Lower Segment Large Fibroid in a Unicornuate Uterus with 34 Weeks Pregnancy

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ABSTRACT

Uterine fibroids are slow growing, benign tumors that arises from smooth muscle cell of the uterus. They are found in 25% of women in the reproductive age group. The reported prevalence of fibroids in pregnancy varies from 0.09% to 3.9%. Also, unicornuate uterus is associated with poor reproductive performance. The chance of the pregnancy reaching term is just 20-30% and the live birth rate is around 40% in a unicornuate uterus. We report the case of a 24-year-old infertility treated primigravida with 34 weeks pregnancy with cephalic presentation and regular fetal heart beats who presented complaint of leaking *per vaginum* for 12 hours. Diagnostic laparoscopy had revealed a unicornuate uterus with a rudimentary horn on left side and her ultrasonography showed a fibroid measuring 5.1 × 3.9 × 5.2 cm involving body of uterus and part of cervix. She was immediately taken up for cesarean section. Though myomectomy at the time of cesarean delivery is associated with significant morbidity (hemorrhage) it should be pursued with caution and only in select patients. Intrapartum myomectomy was decided and injection vasopressin 20 U diluted in 20 mL normal saline was given over the fibroid to maintain hemostasis. Whole of fibroid was enucleated and a preterm female baby weighing 2.25 kg was extracted out with Apgar score 7/10 at 1 minute and 8/10 at 5 minutes. Hemostasis was maintained and abdomen was closed in layers.

Keywords: Uterine fibroids, unicornuate uterus, pregnancy, cesarean section, intrapartum myomectomy, hemostasis

CASE REPORT

A 24-year-old infertility treated primigravida with 34 weeks pregnancy was seen on 2nd June, 2011 with complaint of leaking *per vaginum* for 12 hours. She had been married for 8 years. She was referred from Military Hospital. On examination, there was a single fetus of 34 weeks with cephalic presentation with regular fetal heart beat. Per speculum examination showed leaking and the liquor was clear. Per vaginal examination showed cervical dilatation of 2 cm with cord below presenting part. Cord pulsations were felt. Her routine investigations showed hemoglobin - 9.6 g/dL, blood group Rh-O+ve, hepatitis B surface antigen (HBsAg) -negative, Venereal Disease Research Laboratory (VDRL) - negative, urine routine and microscopic - NAD. She had undergone diagnostic laparoscopy, which revealed a unicornuate uterus with a rudimentary horn on left side. Her ultrasonography had showed a fibroid measuring 5.1 × 3.9 × 5.2 cm involving body of uterus and part of cervix. Hysteroscopic myomectomy was done and the fibroid was resected. Her third trimester scan showed a uterine fibroid measuring 7.5 × 7.6 × 9.6 cm involving lower segment.

She was immediately taken up for cesarean section. One unit of cross-matched blood was arranged. On opening the abdomen, there was a large fibroid occupying whole of the lower segment and part of upper segment anteriorly. There was no place to go through the upper segment. So, intrapartum myomectomy was decided. Injection vasopressin 20 U diluted in 20 mL normal saline was given over the fibroid to maintain hemostasis.

A transverse incision was given over the myoma on the lower segment and whole of fibroid was enucleated. Removal of fibroid opened the lower segment. A loop of cord was first seen. A preterm female baby weighing 2.25 kg was extracted out with Apgar score 7/10 at 1 minute and 8/10 at 5 minutes. The uterus was unicornuate with a rudimentary horn

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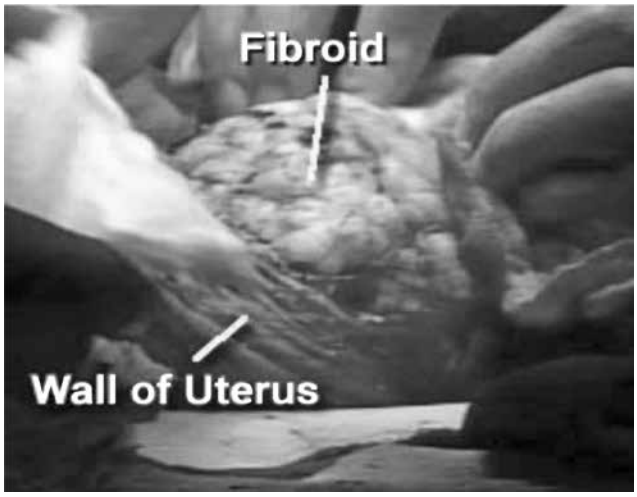

Figure 1. Fibroid being removed.

Figure 2. Unicornuate uterus with absent left side tube.

Figure 3. Rudimentary horn on left side.

on the left side. Bilateral ovaries were normal. Lower segment contracted slowly with 40 U syntocinon drip. Injection methylergometrine and injection prostodin were given. Hemostasis was maintained and abdomen was closed in layers.

Average blood loss during surgery was about 750 mL. Duration of surgery was about 1 hour 10 minutes. She received 1 unit of blood transfusion and antibiotic coverage. Baby was admitted in neonatal intensive care unit (NICU) for 7 days. Patient was discharged on 10th postoperative day with a hemoglobin of 9.0 g/dL.

DISCUSSION

Fibroids are found in 25% of women in the reproductive age group. Accurate incidence is difficult to ascertain as majority of fibroids are asymptomatic. However, the reported prevalence in pregnancy varies from 0.09% to 3.9%.[1] Fibroids, particularly submucous may cause infertility or repeated pregnancy loss. The risk of myomectomy in terms of excessive hemorrhage is significantly greater in the third trimester.

In a series of 9 patients who underwent cesarean myomectomy, 3 of them had profuse bleeding and required a hysterectomy.[2] However, some studies have shown that there is no significant difference in blood loss, the need for blood transfusion and postoperative morbidity between women undergoing cesarean section and cesarean myomectomy.[3,4] Also, unicornuate uterus is associated with poor reproductive performance. Chances of pregnancy reaching term is just 20-30% and the live birth rate is around 40% in a unicornuate uterus.[5]

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