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Missed Abortion Associated With Subserosal Leiomyoma

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Abstract: Subserosal leiomyomas rarely have any significant effect on a pregnant uterus, but very large ones may compress the uterine cavity in early pregnancy resulting in abortion. A 32 year old female presented with vagina bleeding for days. There was a 3 month history of amenorrhoea. Her last confinement was 3 years prior to presentation which ended with vaginal delivery with no complication. However, obstetric ultrasound scan done 3 years earlier during the first pregnancy showed a subserous leiomyoma at the fundus of the uterus. On examination, the uterine size was greater than the gestational age. Abdomino-pelvic ultrasound showed huge degenerating leiomyoma extending from the uterine fundus to the left lobe of the liver. The uterus was anteverted and harbours a 12 week non-viable foetus which appeared compressed in the upper aspect of the uterine cavity. The size of the myometrium was normal for the gestational age. An impression of missed abortion associated with a huge degenerating subserous leiomyoma was made.

Keywords: Subserosal leiomyoma; First trimester bleeding; Missed abortion.

1. Introduction

Leiomyoma (fibroid) is the most common uterine neoplasm in women of reproductive age. [1, 2] It may coexist with pregnancy and predispose to pregnancy complication which includes antepartum bleeding, miscarriage and preterm labour [3-5].

The effect of leiomyoma on a present uterus depends on their location and size [3, 4]. Cervical fibroids may obstruct labour and prevent the foetal head from engaging in late pregnancy [6]. Submucous fibroid may prevent fertilized embryo from implanting [6]. Submucosal fibroid can also distort the endometrial cavity [7]. Pedunculated subserosal fibroids can undergo torsion especially when it enlarges and may present as acute abdomen in the first trimester of pregnancy [3]. Subserosal fibroids at the uterine fundus may cause little or no abnormality but may cause the uterus to lie in abnormal position [4, 6, 7].

2. Objectives

This case report investigated the effect of Subserosal leiomyomas on a pregnant uterus.

3. Case Report

A 32 year old female presented with vagina bleeding for days. It started with spotting on the first day and became profuse by the second day. There was a three month history of amenorrhoea, her last confinement was 3 years prior to presentation which ended in vaginal delivery with no complication.

On examination, the patient was anxious looking, mildly pale, anicteric and had no pedal oedema. The uterine size was greater than the gestational age, there was a lobulated palpable mass in the left side of the abdomen extending from the pelvis to the epigastric region, it was firm, immobile and non-tender.

Abdomino-pelvic ultrasound scan showed a huge mass extending from the uterine fundus to the left lobe of the liver. It was well circumscribed with hyper and hypo echoic area. There was a large hypo echoic area within which hyper echoic tentacles were flapping up and down as if swimming within it. (Fibroid degeneration) [Fig 1]. The uterus was anteverted and harbours a 12 week non-viable foetus which appeared compressed in the upper aspect of the uterine cavity. The size of the myometrium was normal for the gestational age and no evidence of mass lesion seen within it [Fig 2].

The liver, gallbladder, kidneys and spleen were within normal limits. There was no evidence of ascites.

A previous ultrasound scan done 3 years earlier during first pregnancy showed a subserous fibroid at the fundus of the uterus, an impression of missed abortion associated with degenerating subserosal fibroid was made.

Uterine evacuation was done and myomectomy was carried out later. A huge lobulated subserous uterine mass was removed, post-operative recovery was uneventful and patient was discharged on the 7th post-operative day. Histopathology result showed degenerating leiomyoma.

4. Discussion

Leiomyoma have been a problem facing the reproductive age groups [3]. They predispose to some complication in pregnancy such as antepartum haemorrhage, preterm labour and miscarriage [3, 7]. About 15% of cases with fibroid during pregnancy have pain and this can be severe if the fibroid is undergoing red degeneration [3, 7, 8].

Though, subserosal leiomyomas usually pose little or no problem to a pregnant uterus, [4, 5, 7], this case report is an exception where a huge degenerating subserosal leiomyoma compressed the pregnant uterus resulting in missed abortion. This subserosal fibroid was seen at the uterine fundus of the patient during the first pregnancy, the patient was advised not to worry about the fibroid that it would not affect the pregnancy including subsequent ones.

Unfortunately, this subserosal fibroid grew to enormous size within a period of 3 years when the patient became pregnant the second time, the leiomyoma compressed the uterine cavity resulting in missed abortion.

