

Myomectomy during Caesarean section-A case report

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Abstract

Objective:

To present a case of myomectomy during Caesarean section and its outcome.

Case report:

A 29 year old ,Primigravida with a BMI 24.7 with known fibroid uterus underwent induction of labor at 37 weeks due to IUGR and abnormal Dopplers. Following induction Category 1 Caesarean section (CS) done due to fetal distress. Measured Blood loss 450mls.Baby 's weight was 1820g with normal APGARS.A 5x4cm submucosal fibroid noted in the uterine cavity. Placenta removed manually as was slightly adherent to fibroid. Consultant attended and decision for myomectomy keeping in view possible complications if left untreated.

- Verbal consent taken from patient after detailed discussion of Caesarean section myomectomy including benefits and risks. Myomectomy performed without any complications. Haemostatic sutures taken on posterior uterine wall/fibroid bed. Good uterine tone with Bimanual compression and uterotonics (5units oxytocin bolus and postnatal infusion) alone.800 mcg Misoprostol given PR prophylactically. Fibroid and placenta sent for histopathology. No postoperative complications noted. Histopathology confirmed a benign leiomyoma.

Discussion:

- Literature suggests case reports on myomectomy in caesarean section. Karan Sampat has reported Caesarean myomectomy to be cost effective and safe in appropriately selected patients¹.
- A study by Mehmet Baki Senturk et al. shows Caesarean section myomectomy to be safe and not associated with increased complications and transfusions².
- Available literature suggests that Myomectomy during caesarean section can be considered in selective patients if clinical expertise available. However, a thorough discussion is needed with the patient regarding the potential risks associated with CS myomectomy with a fact that most of the risks being similar to those of a caesarean section itself. Moreover, further research is required to ascertain the long-term risks and benefits³.

Conclusion:

- Myomectomy during caesarean delivery may be a reasonable option for some patients, as it can be safely performed without serious or life-threatening complications by experienced hands with appropriate counselling and consent.

References:

- 1.Karan Sampat, Djavid I Alleemudder, Fibroids in pregnancy: management and outcomes, The Obstetrician and Gynaecologist,Volume 20, Issue 3,19 June 2018, Pages 187-195
- 2.Senturk MB, Polat M, Doğan O, Pulatoğlu Ç, Yardımcı OD, Karakuş R, Tayyar AT. Outcome of Cesarean Myomectomy: Is it a Safe Procedure? Geburtshilfe Frauenheilkd. 2017 Nov;77(11):1200-1206. doi: 10.1055/s-0043-120918. Epub 2017 Nov 27. PMID: 29200476; PMCID: PMC5703655.
- 3.Dianrong Song, Wei Zhang, Mark C. Chames, Jie Guo, Myomectomy during cesarean delivery, International Journal of Gynecology and Obstetrics, Volume121, Issue3,June 2013, Pages 208-213.

