A Case Report on A Myomectomy which was Done During A Caesarean Section

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ABSTRACT
Uterine myomas are being observed in pregnancy more frequently now than in the past, because many women are delaying child bearing till their late thirties, which is the time for the greatest risk of the myoma growth. Traditionally, obstetricians are trained to avoid myomectomies during caesarean sections as severe haemorrhages can occur, which may often necessitate hysterectomies. Pedunculated fibroids which can be easily removed are an exception. Here, we are reporting one case of a myomectomy which was done during a caesarean section.

Key Words: Leiomyoma, Myomectomy, Pregnancy

INTRODUCTION
Depending on the trimester, the prevalence of uterine leiomyomas in pregnancy varies between 2.7 -10.7 % [1-3]. Traditionally, obstetricians are trained to avoid elective myomectomies during caesarean sections as haemorrhages can occur, which may often necessitate hysterectomies. The blood loss is usually severe as the size and the blood supply of the myomas are increased in pregnancy, especially at term [4]. The risk of a haemorrhage is reportedly less with pedunculated fibroids as compared to that with the non-pedunculated ones [5]. In most of the cases, it is wise to defer a myomectomy until the uterus has completely involuted, preferably till 6 months. Here, we are reporting one case of a myomectomy which was done during a caesarean section.

CASE REPORT
Mrs. N.T who was aged 40 years, was admitted to the labour room on 4/5/2012 with a diagnosis of G3P1L0 with 36 weeks of gestation, with a cephalic presentation in early labour. She had one, previous, fresh stillbirth 2 years back because of severe birth asphyxia. A USG which was done on 6/6/11 showed a posterior fundal fibroid of size 4.5x4.6cms.

On examination, her PR was 84 beats/min, her BP was 120/80mm of hg and mild pallor was present. On per abdominal examination, the uterus was found to be 36 weeks in size, acting and relaxing, with a cephalic presentation. LOA with FHR was 130/min. On per vaginal examination, the cervix was found to be 25% effaced, 1cm dilated, vertex -3 station and with the membranes intact and the pelvis adequate. Her haemoglobin was 8.6gm% and her blood group was AB positive. HIV, HBSAG and VDRL were all non reactive and GST was 106mg/dl. The USGs which were done in the 2nd trimester and the 3rd trimester were normal.

On 17/4/2012, she was taken for an elective Caesarean Section (CS) in view of her precious pregnancy. During the caesarean section, a submucous fibroid [Table/Fig-1] of size 6x7cms was noticed in the posterior wall of the uterus, at the incision site. After the extraction of a live female baby with a weight of 2kg, a decision was taken to perform a myomectomy and the myoma was enucleated [Table/Fig-2] with out much difficulty. A complete haemostasis was achieved.

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An oxytocin infusion was started after the delivery of the baby and it was continued for 12 hours. Broad spectrum antibiotics and analgesics were given in the post operative period. Her post operative period was uneventful and her post operative Hb was 8gm%. She did not require any blood transfusion. She was discharged on...
bleeding or the maternal morbidity or mortality [12]. It was also reported that caesarean myomectomies would not significantly affect the future fertility and or the subsequent pregnancy outcome [13].

In this case, enucleation of the myoma was technically easy without an increase in amount of bleeding or the operative time. Also, the post-operative period was uneventful, which supported the fact that myomectomies which were done during caesarean sections were safe procedures.

REFERENCES


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