Successful Myomectomy of a Giant Myoma During Pregnancy

Ahmet YALINKAYA, Kadir KANGAL, Ali Irfan GUZEL, Selami ERDEM

Diyarbakır, Turkey

Our aim is to report a case applied to our clinic with abdominal distension and pain and underwent succussfull myomectomy.

37 years old (G1P0) woman, who did not have a complaint before and married 6 months ago, referred to our clinic with pregnancy, myoma uteri and abdominal pain diagnoses. On abdominal examination, the uterus was in 8 months hugeness, and sensitive on palpation. There was asymmetric growth on her abdomen. On ultrasonograhic examination we detected 13w4d of fetus and pedinculated myoma. After preoperative evaluation,successful myomectomy performed.

Myomectomy during pregnancy has been understood well nowadays. With detailed ultrasonografic examination, preoperative management can be determined. When performed by experienced surgeons, this procedure can be successfull.

Key Words: Pregnancy, Myoma, Myomectomy

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Intoduction

Uterine fibroids are benign tumors of the uterus, which incidence varies between 20-50%, and makes pig peak in the3th and 4th decades of the life.[1] They are seen in 1.6-5% of all pregnancies. Most of the myomas do not cause any complication during pregnancy; but in 10-30% of the cases complication can be seen. First trimester pregnancy loss, compression symptoms, pain related to red degeneration, torsion of the pedinculated myoma, preterm rupture of the membranes and preterm birth are the most complications. Also they can cause to placenta retention, postpartum bleeding and malpresentation.[2] During pregnancy as the traditional due to bleeding and difficulty in controlling bleeding, myomectomy should be performed after pregnancy.

In this study, our aim is to report a pregnant case applied to our clinic with abdominal distension and pain and underwent successful myomectomy.

Case Report

37 years old (G1P0) woman, who did not have a complaint before and married 6 months ago, referred to our clinic with; pregnancy, myoma uteri and abdominal pain diagnoses. From the history we learned that, her last menstrual period was 3 months ago and her abdomen growing for the last 3 months. On abdominal examination, the uterus was in 8 months hugeness and sensitive on palpation. There was asymmetric growth on her abdomen. On ultrasonografic examination (Voluson PRO 730) we detected 13w4d of alive, single fetus. Also, 166x196 mm of view this is suspected to be a subserous myoma from the left fundal part of the uterus. We decided to perform laparotomy with acute abdomen indication.After the preoperative evaluation; under spinal anesthesia with median incision we performed laparotomy. An approximately 20x20 cm (2300 g) of subserous pedinculated myoma that originated from the left fundal part of the uterus observed. The myoma was not torsionated, and we decided that the abdominal pain of the case was related to degeneration of the myoma. The pedicule of the myoma was hold by Heaney clemp and the myoma was excised and sent to pathology for frozen section. The report of frozen section was benign. The pedicule of the myoma was suturetad by 1/0 VICRYL (polyglactin 910) and the abdomen was closed according to the anotomy. We have an estimated of 100 ml blood loss. In early and late postoperative period there was not any complication; we began orally nifedipine as tocolytic for 4 days to the patient. Post-operative analgesia was provided with indometazin and paracetemol. On the clinical follow up there was not uterin contractions and the patient was discharged on day 5 with cure. Patient's pregnancy continued without any problems in the postoperative follow-up and cesarean section was performed at 38 weeks of gestation in a second center.

Dicle University Medical Faculty Department of Obstetrics and Gynecology, Diyarbakir

Address of Correspondence: *Ahmet Yalınkaya*
Dicle Üniversitesi, Kadın Hastalıkları ve Doğum Ana Bilim Dalı, Diyarbakır
ayalinkaya@gmail.com,

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Discussion

During pregnancy obstetrician are frequently encountered with the myomas but the issue of myomectomy is still controversial. Most of the myomas are asymptomatic; however 10% of pregnant women with myoma may develop complications related to this tumor. These are spontaneous abortion, antepartum bleeding, preterm birth, placenta previa, and red degeneration. But most of these complications can be managed conservatively until to the birth. However, in 2 % of the cases myomectomy can be required during pregnancy.[3]

