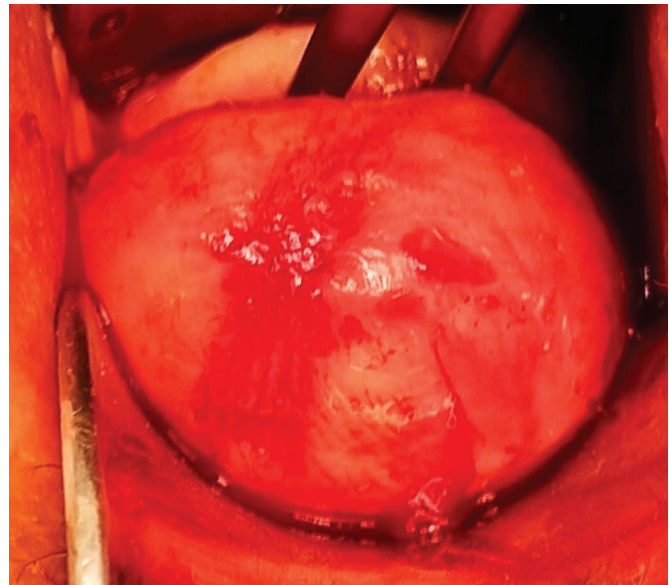


Fig 1. Examination under anaesthesia of one of the cases

In first three cases, a knot was placed on the pedicle with number '1' vicryl and then diathermy was used. Last six cases diathermy of the pedicle was done using laparoscopic Maryland forceps and diathermized part was cut by laparoscopic scissors (Fig 2). All cases received Co-amoxiclav as antibiotics and diclofenac as analgesics.



