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BLOODLESS CAESAREAN MYOMECTOMY

INTRODUCTION

Incidence of fibroid in Pregnancy is 3% and the failure to detect of fibroids by ultrasonography during antenatal period is between 97.3-98.6%, because of the difficulty in differentiating fibroids from physiological thickening of myometrium.

Fibroids can cause preterm labor , fetal growth restriction malpresentations etc.

CASE

A 36 year old G3P1L1A1 36 weeks 4 days pregnancy with 1 previous section came with C/O preterm labor pains since 1 day.

During her hospital stay, the lie of the baby kept changing each day and hence lower segment pathologies had been suspected.

but despite repeated ultrasonographies, no such pathology came into light. Moreover, Patient was diagnosed with polyhydramnios which was thought to be the culprit behind variable lie.

Patient was managed conservatively till term and taken for elective LSCS in view of thinned out previous scar. Intraoperatively, after breech extraction , incidentally, 16x10x5 cm intramural fibroid was found in lower segment [right anterolateral, extending upto the scar] of uterus, capsule had been incised accidentally with the transverse incision of Caesarean section, the fibroid started actively bleeding , henceforth , decision for myomectomy was taken. Bilateral uterine artery ligation was done followed by myomectomy.

CONCLUSION

In case of changing lie of the baby, lower uterine pathologies such as Fibroid, should be suspected and thoroughly investigated.

During the surgery lower uterine incision should be given after careful assessment to avoid intrafibroid incision.

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