

Ultrasound-Guided Aspiration of Large Cystic Uterine Fibroids During Pregnancy

Lauren Berg¹, Pat O'Brien¹, Vadivu Palaniappan², Davor Jurkovic¹

¹EGA Institute for Women's Health, Faculty of Population Health Sciences, University College London, UK · ²Dept of Obstetrics & Gynaecology, Queen Elizabeth Hospital, Lewisham and Greenwich NHS Trust, UK

Aim

To prolong pregnancy and avoid iatrogenic very preterm birth

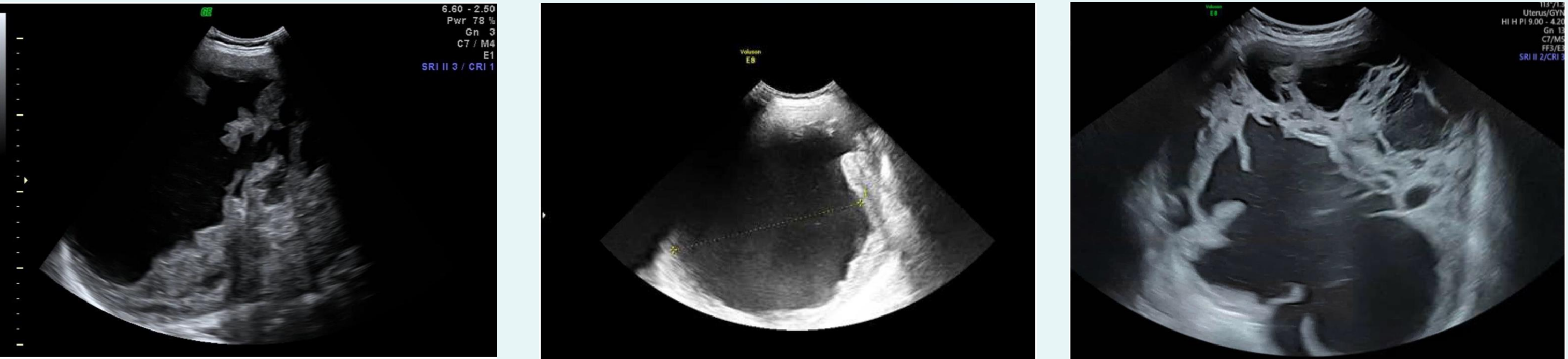
Background

- Cystic degeneration of fibroids during pregnancy is rare but causes significant pain and dyspnoea due to pressure on the diaphragm
- Alternative treatments are antenatal myomectomy or conservative management
- In conservative management, patients may require opioid analgesia, repeated hospitalizations and be at risk of iatrogenic preterm birth

Technique

- Semi-recumbent positioning
- Antisepsis
- Continuous ultrasound guidance
- Local anaesthesia
- 18-gauge spinal needle

Ultrasound findings



Case Series (n=3)

	Case 1	Case 2	Case 3
Age (years)	32	35	31
FIGO classification	6	7	7
Mean fibroid diameter, first trimester (mm)	100	80	70
Mean fibroid diameter, prior to aspiration (mm)	170	157	182
Gestation at aspiration (weeks + days)	30 + 1	24 + 3	30 + 5
Volume of fluid aspirated (ml)	2500	1700	600

Obstetric outcomes

	Case 1	Case 2	Case 3
Gestation at delivery (weeks + days)	34 + 4	34 + 0	37 + 1
Indication for caesarean section	Placenta praevia	Monochorionic diamniotic twins, polyhydramnios	Breech presentation
Caesarean myomectomy performed	No	Yes	No
Estimated blood loss at delivery (ml)	1600	3200	200
Birth weight (g)	2122	1980, 2130	2550

Conclusion

Antenatal ultrasound-guided aspiration may be a simple, safe and effective option for the treatment of symptomatic cystic fibroids, avoiding the major neonatal sequelae of very preterm birth.