

Uterine Fibroids and Hypertension-Induced Pregnancy: The Importance of Timely Delivery



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Introduction

Uterine fibroids (leiomyomas) are benign tumors, originating in the uterine smooth muscle tissue, commonly found in women of reproductive age. These growths do not lead to an increased risk of uterine cancer. Associated symptoms could include abnormal uterine bleeding, pelvic discomfort, constipation, urinary frequency, and infertility amongst others. Pregnant patients with multiple uterine fibroids are more likely to develop adverse outcomes such as risk of Cesarean deliveries, breech presentation, postpartum hemorrhage, and preterm birth rates. There is a need for prenatal awareness of risks associated with the presence of fibroids, close surveillance, and timely intervention in pregnant women, as this can significantly contribute to reducing maternal and foetal death.

Case Presentation

A 35-year-old female patient of mixed African-European (Creole) descent was seen for a consultation with her obstetrician on June 12th, 2021, in Mauritius. She has a medical history of primary infertility with known uterine fibroids, but there is no other relevant personal or family history.

She initially presented to her obstetrician after having conceived spontaneously. The uterine fibroids, which increased in size over the course of the pregnancy, led to increasing discomfort and worsening abdominal pain. She also developed an intermittent dry cough and moderate anaemia. At 32 weeks, she presented with severe pregnancy-induced hypertension and breathing difficulties. On admission, the clinical picture raised the possibility of pre-eclampsia and cardiac failure. However, cardiac ultrasound scan and chest X-ray were normal, and this diagnosis was excluded. She was also suspected to have a pulmonary embolism. However, this was disconfirmed by her normal venous Doppler of lower limbs and negative D-dimer.

One week after her admission, a lower segment Caesarean section (C-section) was performed at 33 weeks under spinal anaesthesia. A 2.6kg baby boy was delivered. He was later admitted to the neonatal intensive care unit (NICU) for observation. The fibroids located in the fungal region did not obstruct the lower segment which surprisingly enough was well formed. Maternal post-op went well with no complications and minimal bleeding.

Discussion

In this patient, the presence of uterine fibroids, pregnancy-induced hypertension, combined with a presumed case of preeclampsia served as a challenging dilemma to decide on a timely delivery of the baby.

This calls for sound decision making in critical care obstetrics where a holistic view is needed. Seeing the same obstetrician from the start of the case to the end helped our patient in getting the correct diagnosis and establishing a timely and well-executed delivery as her history was taken into consideration. The open doctor-patient communication and understanding the patient's fears and anxieties has also helped in reaching the proper diagnosis.

Important factors to consider before delivering a baby:

- Cardiac Disease
- Pregnancy-induced Hypertension
- Fibroids
- Breathing Difficulties
- Chronic Anxiety

Upon admission, a prompt intervention with indication of an emergency C-section was considered. However, the obstetrician who had seen the patient in consultation for her antenatal follow-up recommended delayed delivery as he was aware of her chronic anxiety and dry cough.