Fig 2. Diathermy to the pedicle with Maryland forceps

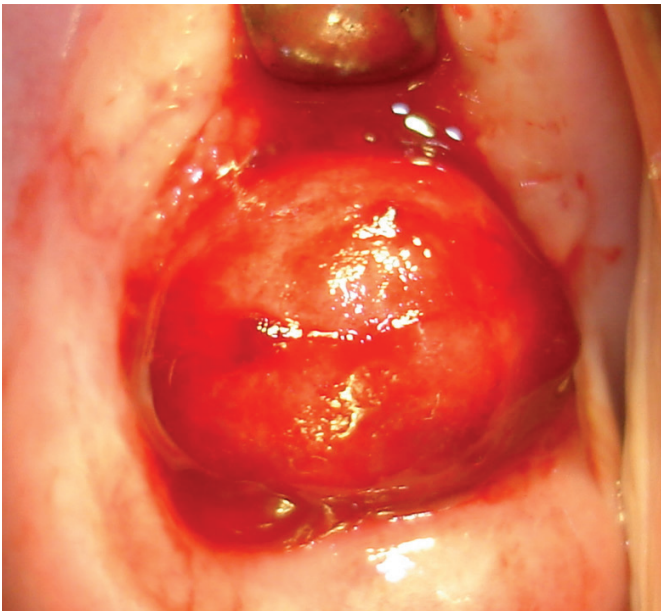


Fig 3. Examination under anaesthesia of another case

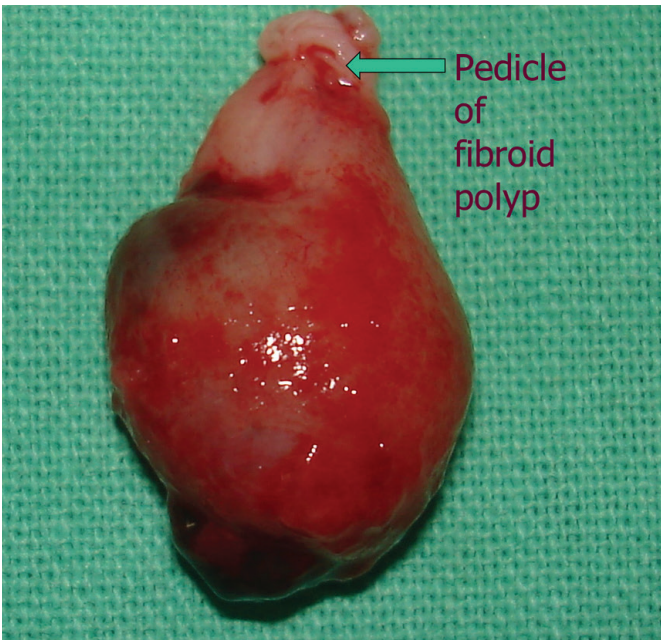


Figure 4. Specimen after removal of second case

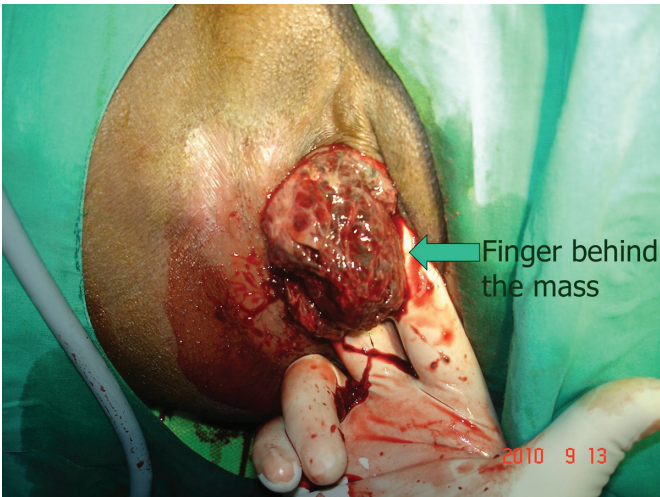


Figure 5. Fibroid polyp with degeneration



Fig 6. Rim felt around the mass (case above)

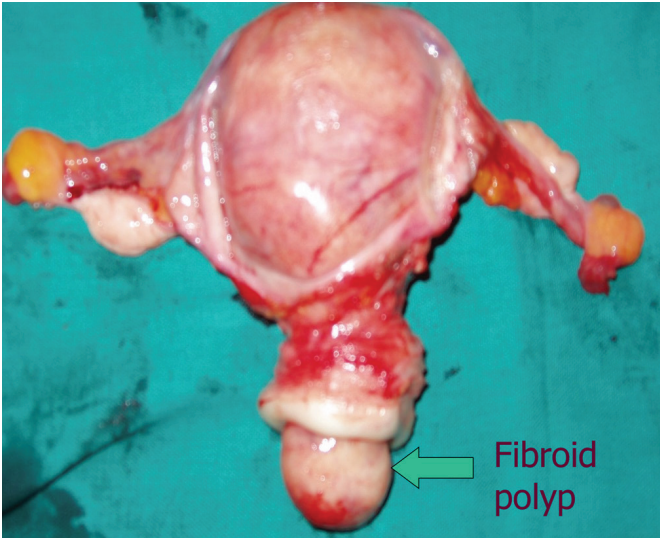


Figure 7. The hysterectomy specimen showing fibroid polyp coming out through external Os (The case in which hysterectomy done on patient's choice)

Results:

All nine patients are parous and all had previous vaginal deliveries. The age range was 38 – 48 years (average – 42.7 years). Vaginal removal of fibroid was successful in eight patients. There were no immediate operative complications Post operative recovery was uneventful. These eight patients were discharged on first post operative day. Histological diagnosis of leiomyoma was confirmed in all cases (100%). Total abdominal hysterectomy was performed in one patient because of uncontrolled haemorrhage at the time operation. This patient required two units of packed red blood cell transfusion. No subsequent hysterectomy was required in other cases in the follow up period of six months to three years.

Discussion:

In a retrospective observational study of larger number cases, Golan A et al observed procedure successful in 95.6% cases. However, the main difference is in their histology only 73.9% was confirmed as leiomyoma and rest were endometrial polyps 2; whereas in our study all cases are fibroid polyps.

The strength of the study is this study was performed in the same unit and performed under the supervision of a single consultant which ensured similar techniques and all cases had their follow up. The weakness of this study is small number of cases, variable time of follow up, possible subsequent surgery at other places and need for further medical treatment especially tranexamic acid for control of heavy periods.

Conclusion:

Vaginal removal of fibroid polyp protruding through external os is safe, simple yet definitive procedure in well selected cases of patients with abnormal uterine bleeding. Additionally, this procedure is minimally invasive, less costly. Majority of the patients can be discharged after twenty-four hours.

References

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