

“Management Dilemma of Multiple Submucous Fibroids in Virgo Intacta”

Authors: Victoria Alex¹, Amadou Sanyang¹, Njingu Chibili¹, Fatou Faburay¹, Foday Kanyi¹, Matthew Anyanwu^{1, 2}



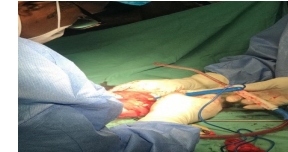
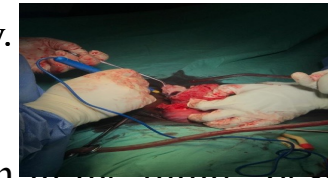
EFSTH

Affiliations; 1. Edward Francis Small Teaching Hospital Banjul The Gambia. 2. School of Medicine and Allied Health Sciences University of The Gambia.

Correspondence: Matthew Anyanwu. MD. MPH. FWACS. manyanwu@utg.edu.gm anyanwum@yahoo.com

Introduction: Uterine fibroid is a common benign tumour of the uterus in the reproductive age. The prevalence of uterine fibroids is much higher in blacks compared to the white race. Occurring in 70-80% of women by or before the onset of menopause, uterine fibroids are the most common benign gynecological neoplasms. They originate from smooth muscle cells of the uterine wall and are more common in African women.

Case Report: We present a 42-year-old nulliparous businesswoman who presented to our gynaecology clinic with a history of lower abdominal pain and inter-menstrual bleeding for two months and a three-week history of whitish vaginal discharge. The bleeding occurred six days after her usual five days of menstrual flow and lasted for 2 weeks. Intraoperative findings were multiple uterine fibroids (four intramural and four submucosal the largest of which measured 2x3cm) with normal fallopian tubes, ovaries, and bladder. The endometrium was breached and repaired during the surgery.



Discussion: Our subject was Virgo intacta and had hopes of having a child of her own in the future, despite the likely difficulties. Conservative interventions such as myomectomy, uterine artery embolization and HIFU remain standard surgical options as they are fertility preserving and perhaps enhancing. The radiological interventions such as UAE and HIFU may not be readily available in many settings including ours because of cost and expertise. Therefore, she was offered myomectomy. Because our patient was Virgo intacta and wanted to remain so for reasons best known to her, the insertion of a Foley catheter or intrauterine device via the vagina were not viable options. As such, the only option available was the use of combined oral contraceptive pills. She used the pills for 14 weeks postoperatively and continued to have a regular monthly cycle with light bleeding.

In conclusion; our study indicates that, in resource-constrained settings, the use of estrogen and progesterone started immediately after surgery for the prevention of intrauterine synechiae may be a viable option with good outcome in patients who are Virgo intacta.