

Large Prolapsing Cervical Myoma in Pregnancy: A Case Report

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Introduction

Cervical fibroids are a rare location for uterine fibroids and can significantly impact maternal and perinatal outcomes. Common complications include pain, miscarriage, preterm labor, obstructed labor, and prolapse into the vaginal canal. Management in pregnancy of a prolapsed cervical myoma is challenging, with most reports detailing myomectomy after delivery or adverse outcomes associated with antepartum myomectomy.

Case

This case describes a 32-year-old woman, gravida 8 para 2, who underwent successful vaginal myomectomy in the antepartum period. An early pregnancy ultrasound revealed a large pedunculated prolapsing cervical fibroid originating from the posterior cervical lip, measuring 7.5 x 5.7 x 5.5 cm. The cervix appeared short and distended around the fibroid. Color Doppler demonstrated a stalk with internal flow measuring 1-2 cm in diameter. At 32 3/7 weeks patient presented due to vaginal bleeding, pain syndrome, and degenerating fibroid. Due to her acute, severe pain, it was decided to proceed with vaginal myomectomy with intra-operative findings of an 8 cm degenerated necrotic prolapsing fibroid protruding through the introitus.

Blood loss from the surgery was approximately 50 cc. After removal of the fibroid, the internal cervical os was found to be dilated to 2 cm. The patient received antenatal corticosteroids for fetal lung maturity. She was monitored post-operatively for 24 hours without evidence of preterm labor, vaginal bleeding, or infection.

Discussion

This case reports on a successful removal at a more advanced gestational age, allowing avoidance of preterm delivery and cervical healing before delivery. Successful removal allows for a non-obstructed birth canal and the ability for a vaginal delivery.

Conclusion

This case highlights the importance of ultrasound in providing an accurate diagnosis and predicting the feasibility of vaginal myomectomy.

