

"MYOMECTIONY - A STUDY OF 50 CASES"

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SUMMARY

A series of 50 cases of fibromyoma undergoing myomectomy at the Lokmanya Tilak Municipal General Hospital, Sion, Bombay 400 022 in the years 1987-1989 have been presented here and analysed. An attempt is also made to discuss features of a leiomyoma and review the literature available on the subject. Our series gave an incidence of 2.5% of all gynaecologic admissions with menstrual abnormalities present in almost 70% patients. The incidence of the anatomical location of the fibroids was found to be in the uterus in 92% of cases and in the cervix in 8% of cases. Abdominal myomectomy was undertaken in 49 patients and in our series there was no mortality.

INTRODUCTION

One of the most common human tumours and much the most frequent uterine neoplasm is the myoma which infrequently disturbs the life or uterine function of many females in whom they develop. Autopsy studies have shown that approximately 20% women over 30 harbour uterine myomas of various sizes, though often there have been no symptoms produced. The first myomectomy was done by Amussat in France in 1840, followed up by Bonney removing 225 tumours from the same single uterus. Myomectomy is a relatively safe operation in good hands. It is an operation of choice among

those patients who are young and who desire to preserve their menstrual and child bearing functions.

MATERIAL AND METHODS:

We have studied 50 patients with fibroids undergoing myomectomy at our institution from 1987-1989. The incidence of fibroids in our series was 2.55 of all gynaec admissions. In our series, the maximum number of patients i.e. 74% were between 31 and 40 years of age. 50% of our patients were either nulliparous or had only one child. This is comparable to an incidence of 48% given by Reddy and Malathi. Our series showed that 28% of patients had their last delivery more than 5 years before admission. Prominent symptoms encountered in our study included men-

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strual abnormalities, infertility, pain in abdomen and lump in abdomen. (Tabel 1) Whena detailed study of different menstrual symptoms was made, it was found that menorrhagia was the commonest with an incidence of 34% followed by dysmenorrhoea in 18% polymenorrhoea in 12% and metrorrhagia in 6%. All cases were investigated prior to surgery. Majority (60%) had hemoglobin below 10 gm%. pre-operative diagnostic curretage was undertaken in 30 cases but in non endometrial carcinoma was found. Husbands semen analysis was performed in the infertile patient undergoing myomectomy and was found to be normal in all cases. Blood was grouped and corossmatched and 2 bottles were kept ready for each and every case. Consent for hysterectomy was taken before each case. In our series there was no case of fibroid associated with pregnancy.

TABLE I

INCIDENCE OF DIFFERENT EYMPTOMS IN PRESENT SERIES

Symptoms	No. of Cases	Percentage
1. Menstrual Abnormalities	35	70%
2. Infertility— Primary	14	28%
Secondary	6	12%
3. Lump	10	20%
4. Pain in abdomen	12	24%
5. Pressure symptoms		
a. Frequency of micturition	4	8%
b. Constipation	3	6%
c. Retention of urine	1	2%

OBSERVATION AND ANALYSIS :

Abdominal myomectomy was undertaken

in 49 patients. In one patient tumour could be removed vaginally as it was confined to portio vaginalis. In our series the incidence of uterine fibroids was found to be 92% and that of cervical fibroids 8%. This is comparable to the incidences given by different authors. Masani k.m. (982) has given incidence of uterine fibroids as 90-92% and cervical fibroids as 8-10%Pinto Rosario has given an incidence of 95.4% for uterine fibroids and 4.6% for cervical. In our series, the number of interstitial fibroids were 38, number of subserous fibroids wre 18 and submucous were 10. No extrauterine fibroids were encountered in our series. During the operation, bleeding from uterine wall was controlled by Bonneys clamp or a rubber tourniquet placed around the lower part of the uterus. Myomectomy was accompanied by a plication of round ligamnets in order to prevent retroversion of uterus. Myomectomy was combined with a procedure on the tube in the form of salpingolysis, right sided cuff salpingostomy and salpingostomy wiht VSPT in 3 cases. Another patient undervent colpoperinorrhaphy with myomectomy while in one removal of endometrioma of ovary was also undertaken. Fibroids undergo several types of degenerative changes. The commonest degenerative change seen was a hyaline change in 10%, cystic in 4%, necrosis and inflammatory changes in 2% each. Malignant change was not seen in our series. The largest fibroid removed was 8" x 6" in size. 9 of the 50 patients required a total of 21 units blood intraoperatively or postoperatively. 19 patients had febrile morbidity. 6 patients had superficial wound infections and 5 had urinary tract infection. Barring these minor complications there were no major complicaitons. There was no mortality in our series.

DISCUSSION :

Since cure without deformity or loss of function must ever be surgery's highest ideal, the general proposition that myomectomy is a greater surgical achievement than hysterectomy is incontestable. Any woman in the childbearing period found to have symptom causing myoma

and who wishes to have children should be considered for myomectomy. Those who have recurrent abortions in the early months should be seriously considered. The younger the woman, better is the result. There should not be arbitrary age limits but after 35 years, there is a marked reduction in the conception rate (Babaknis et al 1978). In selected cases, myomectomy stands out as a valid procedure with expected good results. Buttram and Reiter (1981) claimed 40% overall pregnancy rate among 1193 women but it was improved to 54% among 76 patients with infertility with no other attributable cause.

CONCLUSION :

If adequate precautions are taken average risk of myomectomy is in expert hands same as

for hysterectomy in corresponding circumstances. Thus it can be concluded that myomectomy is a relatively safe operation in good hands. It is an operation of choice among those patients who are young and who treasure their menstrual function.

REFERENCES :

1. Babaknis A., Rock J. and Jones H. Jr. : *Fertil. Steril.* 30 : 644 1978.
2. Buttram V. and Reiter R. : *Fertil. Steril.* 36 : 433, 1981.
3. Masani K.M. : *A Textbook of Gynaecology Eight edition 1982. Page 355 Popular Prakashan Private Ltd. Bombay India.*
4. Pinto Rosarid Y. : *J. Obstet. Gynaec. India* 18 : 101, 1968.
5. Reddy D.B. and Malathy P. : *J. Obstet. Gynaec India* 13 : 154, 1963.

TABLE I
INCIDENCE OF DIFFERENT SYMPTOMS
IN PRESENT STUDY

Symptoms	No. of Patients	Case
1. Menstrual abnormalities	31	30%
2. Infertility	14	24%
3. Pain in abdomen	10	25%
4. Pressure symptoms	12	32%
5. Pregnancy in intermenstrual period	4	8%
6. Complications	2	4%
7. Symptoms of pain	1	2%