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Introduction

Uterine leiomyomas are common benign tumors that may complicate pregnancy depending on their size and location. Giant leiomyomas are rare but can significantly alter pelvic anatomy and increase the complexity of obstetric care.¹

Objectives

Giant uterine leiomyomas can severely distort uterine and cervical anatomy, complicating obstetric management. We report a case of first-trimester missed abortion in which this anatomical distortion precluded conventional transcervical evacuation.

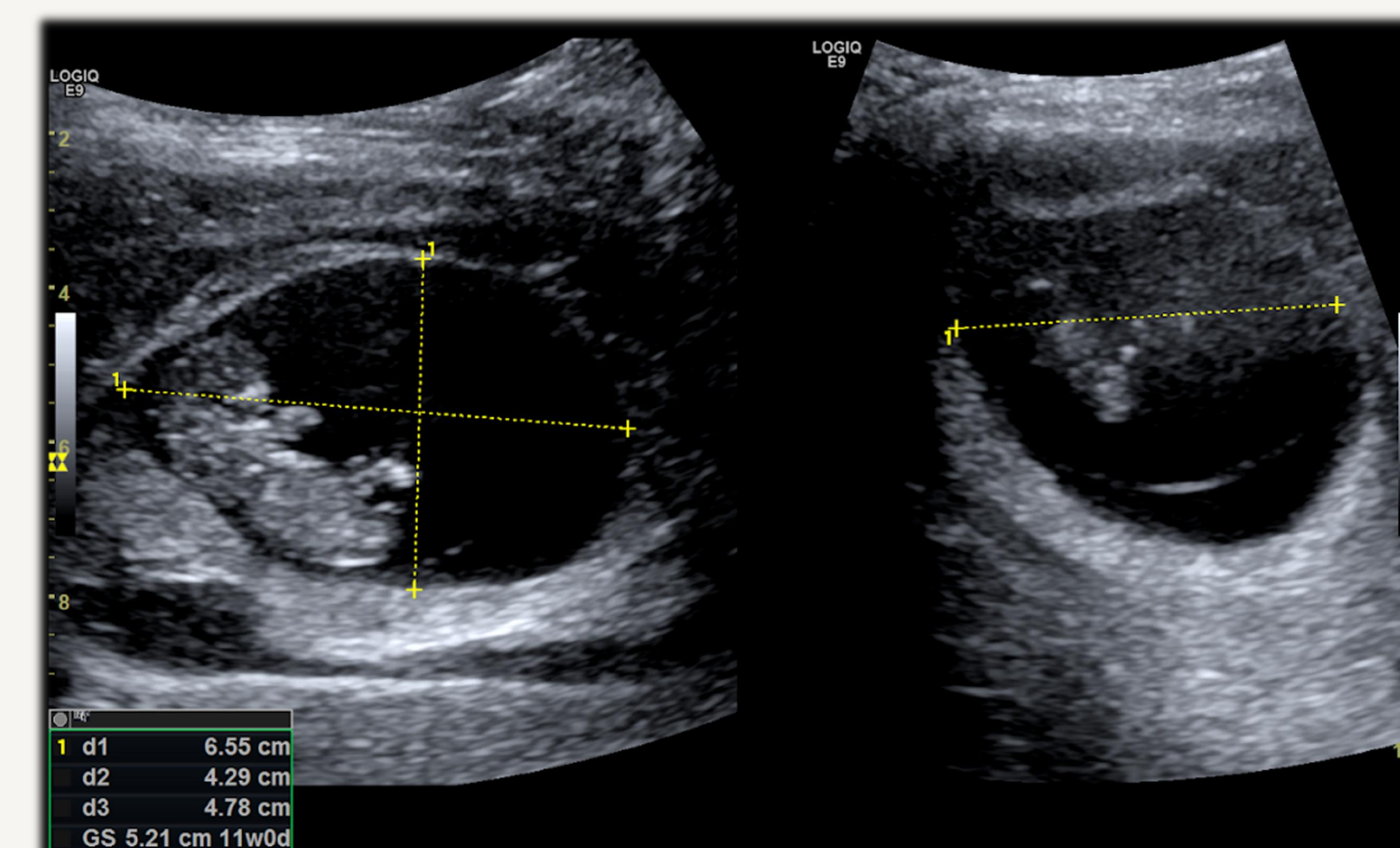


Figure 1. First-trimester missed abortion with giant uterine fibroids causing severe distortion of uterine anatomy, precluding transcervical evacuation.

