

BLOODLESS CAESAREAN MYOMECTOMY

Dr Apoorva Gupta, Dr Ruchi Kishore, Dr Anjum Khan, Dr Neelam, Dr Neha Thakur, Dr Pratibha Lambodare
Pandit Jawaharlal Nehru Medical College Raipur

INTRODUCTION

Incidence of fibroid in Pregnancy is 3%.

Ultrasonography can detect fibroids but chances of missing fibroids during antenatal period is as high as 97.3-98.6% as reported in literature, because of the difficulty in differentiating fibroids from physiological thickening of myometrium.

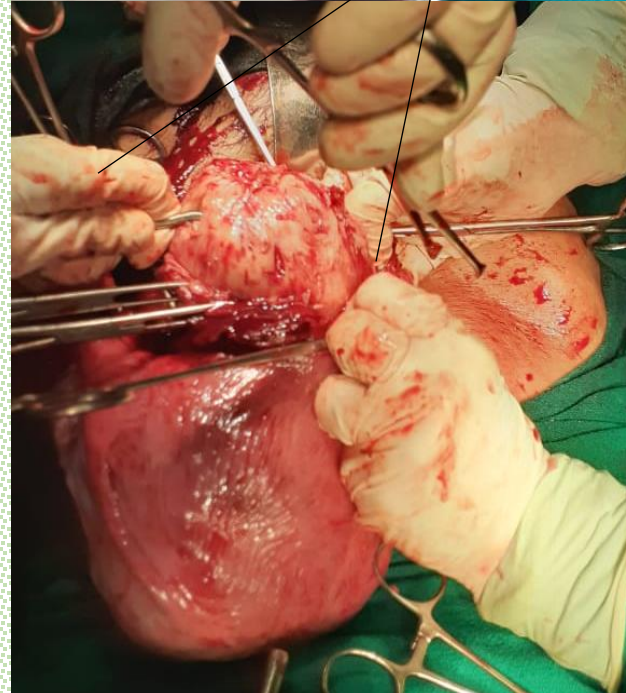
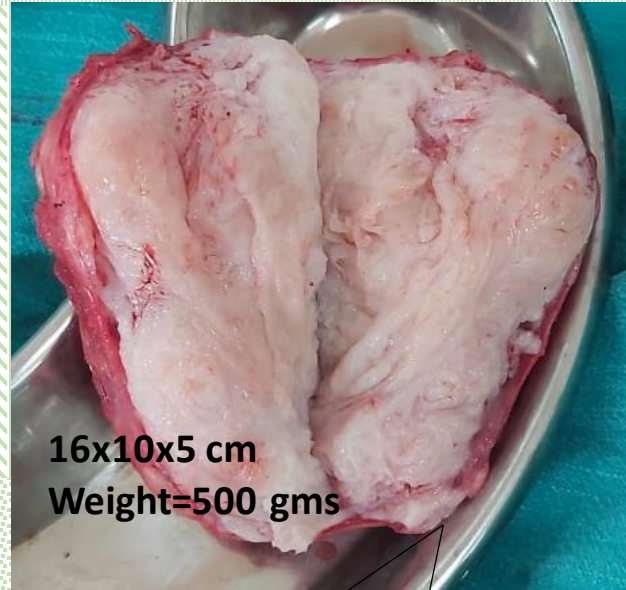
Fibroids during pregnancy can cause miscarriage, preterm labor, foetal growth restriction, placenta previa, malpresentations etc.

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.

Per abdomen	Per vaginal
36 weeks Cephalic Head floating Liquor adequate EBW 2.4 to 2.6kg FHS 146 bpm	Os closed Uneffaced No show No leaking

During her hospital stay, the lie of the baby kept changing, lower segment pathologies had been suspected [placenta previa, carcinoma cervix, fibroid] but despite repeated ultra sonographies, no such pathology came into light.



Patient was diagnosed with polyhydramnios which was thought to be the culprit behind variable lie of the baby.

Patient was managed conservatively till term and taken for elective LSCS in view of thinned out previous scar.

INTRAOPERATIVE FINDINGS

Following breech extraction, incidentally, 16x10x5 cm intramural fibroid was found in lower segment [right anterolateral, extending up to the scar] of uterus, capsule had been incised accidentally with the transverse incision of Caesarean section as such a sizeable fibroid had not been expected. The fibroid started bleeding profusely. There were two challenges in front of the surgeon, first being the site of the fibroid, it was over the major vascular channels laterally and second being the large size. Immediately, Bilateral uterine artery ligation done followed by myomectomy.

CONCLUSION-

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

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

REFERENCES

- [1.https://www.ncbi.nlm.nih.gov/pmc/articles](https://www.ncbi.nlm.nih.gov/pmc/articles)
- Uterine fibroids in pregnancy: Prevalence, clinical presentation, associated factors and outcomes at the Limbe and Buea Regional Hospitals, Cameroon: A cross-sectional study
- Munro Ker Operative Obstetrics