A case of cesarean section complicated by a giant myoma uteri
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Objective
To present the management of the cesarean section of a patient with a giant myoma uteri.

Methods
Case report.

Results
A 42-year-old gravida 4 para 3 woman was referred to our perinatology clinic (tertiary center) at 34 weeks of gestation for peripartum care because of the presence of a giant myoma uteri. The personal and family history of the patient were unremarkable. Ultrasonography during our initial examination revealed a single viable fetus and biometrical measurements consistent with the gestational ages of 34 weeks. The amniotic fluid volume was within the normal ranges. In addition, an intramural huge myoma (20x15cm) was detected. An emergency cesarean section was offered due to the presence of non-reassuring fetal status. A pfannenstiel incision was performed. On pelvic examination, the uterus was distorted by the huge myoma. A vertical uterine incision was performed in order to reach the uterine cavity. During the incision, necrotic parts of the myoma was resected. This action made the uterus turn to its normal position. Then a 2890 gr male fetus was born with the APGAR score of 7. After the control of hemorrhage, gross myomectomy was completed. 2 units of erythrocyte suspension, 1 unit of fresh frozen plasma and 1 grams of fibrinogen was transfused after the intraoperative hemoglobin levels dropped to 5 g/dl. Postoperative follow-up was uneventful and the patient was discharged in good condition on the sixth postpartum day.

Conclusion
Proper management of the cesarean section of patients with huge myoma enables favorable perinatal outcome and complications.