

# A Rare Case Report Onpregnancy with Fibroid Managed in a Tertiary Care Centre of Jharkhand

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**Abstract:** This is a case report of 28yr old woman with 33 weeks of pregnancy with a large sessile cervical fibroid originated from vaginal portion of cervix. She came with the complaint of something coming out p/v, so found to be a degenerated cervical fibroid which was removed under local anaesthesia. She was in observation for 48hrs for the risk of PPRM or preterm labor and then closely monitored antenatally. At around 36weeks she came in labor room and deliver vaginally.

**Keywords:** PPRM, Preterm Labor

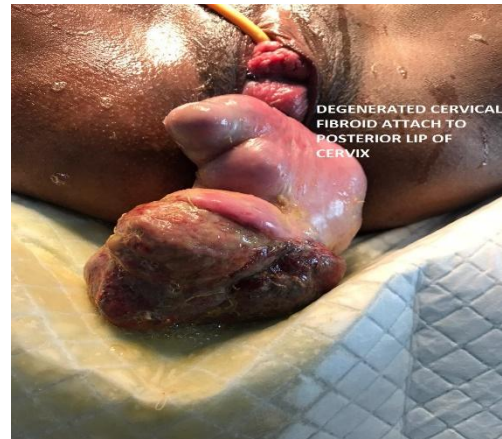
## 1. Introduction

Fibroids are the most common tumors of the uterus and the female pelvis. They represent an infrequent cause of infertility and pregnancy in fibroid uterus is not rare [1]. The pregnancy with fibroid uterus has a incidence of approx. 2% [2]. Prevalence of cervical fibroid with pregnancy in today's era is <1% [3]. A cervical fibroid with pregnancy is a rare occurrence with unique management difficulties. Sessile cervical fibroid arising from the vaginal portion of cervix, in pregnancy is extremely rare. About 1/3 of fibroids increases in size during pregnancy and are associated with various complications like miscarriage, bleeding in early pregnancy, degeneration in fibroid, preterm labor, malpresentation, labor dystocia, obstructed labor, postpartum hemorrhage and increase incidence of cesarean section [1].

## 2. Case Presentation

A 28yrs primigravida came in emergency in 33 weeks of pregnancy with fullness in vagina since 3 months and something coming out P/V since 4-5 days. There was no associated pain in abdomen or difficulty during micturition or defecation. She was unbooked and immunized with 2 TT doses at anganwadicentre and had a recent scan showing single live intrauterine fetus of 32 weeks 3 days by BPD and FL with anterior grade 3 placenta and adequate liquor. There was past history of intermenstrual bleeding since 5 months before pregnancy.

On examination, she was average built, normotensive with moderate pallor. On per abdomen examination, uterus 32wk size, relaxed, cephalic presentation with reassuring FHR. On perineal examination, a firm irregular mass of approx 12\*8cm seen outside the introitus. On internal examination, the mass was sessile, firm, irregular attached to vaginal portion of anterior lip of cervix, diagnosed as degenerated cervical fibroid, os was closed.



**Figure 1:** Showing degenerated cervical fibroid



**Figure 2:** Showing per speculum examination for assessing the attachment of the base of the pedicle of fibroid

Investigation done, shows Hb as 7.2g%, ABO/Rh= B+, serology- NR, Blood sugar- WNL. Dexamethasone coverage given, counseled regarding the risk of preterm labor, PPRM. Under L/A, mass was clamped, tied and cut at the base and hemostasis secured. 1 unit PRBC transfused and

after 48hrs, ferrous carboxymaltose 500mg injected. After OT, uterus was relaxed, FHR reassuring and cervical os closed. She has been monitored for 48hrs for the signs and symptoms of preterm labor or PPROM. Oral antibiotic advised for 5days then discharged and advised for regular ANC visit in gynae OPD. Cut section of the mass shows cystic degenerated fibroid, which was then sent for HPE. At 36wks 5days of gestational age, she came in labor room with labor pains and deliver an alive preterm female baby of 2.3kg vaginally.



**Figure 3:** Showing sutured base of pedicle to posterior



**Figure 4:** Showing cut section of fibroid bleeding point on lip of cervix

### 3. Discussion

Cervical fibroids may be on supravaginal or vaginal portion of cervix. It may be classified as anterior, posterior, lateral and central. Supravaginal fibroids can be central and displaces uterus superiorly. If a pregnant women present with this type of fibroid, cesarean section is the only option left as the mode of delivery. Size of fibroid increases significantly in pregnancy and had more chances of degeneration. Red degeneration/ carneous degeneration is the most common among them [2]. At the time of delivery, it should be usually managed conservatively. Pedunculated cervical fibroids in pregnancy may present with recurrent vaginal bleeding and can be removed vaginally during pregnancy. Sessile cervical fibroid arising from cervical lips of vaginal portion during pregnancy are very rare with only 3-4 cases reported in the literature. They increase in size rapidly as in our case and myomectomy can be done vaginally as we have done in this case. But the chances of preterm labor and spontaneous rupture of membrane increases, so patient has been counseled regarding the risk and prognosis of the procedure. So, it is important to anticipate the issues that could be faced in pregnancy and counsel patients adequately to seek multidisciplinary help early.

### 4. Conclusion

The case report shows that mostly cervical fibroid increase in size during pregnancy very rapidly and should be managed according to site, size and symptoms of the patient. There is very high chances of secondary changes of fibroid in pregnancy like in above mentioned case. Myomectomy can be done vaginally if it is protruding outside the introitus after patient's proper counseling regarding the risk of preterm labor and rupture of membranes. Future pregnancies should be monitored with the cervical length to reduce the risk of miscarriage and preterm labor.

### References

- [1] Gandhi Animesh C, Dugad Hemant I, Shah Yatin (2014). A rare presentation of cervical fibroid in pregnancy. *Annals of African Medicine Journal*, volume 13(2) Pg 88-90.
- [2] Williams obstetrics, 25<sup>th</sup> edition, Pg 1195-1197.
- [3] Ng XA, Sulaiman S, Tagore S (2016), Challenges of a large fibroid in pregnancy. *Obstet Gynecol Int J* 5(3):00161.