



TITLE : “Growing Together ”: A case of cervical fibroid in pregnancy

INTRODUCTION

Uterine fibroids are common benign smooth muscle tumors. Their incidence is about 2% of all pregnancies. In pregnancy, fibroid size can grow, regress, or remain same.

AIMS / OBJECTIVES

AIM : To describe a case of cervical fibroid complicating pregnancy.

OBJECTIVES :

- Early detection, monitoring of obstetric complications and management of symptoms.
- Plan for delivery.
- Postpartum care, psychological support and counselling.

MATERIALS / METHODS

29yr old G3P1L1A1 with prev LSCS with 36 wks GA, booked case at ASRAM with k/c/o GDM on MNT, Pre-eclampsia without severe features, hypothyroidism & **cervical fibroid** came with the c/o abdominal tightening since 2 days.

OBSTETRIC HISTORY:

I : FT/MCH/LSCS i/v/o cervical fibroid @ Asram/7 years ; Active & healthy. Postpartum period was uneventful.

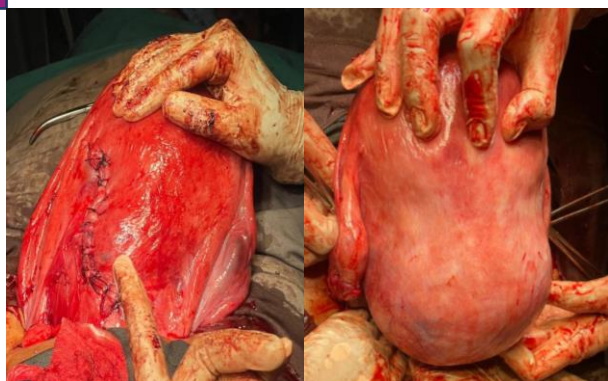
II : Spontaneous abortion at 2nd month after 1 year of last child birth.

III : **Present Pregnancy**
Spontaneous conception after 6 years of last abortion

-**Dating scan** showed a huge cervical fibroid of size **7.1 x 8.1cm**

-**NT Scan**: cervical fibroid of size **9.8 x 7.1cm**

-**Growth scan** : cervical fibroid of size **11.1 x 9.2cm**.



RESULTS

Repeat emergency LSCS was performed i/v/o previous LSCS with cervical fibroid in labour
Intra op : Kronig's incision given over the uterus. A single live Female child of birth weight 2570gms with APGAR 7,9 presented as breech and delivered by breech extraction. Baby cried immediately after birth.

- ✓ Uterus exteriorized. Cervical fibroid of size approx 13x15cm was noted which was extending posteriorly.
- ✓ IUCD insertion done after placental expulsion.
- ✓ Proper hemostasis was ensured and uterotonics were used to prevent PPH

Post op period : Uneventful. Advised to come for myomectomy after 3 months.

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DISCUSSION

The basic principle-not to do anything to the fibroid whenever possible.

DURING PREGNANCY

Uncomplicated- To be assessed at 38 weeks to decide the method of delivery.

Acute pain following red degeneration—Medical management (analgesics, hydration)

DURING LABOR

Fibroid situated - above the presenting part - vaginal delivery ; below the presenting part- spontaneous vaginal delivery ;if it fails, cesarean section
Myomectomy is generally contraindicated in pregnancy.

The fibroid usually reverts to a smaller size during puerperium.

CONCLUSION

- Cervical fibroid in pregnancy is rare.
- Preference for conservative management over surgical approach.
- This type of cases should be managed at tertiary care hospital where blood transfusion, emergency caesarean section and peripartum hysterectomy like services easily accessible.

REFERENCES

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