



# Retained Placenta With Multiple Large Uterine Fibroids: A Multifaceted Clinical Dilemma

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## Objective

- \* Diagnosis and imaging challenges for retained placenta, especially in the presence of uterine fibroids.
- \* Treatment decisions, including the role of conservative vs. surgical management.
- \* Use of advanced techniques (e.g., MyoSure) in anatomically distorted uteri.
- \* Follow-up care and future pregnancy considerations.

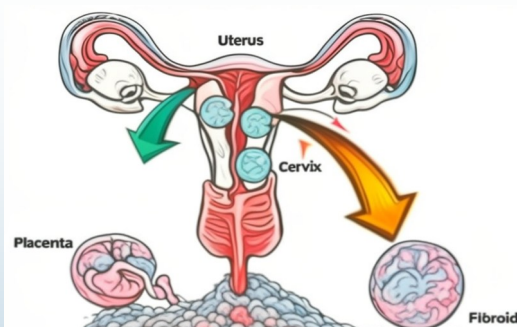
## Discussion

MRI is the imaging modality of choice for differentiating retained products of conception from adherent placenta, particularly in the presence of fibroids. Intramural and Subserosal Fibroids complicate access to the uterine cavity and pose technical challenges in surgical management due to anatomical distortion. Risks include uterine rupture, excessive bleeding, or trauma during procedures such as hysteroscopy or manual placenta removal in the presence of fibroids. Management Options for retained products of conception include conservative approaches, methotrexate trials, or surgical intervention, depending on various factors. The role of hysteroscopy and MyoSure in managing retained products is promising, offering benefits and risks compared to traditional methods like sharp curettage or suction evacuation.

## Case Report

A 28-year-old primipara, undergoing pregnancy termination at 16 weeks due to fetal anomaly, presented with retained placenta. The management was complicated by an enlarged uterus with multiple intramural and subserosal fibroids, which led to the retention of the placenta. Initially, conservative management was attempted, followed by an unsuccessful trial of manual removal of the placenta. This was followed by 4 weeks of further conservative management.

Given the ongoing retention of placental tissue, options such as methotrexate or hysteroscopy/MyoSure for retained products were considered. An MRI was performed to assess the uterine cavity, retained products, and placental implantation site. Ultimately, hysteroscopy and MyoSure were performed, leading to the successful evacuation of the retained products.



## Conclusion

Retained placenta in the presence of large uterine fibroids presents significant clinical challenges, requiring careful consideration of fibroid impact on treatment choices. Effective pre-operative planning is essential to address potential intraoperative difficulties, while post-operative strategies are crucial for successful future pregnancies. Standardized protocols should be implemented across all units to ensure optimal management.

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