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Case Reports

Bulky fibroid and pregnancy: myomectomy is possible during pregnancy

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Summary

When bulky fibroids are discovered during pregnancy, they can become acutely complicated. The question of their resection thus arises. The authors report a case of a woman who was diagnosed at eight weeks' gestation by ultrasound and then by MRI, with a uterine fibroma measuring 22×12×15 cm.

Key words: Fibroids; Fibroleiomyoma; Pregnancy; Myomectomy; Pain.

Introduction

Bulky fibroids discovered during pregnancy can become acutely complicated and can pose a problem in choosing the more suitable management [1].

Case Report

In view of the increasingly unbearable nature of the pain, continuation of the pregnancy did not appear possible. After reviewing the literature and then informing the patient about the risks of a procedure during pregnancy, surgical excision was proposed. At 11 weeks' gestation, the fibroid, extending from the xiphoid process to the pubis, was excised by laparotomy, with a blood loss that reached 1,100 ml. The fibroid weighed 3,000 grams and measured 27 cm in its largest diameter; it was sessile, with a base of eight cm in width (Figure 1). Obstetric follow-up was thereafter unremarkable. At 40 weeks, with local conditions unfavorable 24 hours after rupture of the membranes, a 4,020-gram child in good health was delivered by cesarean.

Fibroids are present in approximately 2-3% of pregnancies and are complicated in 10% of them [1]. The pain they cause, often due to necrobiosis, can be intense and sometimes justifies use of analgesic or anti-inflammatory treatments. Their surgical treatment during pregnancy is not recommended because of the potential risks of hemorrhage, preterm premature rupture of the amniotic cavity, late abortion, or preterm delivery.

Few cases of intervention during pregnancy have been reported. The published cases report that myomectomy has always been performed before 24 weeks, almost always by laparotomy [2-4]. Laparoscopic surgery was performed but for smaller fibroids from 4-15 cm. Thus, for large fibroids, laparotomy seems more appropriate. A late miscarriage occurred in three cases (6%) [2-4] and a hemorrhage with blood loss exceeding 500 ml in another [5], but no other fetal or neonatal complications have been reported [2-5]. Vaginal delivery was possible in one-third of the cases [2-5]. The risks of this intervention must therefore be weighed together with those of keeping in place a fibroid, as initial symptoms are likely to increase, with a risk of hemorrhage at delivery [1]. A prospective study of 106 cases, 18 of which underwent surgery, supports the hypothesis that intervention reduces the risk of late miscar-

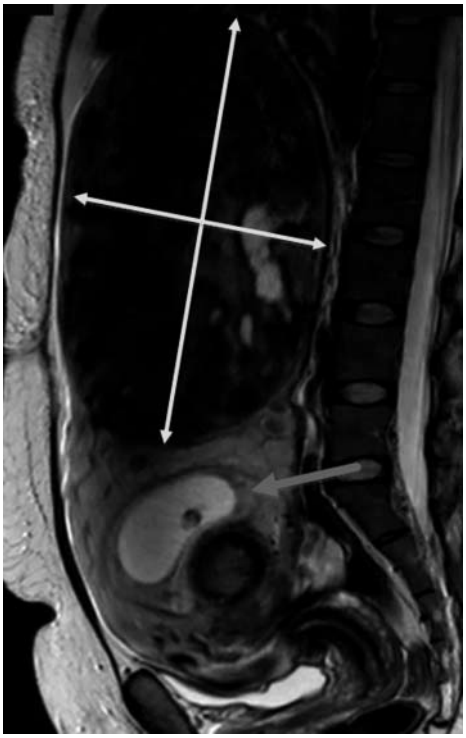

Figure 1. — Pelvic and abdominal T2-weighted MRI, sagittal plane of a fibroid measuring 24×18 cm.

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riage, hysterectomy, growth restriction, and threatened preterm delivery [4]. In the present case, the patient's poor tolerance and the large size of the fibroid caused fear and substantial difficulties for the present authors during pregnancy and at delivery.

Conclusion

The present case confirms that some bulky fibroids can be excised during pregnancy, with a favorable maternal and neonatal prognosis.

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