During pregnancy the most common cause of myomectomy is severe abdominal pain that does not respond to conservative treatment.[4] Umezurike and Feyi-Waboso, operated 32 cm of cystic degenerated subserous myoma with ovarian tumour diagnose and their indication was reported as abdominal pain.[5] Also the indication was abdominal pain in our case. Bhatla et al., reported an interesting case of myomectomy during pregnancy such as indication was subacute intestinal obstruction and pregnancy continued until term.[6] The heaviest myoma operated durig pregnany is 7700 g.[6] The myoma was 2300 g in our case. In all reports during pregnancy one or two subserous myoma excised. The myoma was subserous and pedinculated in our case (Figure 1).

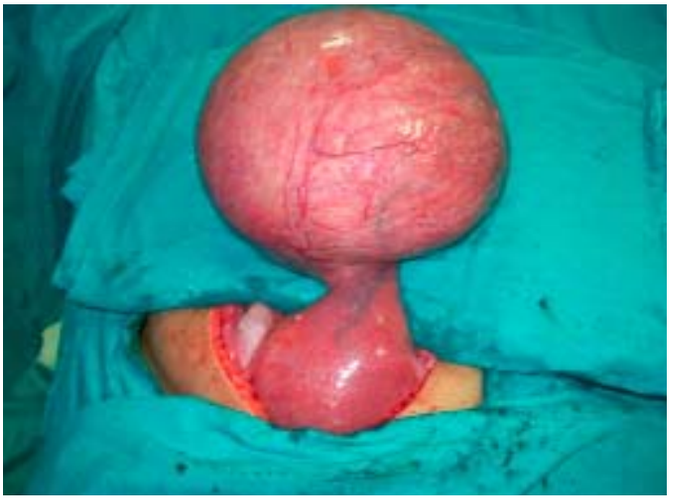

Figure 1: Intraoperatife picture of the giant myoma

In all of the series, most cases were operated on between 15 and 19 weeks' of pregnancy, and the pregnancy has continued normally. Lolis et al., reported that, of the 13 patients 1 had abortion and 2 preterm birth. To all of the cases they gave 4 days tocolysis and no need of transfusion and hysterectomy. [4] We did not also need blood transfusion and gave 4 days of tocolysis with orally nifedipine, in our case.

In conclusion, myomectomy during pregnancy has been understood well nowadays. With detailed ultrasonografic examination, preoperative management can be determined. When performed by experienced surgeons, this procedure can be successful.

Gebelik Sırasında Dev Miyomun Başarılı Miyomektomisi

Amacımız, dev miyomun oluşturduğu batında gerginlik ve ağrı semtompları nedeniyle başarılı bir şekilde myomektomi uyguladığımız gebe olguyu sunmaktır.

37 yaşında(G1P0), daha önce bir şikayeti olamayan 6 ay önce evlenen kadın, gebelik, miyoma uteri ve karın ağrısı nedeniyle kliniğimize refere edilmişti. Yapılan batın muayenesinde, yaklaşık 8 aylık gebelik cesametinde ve palpasyonda hassasiyet tespit edildi. Hastanın karnında asimetrik bir büyüme gözlendi. Sonografik muayenede CRL yaklaşık 13w4d ile uyumlu tek camlı fetus izlendi. Ayrıca uterus sol tarafından kaynaklanan yaklaşık 166x196 mm subseröz miyom izlendi. Preoperatif değerlendirmenin ardından başarılı bir şekilde myomektomi uygulandı.

Sonuç olarak gebelik sırasında miyomektomi günümüzde daha iyi anlaşılmıştır. Detaylı değerlendirme ve ultrasonografi preoperatif dönemde yaklaşımı ve değerlendirmeyi sağlar. Deneyimli ellerde ve uygun hasta seçiminde bu prosedür başarıyla uygulanabilir.

Anahtar Kelimeler: Gebelik, Myoma, Myomektomi

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