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(CASE REPORT)

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Myome Praevia: A case report

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Abstract

Uterine fibroids are quite common, affecting 20% of women of childbearing age. Their association with pregnancy ranges from 0.5% to 4%, making it a high-risk pregnancy. They can interfere with the process of pregnancy, labor, delivery and even the postpartum period.

Monitoring of the pregnancy should be cautious but not aggressive. Monitoring will be based on clinical examination and ultrasound.

A fibroid praevia observed on ultrasound is an indication for cesarean section.

We report a case of myoma previa, followed in our training since 14 WA.

Keywords: Fibroma; Obstacle; Complication; Hemorrhage

1. Introduction

Uterine fibroids affect 20% of women of childbearing age. Their association with pregnancy varies from 0.5% to 4%, which increases the risk of pregnancy complications. The prevalence of fibroids varies according to ethnicity and age of the patient. They can interfere with the process of conception, pregnancy, labor, delivery and even the postpartum period.

2. Clinical case

This is a 27 year old G1P1 patient, with no particular history. Followed in our training since 17 AW, with a normal prenatal check-up. The patient benefited from several consultations, which allowed the diagnosis of a myoma praevia.

Morphological ultrasound did not show any fetal or placental abnormality.

At 36 AW+6d, an obstetrical ultrasound was performed and showed a progressive monofetal pregnancy, cephalic presentation, placenta in posterofundial position. The biometry corresponded to the gestational age. The fetal weight was estimated at 3100g and the anterior isthmic myoma measured 9cm*7cm (Figure 1) (more than 4 cm since the beginning of the ultrasound monitoring).

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Figure 1 Ultrasound showing the myoma in the lower segment of the uterus

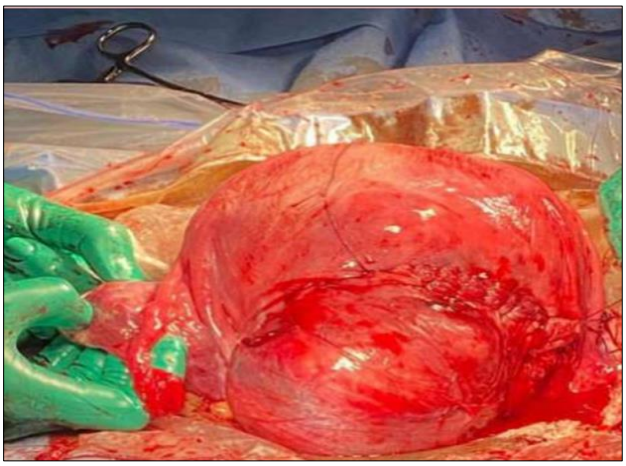

Figure 2 Myoma after hysterotomy closure

A prophylactic caesarean section for myoma previa was indicated at 39 AW, at exploration a myoma previa was found measuring 9cm of long axis. The postpartum period was simple for the child and for the mother, notably no postpartum hemorrhage. No therapeutic gesture on the myoma was done during the caesarean section. (Figure2)

3. Discussion

Fibroids occur in 1 to 7% of pregnancies. They are more often detected by ultrasound than by clinical examination.

The risk factors for fibroid development are advanced maternal age, African race (relative risk [RR] = 2.9), early onset of menarche (RR = 1.24), history of first-degree fibroids (RR = 2.5), obesity (RR = 1.2), diabetes (RR = 1.5) and hypertension (RR = 2).

Due to the very high concentration of estrogen receptors in the myomatous tissue, structural changes occur in the myoma.

Thus, hypertrophy and softening by hyperplasia of the smooth muscle fibers can be observed, which can lead, in the extreme, to necrobiosis.

Although frequent, these changes are most often variable and unpredictable: 70% of fibroids remain stable; 30% increase in size, most often before 10 AW; 5% will develop aseptic necrosis.

As for obstetrical complications, there are high rates of caesarean sections, spontaneous miscarriages, premature deliveries, intrauterine growth retardation, and post-partum hemorrhage. The latter are explained by the difficulties of uterine retraction and involution associated with fibroids,

Cervical or isthmic fibroids may interfere with ampliation of the lower segment and accommodation of the presentation, and breech or transverse presentations are more frequent

Patients should always be informed of the risks of hemostasis hysterectomy.

4. Conclusion

The association of fibroma and pregnancy constitutes a high-risk pregnancy for the mother and the fetus. Monitoring of the pregnancy must be cautious but not overly aggressive. Monitoring will be based on clinical examination and ultrasound.

It is important to correctly determine the location and size of the fibroids by ultrasound and to evaluate their evolution during the pregnancy.

Compliance with ethical standards

Disclosure of conflict of interest

The authors report no declarations of interest.

Statement of Ethical approval

Exempt from ethical approval in my institution.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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