

Introduction

There is ongoing debate among obstetricians about performing myomectomy during cesarean section. Until the last decade, most obstetricians were trained to avoid removing large myomas during cesareans. The procedure was rarely discussed in obstetrics literature and was typically deferred.

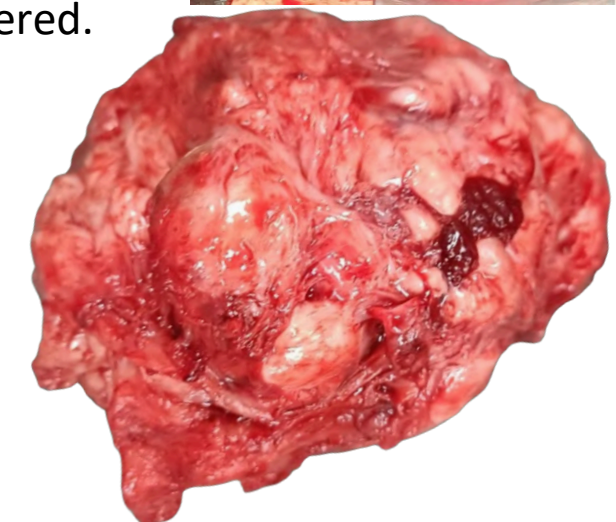
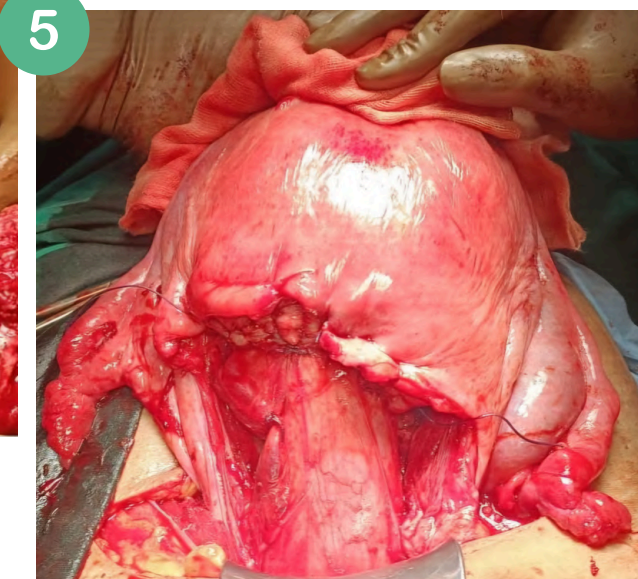
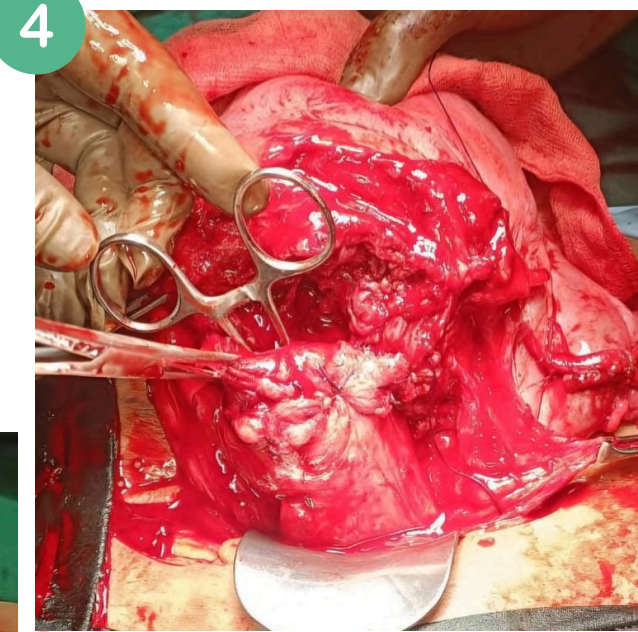
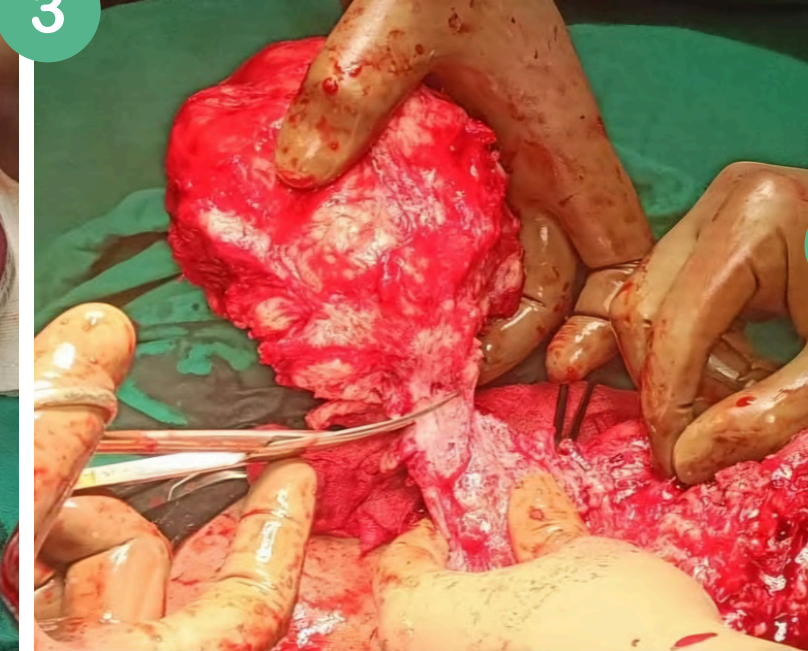
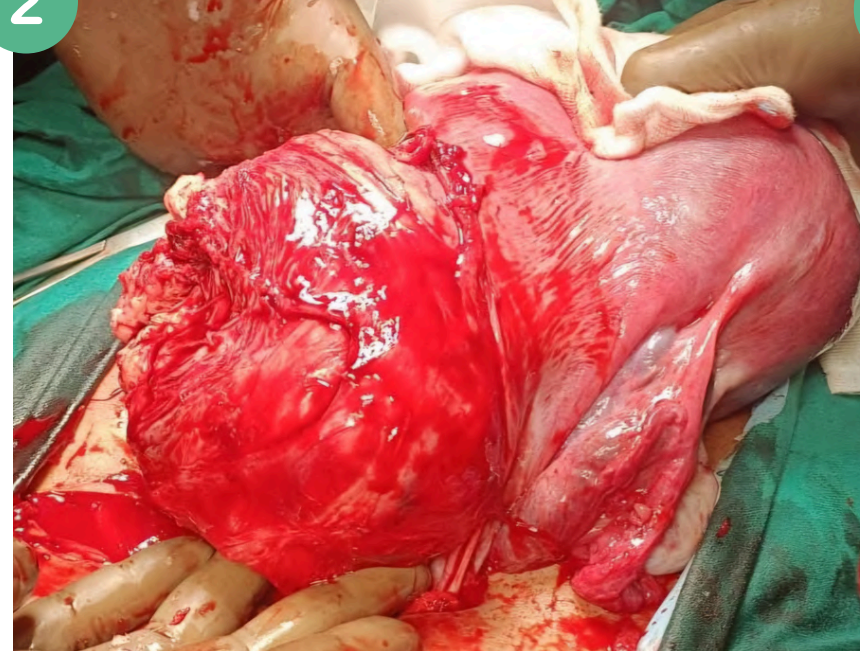
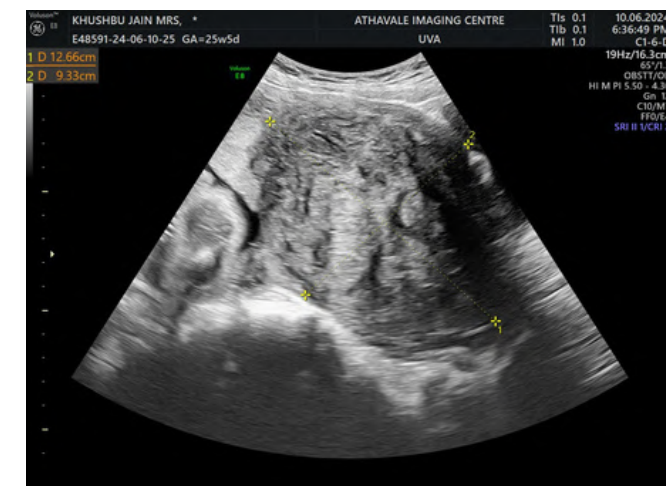
Case History

