



Original Article

Myomectomy During Caesarean Section : A Safe Procedure

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Abstract

Caesarean myomectomy which had traditionally been discouraged has recently frequently employed to remove myoma at the time of caesarean section. If myomectomy during caesarean delivery become a wide spread. Practice, it could potentially eliminate multiple surgeries for both indications. So, we decided to do caesarean myomectomy for dual indications. This was a prospective study was done in different private clinic in Rajshahi from January 2012 to 2015. Total 20 pregnant women of different size fibroid were included in the study. Patients evaluated by age, Parity gestational age, any difficulty during operation, a blood loss during surgery and post operative complications. 20 cases were included in the study. There is no maternal mortality and as well as perinatal mortality.

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Introduction

Uterine leiomyoma are the commonest type of benign tumour of female reproductive tract during the reproductive age group with an incidence ranging from 5.4 to 7.7%¹². The incidence of uterine myoma during pregnancy has been reported to be 2%³. Traditionally obstetricians had avoided performing myomectomy during caesarean section of fear that bleeding may be intractable as a result of the increased vascularity of the pregnant uterus. The frequency of fibroid in the lower uterine segment may be an indication for classical caesarean section. Recent reports indicate that myomectomy at the time of caesarean section, can be safely undertaken by skilled practitioners⁴. A prospective randomized study including 29 women found that future fertility and or subsequent pregnancy outcome was unaffected by caesarean myomectomy⁵. This study was planned to see the safety and feasibility of performing myomectomy during caesarean section.

Material and Methods

This prospective study was carried out from January 2012 to January 2015 in different clinics of Rajshahi. Diagnosis of myoma was confirmed by ultrasonography. 20 pregnant mothers were included in the study.

Irrespective of the situation of the myoma incision was given over the myoma and enucleating the myoma. The dead space was obliterated by interrupted sutures with 1-0 vicryl. If the myoma was located in the lower uterine segment encroaching the proposed line of incision then myomectomy was done prior to delivery of the baby. But in other cases myomectomy was resorted after delivery of the baby. The women were analyzed as regards to age and parity, location and size of the fibroid, blood loss during surgery and post-operative complication.

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Results

Table-I: Age, parity gestational period of patients (n=20)

Variables	Number	%
Age		
20-30	14	70%
30-40	5	25%
40-50	1	5%
Parity		
0	12	60%
1	4	20%
2	4	20%
Gestational Period		
Term	18	90%
Preterm	2	10%

Twenty patients had selective myomectomy at caesarean section during the study period. The mean age of the patients was 31 years. Fourteen patients (70%) were less than 30 years, 6 patients (30%) were above 30 years. A significant number of patients (60%) were primigravidae. Eighteen (90%) of pregnancies were term pregnancy, 2 (10%) were preterm between the gestational age 34-36 weeks.

Table-II: Indication caesarean myomectomy.

Variables	Number	%
Fibroid in the lower uterine segment	15	75%
Anterior subserous Fibroid	2	10%
Pedunculated fibroid	4	15%
Timing of surgery		
Elective	18	90%
Emergency	2	10%

Table-II: Shows 18 patients (90%) had elective surgery and 2(10%) had their surgery done on emergency basis. Fibroid in the lower uterine segment was the commonest indications of selective caesarean myomectomy 15 (75%) patients.

Table-III: Difficulty in extraction of baby during operation (n=20)

Variables	Number	%
Difficulty in extraction of baby	5	25%

Table-III: Shows 5 (25%) were encountered difficulty during extraction of baby because fibroid remain in one side size of fibroid about 11 cm & baby remain in other side So, difficulty in extraction of baby. But after extraction the baby remain healthy.

Table-IV: Location, type, size of the fibroid removed.

Variables	Number	%
Location of fibroid removed	N=20	
Lower uterine segment	15	75%
Upper uterine segment	5	25%
Type of fibroid removed(n=20)		
Intramural fibroid	12	60%
Submucous fibroid	6	30%
Pedunculated fibroid	2	10%
Size of fibroid removed		
8-20 cm	12	60%
Less than 8 cm	8	40%

Table-IV: Shows that 15 patients (75%) had fibroid removed in the lower uterine segment, 5 patient (25%) in the upper uterine segment. Type of the fibroid were intramural 12 patients (60%), subserous fibroid 6(30%) and 2 (10%) pedunculated fibroid were removed.

Table- V: Estimated blood loss at surgery, blood transfusion & complications n=20)

Variables	Number	%
Estimated blood loss surgery		
750-1000 ml	10	50%
500-750 ml	10	50%
Blood transfusion		
Yes	15	75%
No	5	25%
Complication		
Anaemia & Blood Transfusion	2	10%
Puerperal pyrexia& sepsis	2	10%

Table-V: Shows blood loss during surgery 750-1000 ml in 50% patient. Fifteen (75%) received blood transfusion. The maternal morbidities were anaemia, patients with pyrexia, and sepsis 2(10%) of the 20. There was no maternal mortality and perinatal mortality.

Discussion

Caesarean myomectomy was practically absent from the obstetric literature until the last decade⁶. This was due to risk of hemorrhage associated with the procedure and the need of blood transfusion. The training had been to do interval myomectomy. Howkin and Stallworthy advocate caesarean myomectomy in selected cases⁷. This is particularly so when the myoma is situated anterior in the lower segment line of incision. Roman and Tabshina retrospective study involving women with caesarean myomectomy noted no significant difference in incidence of intraoperative time and hemorrhage, Post partum fever, operative time and hospital stay⁸. Omar et al report two cases where in myomectomy had to be done to facilitate the delivery of the baby during caesarean section with uneventful intraoperative and postoperative period⁹. In our study shows that caesarean myomectomy is not so dangerous. Enucleation of the fibroid is technically easier in gravid uterus owing to greater looseness of the capsule.

Conclusion

Myomectomy during caesarean section is no longer a dreaded procedure as generation of obstetrician have been trained to believe whether to perform before or after delivery of baby has to be individualized depending on the case profile. With the advent of better anesthesia and availability of blood, caesarean myomectomy is no longer a

dreaded job in the hands of an experienced surgeon and in a well equipped tertiary hospital.

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