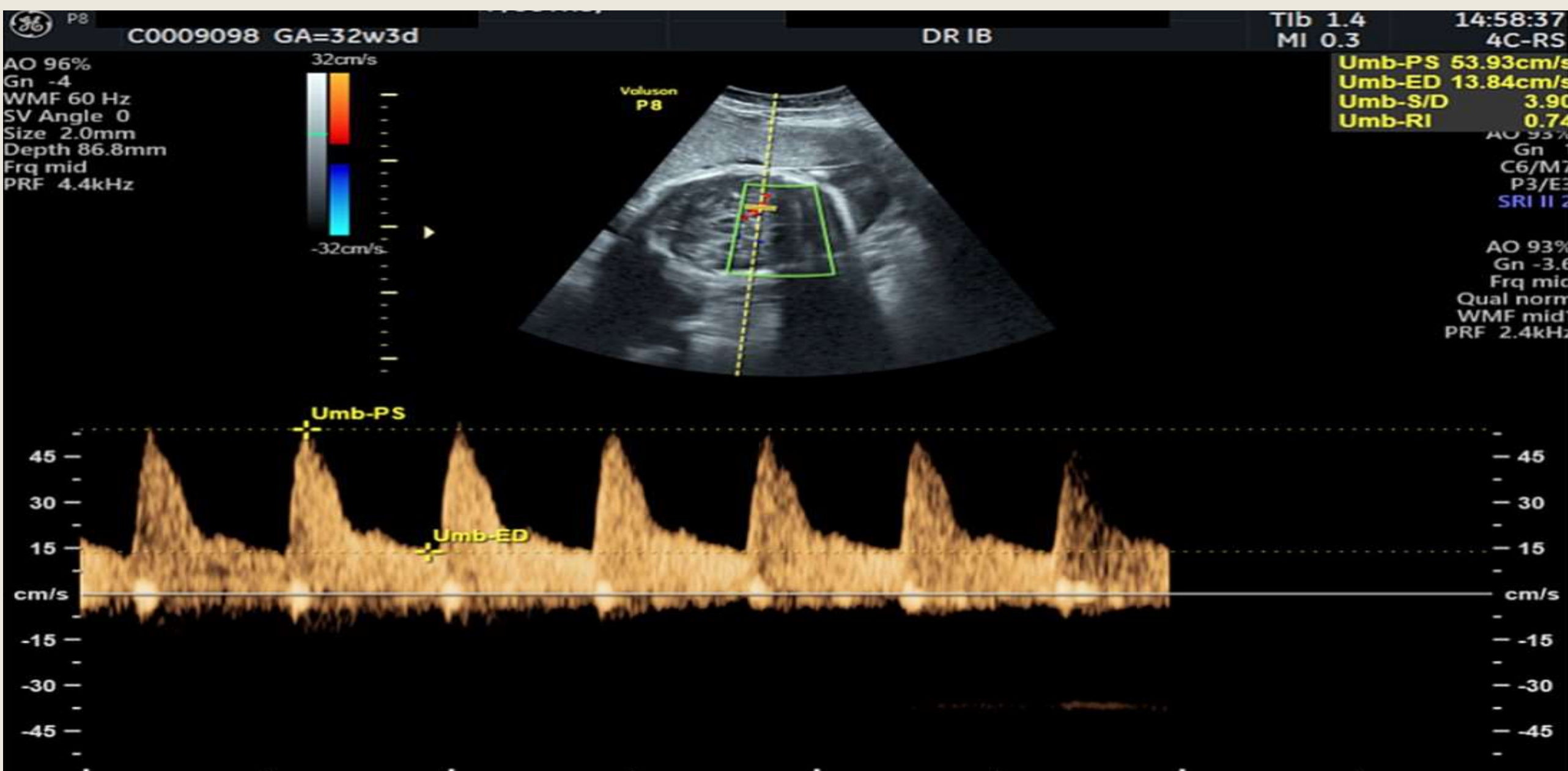


FIGURE 2: Doppler cerebral artery assessment showing normal foetal flow velocity waveform with low resistance at 32 weeks

Conclusion

Given the complexity of each given obstetric case involving fibroids, it is imperative to manage each pregnancy on a case-to-case basis. An accurate differential diagnosis, thoroughly completed patient history, and timely medical decisions are all key to execute a delivery with minimal postoperative complications.

Acknowledgements

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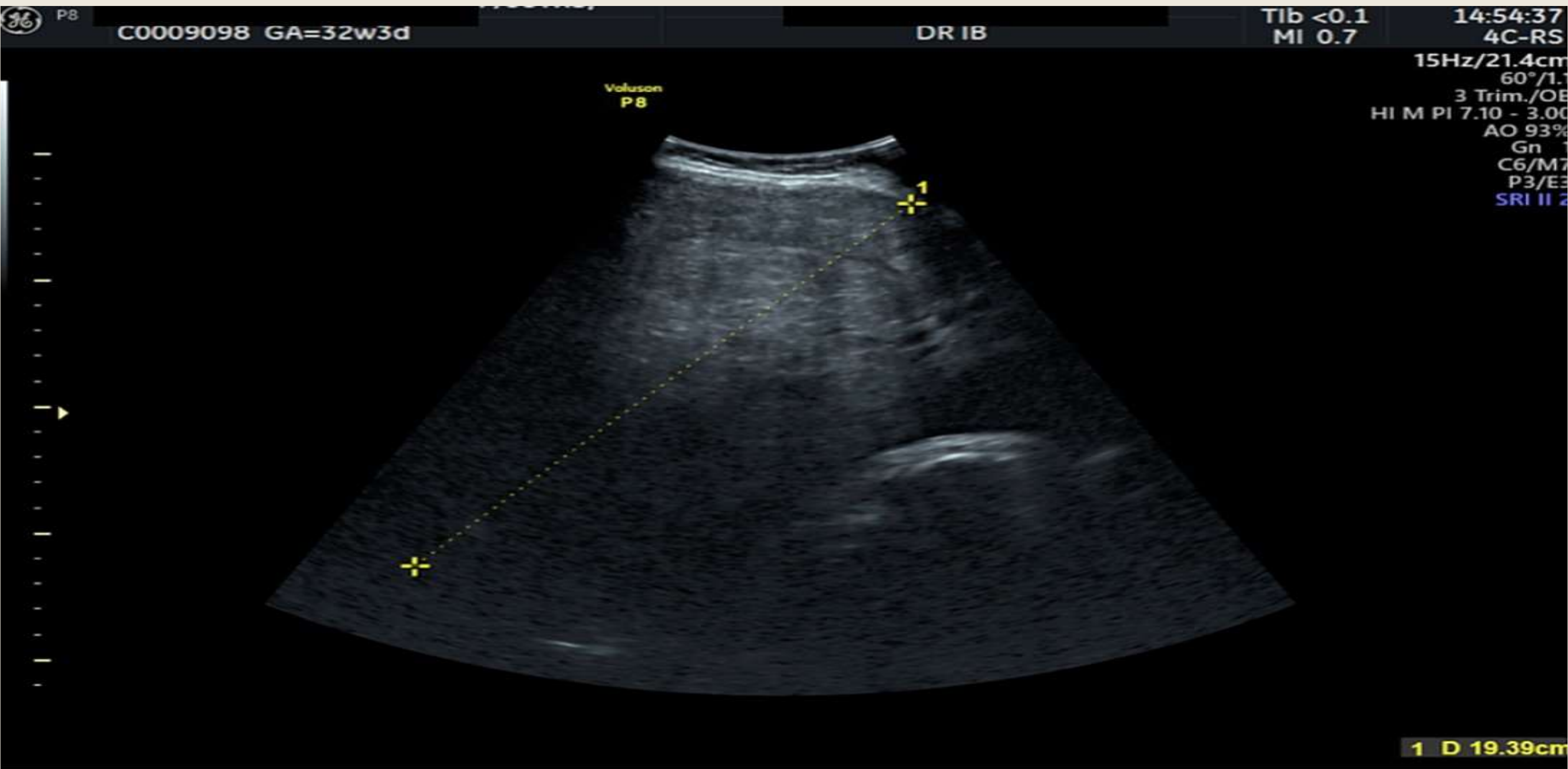


FIGURE 1: Obstetrics ultrasound scan at 32 weeks revealing a large uterine fibroid of 19.39cm in fundal region