

## A case of myomectomy in pregnancy

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### Objective

To review the current literature for risks, indications and technique of myomectomy in pregnancy, and to discuss obstetric risks in pregnancies after previous myomectomy.

### Methods

We searched the pregnancies in MEDLINE through Pubmed from January 2000-December 2016 for the keywords myoma and pregnancy. We also searched the Cochrane database. Initially, we restricted our search to reviews in the English language, both narrative and systematic reviews. Because the number of studies retrieved was too small we extended our search by including relevant cohort studies, case-control studies, case series and case reports by doing a second search for English written observational studies on laparoscopic myomectomy in pregnancy from 1992 till now.

### Results

Laparoscopy seems to be the best choice in myomectomy in pregnancy, as it provides a better intra-abdominal visualisation than laparotomy. All necessary precautions to prevent hypotension and hypo-oxygenation of the pregnant woman should be taken and also, the surgical technique is of great importance. The risk of uterine rupture after previous myomectomy appears to be low. However to ascertain the risk factors of rupture is difficult due to the small number of cases reported. We found only two case reports presenting a placenta accreta after hysteroscopic myomectomy.

### Conclusion

Limited evidence shows that laparoscopic myomectomy in pregnancy may be offered in selected cases as a safe procedure. The risk of uterine rupture in pregnancies after myomectomy may be very low: therefore, allowing them being in labor may be a safe option for these women. However, data on the safety of delivery after myomectomy are underreported in the literature and at high risk of bias.