Any huge subserosal fibroid can pose a danger to a pregnant uterus, especially in the first trimester as seen in this case report. Even pedunculated subserosal leiomyoma has caused a lot of problem to pregnant mothers [3]. Torsed subserosal fibroid can present with acute lower abdominal pain mimicking lower abdominal peritonitis [3].

Surgery is the solution for a torsion of a pedunculated subserosal fibroid [3], even when the patient is in its first trimester pregnancy, laparoscopic excisional myomectomy can be successfully done without interfering with the pregnancy [3].

Subserosal leiomyoma can undergo red degeneration, bleeding or torsion around the stalk and can become painful and acute giving signs of lower abdominal peritonitis [3, 4].

5. Conclusion

With this case report, the former concept about the subserosal (not pedunculated) fibroids has to change. A huge fundal degenerating subserosal leiomyoma compressed the uterine cavity leading to first trimester vaginal bleeding and subsequent missed abortion. Also every fibroid in a pregnant uterus should be monitored so that management can be applied at appropriate time to prevent harmful effect on the foetus or mother.

Legends to Figures

Figure-1. Abdominopelvic ultrasound scan showing a huge degenerating leiomyoma with hyper and hypo echoic areas.

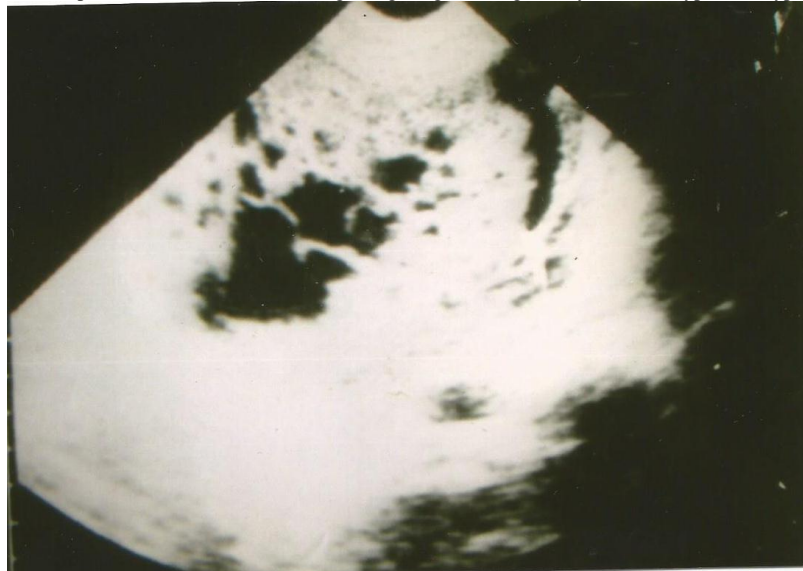
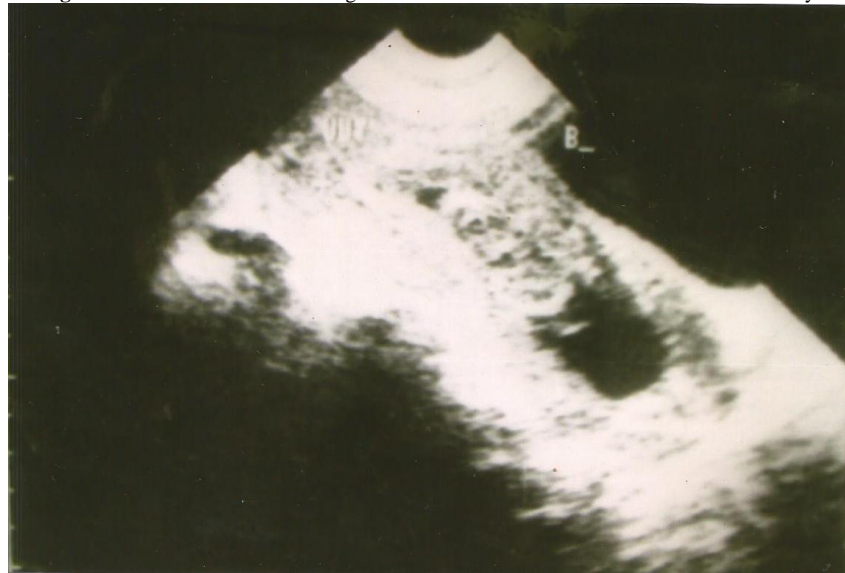


Figure-2. Pelvic ultrasound showing a 12 week non-viable foetus within the uterine cavity.



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