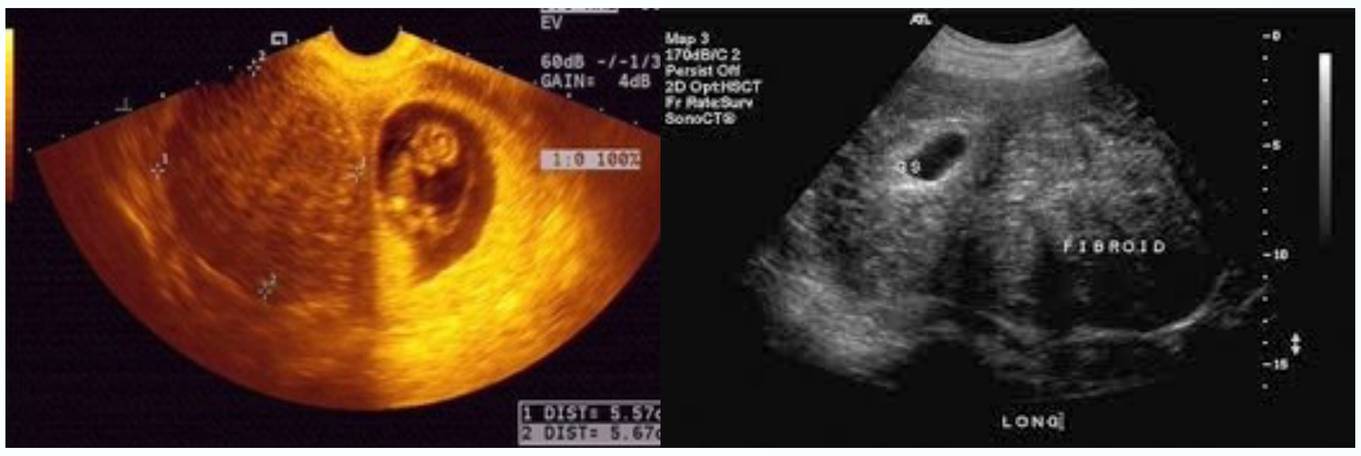
RANZCOG
Annual Scientific Meeting 2022
GOLD COAST
Transformation: Making Waves

A DIFFERENT APPROACH TO TERMINATION OF PREGNANCY & MANAGEMENT OF RETAINED PRODUCTS OF CONCEPTION IN A WOMAN WITH A MASSIVE MULTI-FIRBOID UTERUS & DISTORTED ENDOMETRIAL CAVITY

Naomi Smith, Hugo Benness, Jacob Halliday, Stephanie Sii, Rebecca Deans

[1]*Royal Hospital for Women, Sydney, Australia*



Introduction

Management of miscarriage or termination of pregnancy in a woman with a massive multi-fibroid uterus and distorted endometrial cavity can be challenging and requires careful planning and a multidisciplinary approach.

Objectives

Our case demonstrates an uncommon concurrent approach to a termination of pregnancy and management of retained products of conception in a woman with a large multi-fibroid uterus.

Case

We report a case of 40-year-old woman with an unplanned 12-week pregnancy with a rapidly enlarging fibroid from 6cm to a 24cm in size. After detailed counseling, the woman elected to have a medical termination of pregnancy. The fetus was delivered but she had a retained placenta despite repeated doses of misoprostol. She subsequently developed sepsis and became haemodynamically unstable. The decision was made to proceed with surgical intervention.

Management

Multidisciplinary planning involving the gynaecology oncology and anaesthetic team was conducted. Given the grossly distorted fibroid uterus, a routine suction evacuation could not be performed. The decision was made to perform a midline laparotomy and abdominal myomectomy with temporary clamping of the common iliac arteries to minimise blood loss. Care was taken not to breach the uterine cavity. She proceeded to have a transcervical suction evacuation of retained products under intra-abdominal guidance. She had a total blood loss of 2.2L and required 2 units of blood and an iron infusion postoperatively.

Conclusion

Our patient is a successful case of concurrent laparotomy myomectomy and suction evacuation of retained products in whom uterine aspiration is not possible. Detailed planning and pre-operative counseling are required. Care should be taken to minimise blood loss intraoperatively given the risk of bleeding.

References

1. *Mark K, Bragg B, Chawla K, Hladky K. Medical Abortion in Women with Large Uterine Fibroids: A Case Series.. Internatiaonl Reproductive Health Journal 2016; 94 (5): 572-574*

2. *Eyong E, Okon O. Large Uterine Fibroid with Successful Caesarean Myomectomy. Case Report Obstetrics Gynaecology 2020; 2020: 8880296*

3. Al-Beiti M, Lu X. Termination of Pregnancy in the Second Trimester by Hysterotomy in View of a Huge Cervical Fibroid. Research Journal of Obstetrics & Gynaecology 2008; 1:6-8

4. Tigdy J ,Chan C. A Care Report of Overcoming an Obstructive Pedunculated Cervical Fibroid at the Time of Uterine Evacuation. Case Report Obstetrics Gynaecology 2019: 2019: 2651680

Disclosure
The authors declare no conflict of interests