A case of labour obstruction due to huge isthmic myoma

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Objective

Uterine fibroids are benign monoclonal tumours arising from the smooth muscle. The prevalence in pregnancy is between 1, 6-10, 7%. The majority of these fibroids do not significantly change during pregnancy and frequently remain asymptomatic but if the fibroids grow in isthmic localization, vaginal delivery can be very difficult or impossible and many complications might also occur. In this case, we report histerotomy and concomitant myomectomy after failed labour induction for 32 week intrauterine exitus fetus.

Methods

A 34 year-old gravida 3, para 1, pregnant woman was referred to our Perinatology Clinics at 32 week gestation with diagnosis of intrauterine exitus. Ultrasonographic examination revealed fetal biometry compatible with 32 week breech presentation fetus without cardiac activity, oligohydramnios and an intramural myoma of 143*117mm size with isthmic localization (Figure 1).

Results

Dinoprostone and oxytocin were intermittently used for induction but the patient was unresponsive to both after 5-day hospitalization and laparotomy was decided. As the isthmic located huge myoma was overlaying the lower transverse segment, fetus and placental membranes were removed via a right lateral j-shaped histerotomy. Istmic located intramural myoma of 180*140mm size was resected with sharp and blunt resection (Figure 2). Postoperative hemoglobin level was 10, 0 g/dL and the patient was discharged on postoperative 5th day. Pathologic examination was consistent with leiomyoma (Figure 3).

Conclusion

Studies have reported that uterine fibroids are associated with an increased risk of cesarean delivery, especially when the fibroids are located in the lower uterine segment. Isthmus located leiomyomas may prevent progression of labour. In patients who are candidates for labour induction, cesarean section can be preferred if isthmus located leiomyoma is above 10 cm.