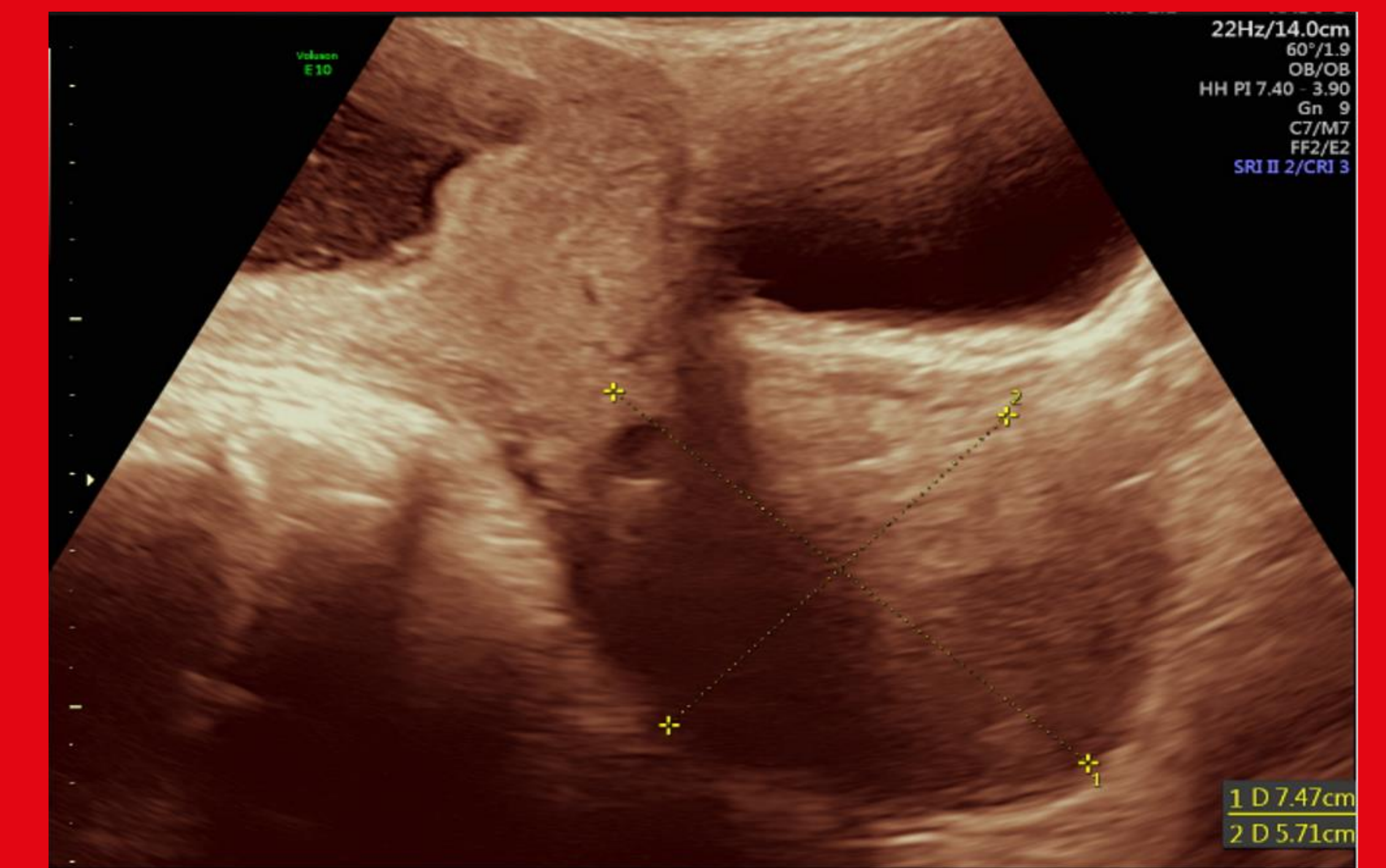


Figure 1: Pedunculated cervical fibroid

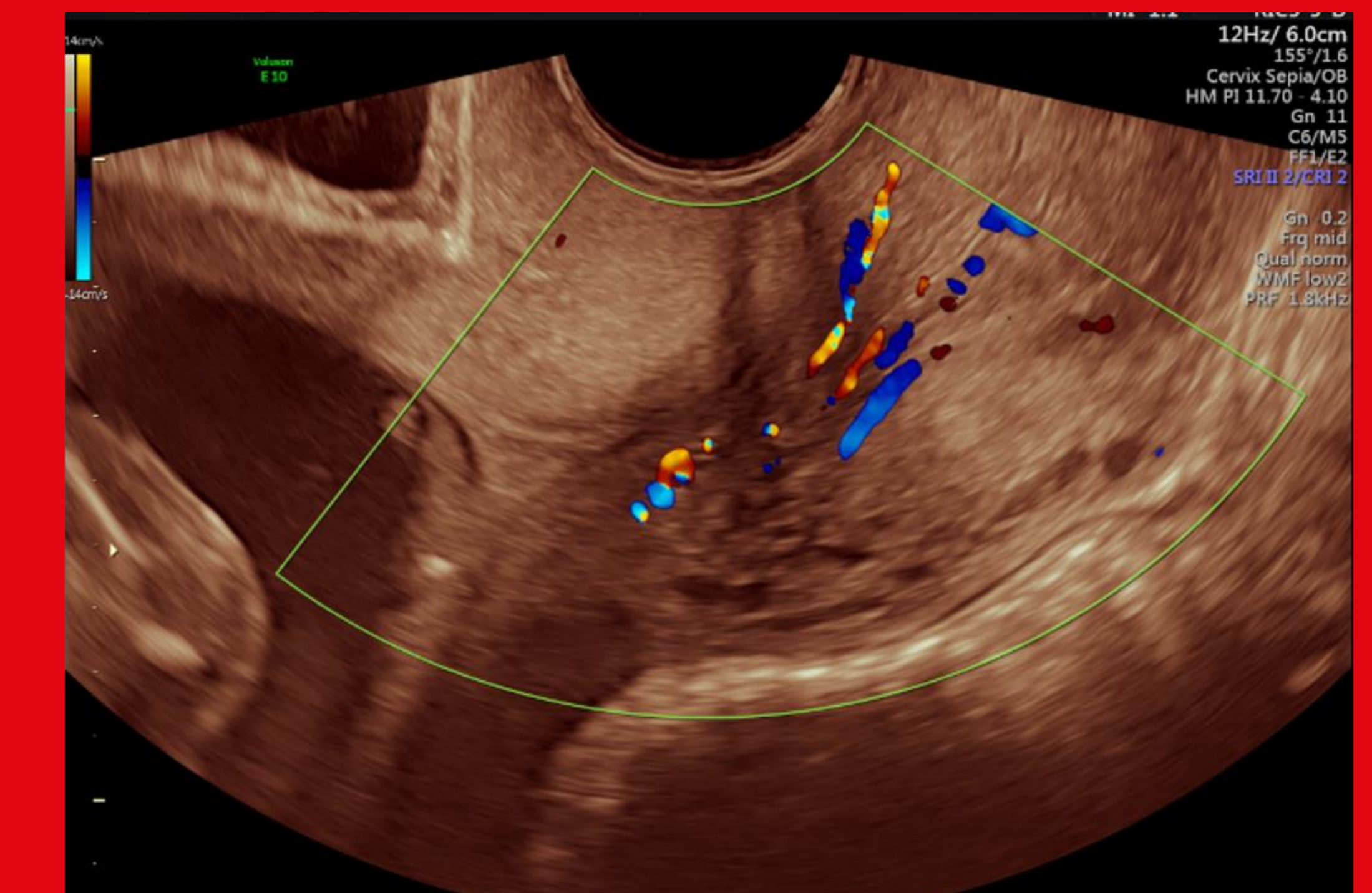


Figure 2: Cervical stalk with internal color flow on Doppler



Figure 3: Prolapsed cervical myoma