



A case of embryo implantation at the time of myomectomy

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Objective

To present a rare case of pregnancy with no interval between laparoscopic intramural myomectomy and embryo implantation.

Methods

Herein we present a case report and review of the literature.

Results

A 39-year-old woman was referred to the University Medical Centre Ljubljana for laparoscopic myomectomy of a 6 cm intramural myoma with a history of increased urinary frequency and urgency. There was also a one year history of infertility. The laparoscopy was scheduled on the 23rd day of the regular cycle; myoma of the posterior wall was removed using a harmonic scalpel. The endometrium was gently removed from the myoma without opening the uterine cavity. The vertical incision of the posterior wall was sutured in one layer using size 0 polydioxanone (PDS) resorbable sutures, without bipolar electricity for haemostasis. Performed perturbation confirmed the patency of the left tube but not the right one, despite its normal appearance. The patient was advised to plan pregnancy after 6 months and deliver with caesarean section. On postoperative day 24, the patient was admitted to the emergency for nausea and vomiting. Ultrasound confirmed an intrauterine pregnancy of 7 weeks. Placenta was on the posterior wall over the scar, where a 3 cm seroma was seen. Since she declined abortion, pregnancy was closely followed up with ultrasound controls and resting was advised. At 16 weeks, additional progesterone was prescribed and regular defecation advice was offered to minimise possible abdominal contractions. Serial scans revealed satisfactory fetal growth and stable 2.5 cm seroma in the posterior wall with 5 - 10 mm myometrium on each side. The pregnancy was uneventful until week 32, when the patient developed tonisations and was admitted to our hospital, where 14 mg of betamethasone was administered. After 5 days, caesarean section was performed due to fetal distress, breech presentation and a history of myomectomy. Posterior wall revealed an area of 2x2 cm of thin myometrium. A 1.6 kg boy with Apgar scores of 8 and 9 at 1 and 5 min, respectively, and an umbilical artery pH 7.30, was delivered. The baby was admitted to the neonatal ICU only due to prematurity and was discharged after 17 days.

Conclusion

The uterine wound healing process after abdominal myomectomy is completed in 12 weeks, in the absence of hematoma or edema formation in the myometrium, with recommendations for the conception interval ranging from three to six months. The incidence of uterine rupture during subsequent pregnancy following myomectomy, with safe healing interval, is rare and varies between 0% and 1.2%. In our case, placenta was positioned over the post - myomectomy scar with seroma and a very thin layer of myometrium. We planned a caesarean section at week 34, but a non - reassuring foetal heart rate forced us to perform it two weeks earlier. A well sutured myometrium without the use of bipolar electricity for haemostasis and placenta covering the scar, perhaps, contributed to the uterus withstanding growing pregnancy pressure. Additionally, all known preventive measures to enhance healing and relax the uterus were advised, in order for this high - risk pregnancy to have a successful outcome.