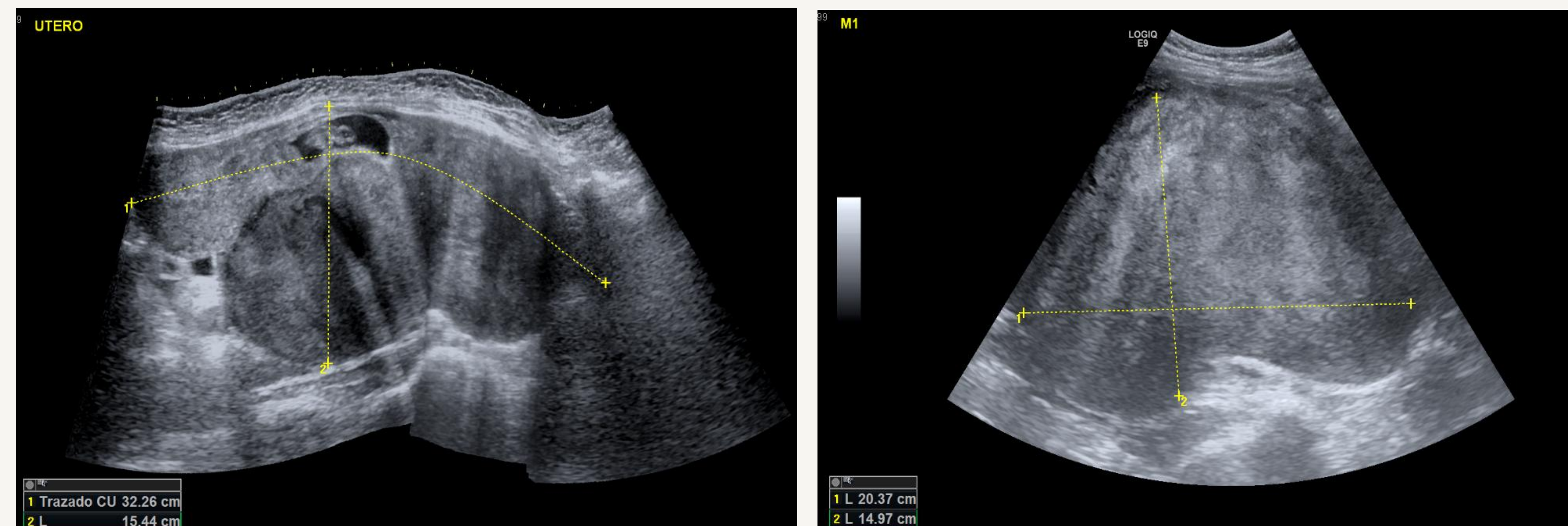


Figure 2. Transabdominal ultrasound. (A) Sagittal, report of uterus. (B) transverse view showing first-trimester missed abortion with severe uterine distortion secondary to giant uterine leiomyomas.

Methods

- A 26-year old primigravid woman at 10 weeks of gestation presented with vaginal bleeding.
- Pelvic examination revealed severe distortion of the pelvic anatomy, with the cervix not identifiable due to a giant uterine mass.
- Ultrasound examination demonstrated a FIGO type 5 leiomyoma measuring 206 × 203 × 149 mm, causing marked distortion of the uterine cavity, associated with a nonviable embryo (crown–rump length, 3.7 cm). Transcervical uterine evacuation was unsuccessful, and medical management failed. Consequently, exploratory laparotomy followed by total abdominal hysterectomy was performed.

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Results

The postoperative course was uneventful, with favorable recovery. Histopathological examination confirmed a benign uterine leiomyoma.

Conclusions

Giant uterine leiomyomas can cause severe distortion of the uterine and cervical anatomy, rendering transcervical management of missed abortion technically unfeasible. Ultrasound plays a pivotal role in assessing the extent of anatomical distortion and guiding individualized management.² In complex cases, multidisciplinary evaluation and surgical intervention may be required to achieve definitive treatment while ensuring patient safety.

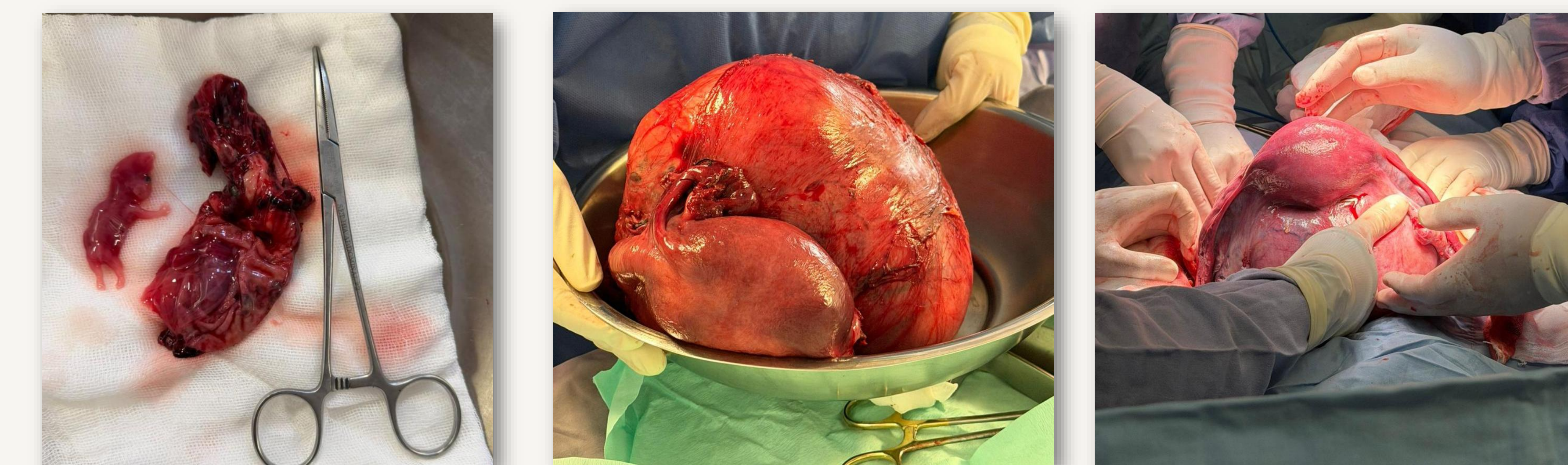


Figure 2. Surgical management. (A) embryo, (B) giant myomatous uterus after hysterectomy, and (C) intraoperative view showing anatomical distortion.



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