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CLASSICAL CAESAREAN SECTION WITH MYOMECTOMY- A CASE REPORT

Ishika Chakarvarti[1*], Shraddha Shetty[2], Preethi K[3]

[1] MBBS Graduate, Kasturba Medical College, Mangalore, Manipal Academy of Higher Education, Manipal, India
[2] Professor and HOD, Department of Obstetrics and Gynaecology, Kasturba Medical College, Mangalore, Manipal Academy of Higher Education, Manipal, India
[3] Senior Resident, Department of Obstetrics and Gynaecology, Kasturba Medical College, Mangalore, Manipal Academy of Higher Education, Manipal, India

***Corresponding Author:** Ishika Chakarvarti
[*]MBBS Graduate, Kasturba Medical College, Mangalore, Manipal Academy of Higher Education, Manipal, India

Abstract

Background: Leiomyomas are the most common benign tumors of the reproductive tract in women of childbearing age. Large fibroid present in lower uterine segment may obstruct the passage of the fetus, and in such cases, classical Caesarean delivery is indicated. Myomectomy during Caesarean section is avoided due to increased vascularity of the gravid uterus which may increase the chance of postpartum hemorrhage. However, obstetricians are opting for myomectomy along with Caesarean section to avoid complications from second surgery.

Case presentation: Describing the case of 34-year G2P1L0 at 39 weeks period of gestation with previous Intra uterine death (IUD) with ultrasound showing fibroid of 9 cm in anterior lower uterine segment who underwent elective classical Caesarean section along with myomectomy.

Conclusion: Myomectomy during Caesarean section can be performed safely without increase in the peripartum maternal morbidities.

Keywords: Leiomyoma, myomectomy, classical Caesarean section

Background

Leiomyomas are the most common benign tumors of the reproductive tract in women of childbearing age. Large fibroid present in lower uterine segment may obstruct the passage of the fetus, and in such cases, Classical Caesarean delivery is indicated. Myomectomy during Caesarean section is avoided due to increased vascularity of the gravid uterus which may increase the chance of postpartum hemorrhage. However, obstetricians are opting for myomectomy along with Caesarean section to avoid complications from second surgery.

Case presentation

Describing the case of 34-year-old G2P1L0 at 39 weeks period of gestation presented to the OPD with complaints of pain abdomen, gradual onset, intermittent in nature. There were no associated

complaints of leaking or bleeding per vagina. She had a previous history of Intrauterine death (IUD) delivered vaginally 1 year ago at 8 months of amenorrhea. Her antenatal period was uneventful; however, she was diagnosed as having multiple fibroids. On examination, her pulse was 82 beats per minute, blood pressure was 110/80 mmHg. Abdominal examination revealed a term sized uterus, relaxed with cephalic presentation and oblique lie. On auscultation, fetal heart rate was 142 beats per minute. Per speculum examination was normal.

Her recent ultrasound report showed a fibroid of 9×9 cm in anterior lower uterine segment. Patient was admitted for elective classical cesarean section. Her preoperative hemoglobin was 8.3 gm%. Adequate blood products were arranged and informed written consent was obtained from the patient and her relatives after explaining about the risk of excessive bleeding and need for blood transfusion. During surgery, a vertical midline skin incision was given. Intraoperatively, 10×9 cm fibroid was noted in lower uterine segment on left side, 5×4 cm subserosal fibroid on left fundal region, 3×2 cm subserosal fibroid and 4×4 cm intramural fibroid was noted on right lateral wall.

Classical incision was given, and oblique lie was noted. Baby was delivered by vertex presentation. Classical incision was closed in 3 layers. Myomectomy was done for fibroid 10×9 cm in lower uterine segment. Two-unit packed RBC was transfused intraoperatively. She delivered a healthy baby girl of birth weight 2.26 kg with APGAR score of 8 at 1 minute and 9 at 5 minutes. Post operative period was uneventful and she was discharged nine days after the surgery.

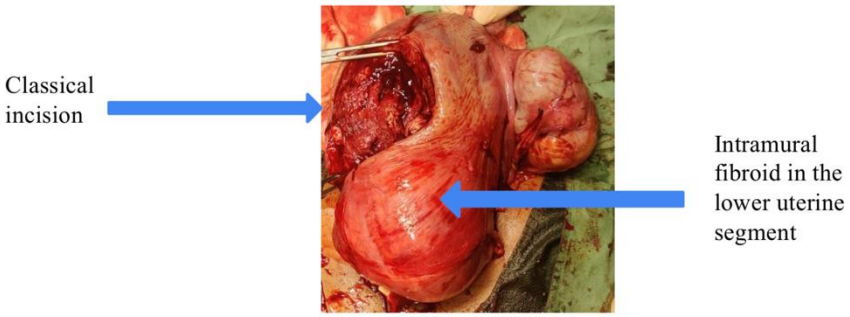

Figure 1: Intraoperative image of Classical Cesarean Section

Discussion

There are several ongoing concerns regarding myomectomy during caesarean sections. Apart from pedunculated sub-serosal fibroids, it was regarded as a catastrophic surgery until the past ten years. However, numerous studies have found that when performed by a skilled obstetrician, the technique is not risky and does not result in difficulties.[1]

With large myomas in the lower segment of the uterus, myomectomy may be unavoidable and there does not appear to be any absolute contraindications to myomectomy. With adequate experience in myomectomy during caesarean section and the use of oxytocin infusion at high dose, severe hemorrhage may be controlled.[2]

Omar SZ et al. reported two cases of large uterine myomas situated in the anterior aspect of the lower segment, complicating pregnancy at term, myomectomy in both instances allowed delivery of the fetus through the lower segment.[3]

Kwawukume performed cesarean myomectomies on twelve patients and reported that enucleation was much easier in pregnancy due to increased softness of the tissue.[4]

A retrospective case–control study, comparing 40 women with fibroids who underwent cesarean myomectomy with 80 women with fibroids forming the control group who underwent cesarean section alone, reported no significant difference in the incidence of hemorrhage between the two groups (12.5% and 11.3%, respectively).[5]

Alexander T Owolabi et al. reported a case of classical caesarean section with myomectomy for a large fibroid in the lower uterine segment with no maternal morbidities after the surgery.[6]

Conclusion

Classical caesarean section can be performed when there is obstruction in the lower uterine segment such as in fibroids. A myomectomy during a Caesarean section can be successfully performed under the right circumstances without increasing the risk of maternal morbidities that would avoid subsequent surgery for the fibroids.

Informed Consent

The patient was explained about the goals of the case report study following which an informed consent was obtained from her for publication of this case report and any accompanying images.

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