A 29-year-old primigravida presented at 12 weeks with a 12.6 X 9.3 cm posterior intramural cervical fibroid detected on NT scan. On examination, the uterus size corresponded to 24 weeks. The antenatal period was uneventful, except that the fibroid kept increasing in size.

Multiple fibroids are seen in the uterus.
They are as follows:

1. Fundal Intramural fibroid – 2.7 x 2.0 cm.
2. Posterior wall Intramural fibroid – 12.6 x 9.3 cm.
– in the posterior wall of the cervix.

It is causing significant stretching of the cervix.



Procedure

- Elective LSCS at 37 weeks in view of transverse lie & 13 × 12 cm cervical fibroid.
- Pfannenstiel incision; large, anterior-wall, lower segment fibroid encountered.
- Incision made above the fibroid to deliver a 2.5 kg male baby by breech.
- **Cesarean myomectomy was necessary to achieve uterine closure.**
- 13 × 12 × 8 cm fibroid removed followed by uterine closure.
- 2 units of blood transfused, postoperative period uneventful.

1. Baloniak B, Jasinskil O, Prews K, Slomko Z. Morphologic pattern of uterine myomas enucleated at cesarean section. *Clinical Pol.* 2002 Apr;73(4):255–259.

2. Kwawkume EY. Myomectomy during cesarean section. *Int. J. of Gyn. & Obs.* 2003;76:183–184. doi: 10.1016/s0020-7292(01)00586-0.

3. Cesarean myomectomy in the last ten years; Manu Goyal et al. *Eur J Obstet Gynecol Reprod Biol.* 2021 Jan.