MULTIPLE MYOMECTOMY IN PREGNANCY WITH SUCCESSFUL VAGINAL TERM DELIVERY

A.Basso, M.R.Catalano, E.Lombardi, A.Sgaramella, E.Di Naro, L.M.Schonauer

Italy, University of Bari, Departement of Biomedical Sciences and Human Oncology

INTRODUCTION

The incidence rate of uterine myomas in pregnancy is estimated from 0,1%-3,9%.

Fibroids predispose to pregnancy complications, including early miscarriage, antepartum bleeding, preterm labor, premature rupture of membranes, fetal malpresentations, labor dystocia, pastpartum hemorrhage.

Usually, they are asymptomatic , however occasionally, pedunculated fibroids torsion or other complications may cause acute abdominal pain.

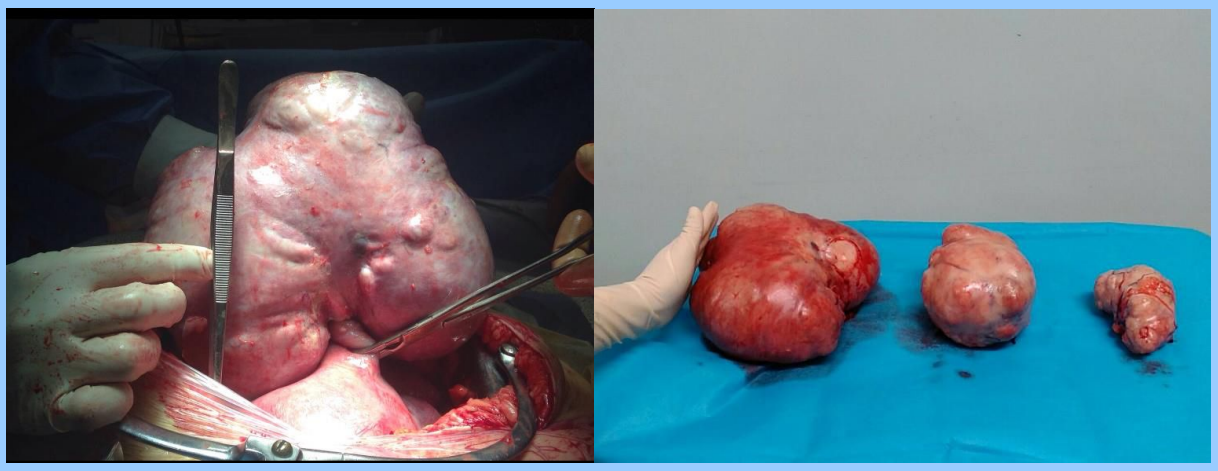
Surgery must be considered if symptoms persist after 72 hours of pharmacological therapy. Laparoscopy can be considered in selected cases, such as small, subserous, pedunculated myomas. Most cases of laparotomy myomectomy described in literature have been done during a cesarean section.

CASE DESCRIPTION

A 36 years old obese primigravida at 17 weeks of gestation:

SYMPTOMS	INFLAMMATORY MARKERS	ULTRASOUND
dyspnea abdominal pain	CRP 354 mg/L WBC 16,92x10^3	Three bulky subserous uterine myomas with vacuolated area inside (13,2cm, 12,6cm, 11,7cm)

At 18th week of pregnancy: laparotomy approach by navel-pubic skin incision was chosen. We removed the three myomas and the largest one was twisted.



3 weeks after surgery, at 21st week of gestation, the patient was admitted for threatened miscarriage and treated with progestins.

At 38th weeks of gestation: vaginal delivery of an healthy baby of 2949gr.

CONCLUSIONS

Laparotomic approach was chosen because of acute syndrome and size of myomas. Symptomatic women who undergo surgery during the 2nd trimester have better outcomes than those who opt for conservative management. In literature in the majority of cases women undergo a cesarean section, our case demonstrates the successful and safe possibility of a term vaginal delivery.