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A rare case of a large fibroid causing bowel obstruction

Jude Kumar [1] & Roshini John [1]
Obstetrics and Gynaecology, Shoalhaven District Memorial Hospital, Nowra, New South Wales, Australia[1]

INTRODUCTION

Fibroids are the most common gynaecological tumour. Symptoms that arise from a fibroid range from heavy period bleeding to mass effect leading to urinary symptoms or constipation. Life-threatening complications are rare. [1,]

CASE HISTORY

29 year old patient, 7 weeks postpartum presents with one day history of right lower abdominal pain with nausea and vomiting. During her course of admission in hospital, she had developed symptoms of obstruction with bilious vomiting.
Known history of a large fibroid, 17cm, first diagnosed in early second trimester. On examination, all vital signs were normal, however, the patient appeared clinically dehydrated. A firm mass was palpated in the right iliac fossa and there was focal tenderness in this area.

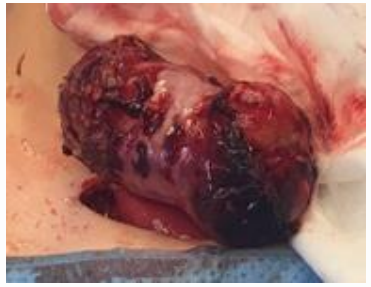
INVESTIGATION

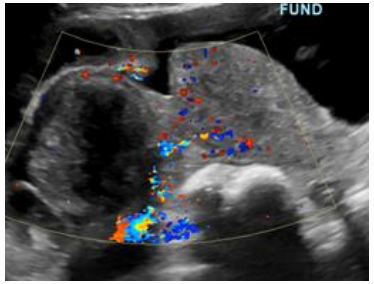
Laboratory investigations on admission showed normal electrolytes and inflammatory markers. When repeated the next day, her inflammatory markers had risen to WCC 12 and CRP of 35. Pelvic ultrasound *(bottom left)* showed two uterine fibroids; with one measuring 65 x 57 x 118mm in size. Free fluid was seen. A CT abdomen *(bottom right)* confirmed the presence of a large fibroid and did not show features of appendicitis however, it showed fluid and stranding in the surrounding tissue.

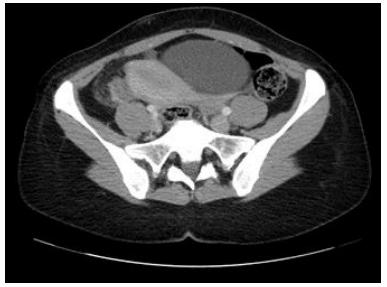
MANAGEMENT

Given clinical deterioration supported by worsening inflammatory markers and ultrasound findings, a joint decision between the gynaecology and general surgery team was made to perform laparoscopy. Laparoscopy showed a large serosal, pedunculated fibroid with bands to small bowel and omentum. These fibrous adhesions were strangulating the bowel.

An incidental finding of a Meckels diverticulum was also encountered. The adhesions between the fibroid and small bowel were released laparoscopically. Considering the large size of fibroid and absence of facility for morcellation, laparotomy was performed and the fibroid was resected. The specimen measured 11cm in size *(right)*.







DISCUSSION

Intestinal obstruction due to fibroids are rare with only a few documented cases in literature[3]. Although most cases of fibroid degeneration can be managed conservatively, careful monitoring of clinical progress is required as life-threatening complications like haemorrhage, obstruction and torsion can occur[1,2,3]. Increasing severity of pain, and up-trending inflammatory markers as well as the presence of free fluid on repeat pelvic ultrasound indicate that the patient was deteriorating and urgent surgical intervention was necessary.
Compared to the case reported by Daniel et.al in which, bowel resection was required for necrosis of bowel, in this case, prompt laparoscopy ensured viability of bowel.

CONCLUSION

Conservative management of fibroids is the first line of management if degeneration is suspected, however, serious complications can occur. Close clinical monitoring of progress with appropriate investigations and multidisciplinary team approach is necessary to prevent life-threatening complications. In this case, timely surgical intervention prevented bowel ischemia and the patient recovered well.

REFERENCES:

1) Borah, B. J., Nicholson, W. K., Bradley, L., & Stewart, E. A. (2013). The impact of uterine leiomyomas: a national survey of affected women. *American Journal of Obstetrics and Gynecology*, *209*(4), 319.e1–319.e20.
2) Sas, D., Yang, F. J., Agbayani, N., & Li, S. F. (2020). Small bowel obstruction caused by massive fibroids. *The American Journal of Emergency Medicine*, S0735-6757(20)30704-X
3) Tan, Yiap , Naidu, Aruku (2014). Rare postpartum rupture of degenerated fibroid. Journal of obstetrics and gynaecology research. 40 (5), 1423-1425