

PREGNANCY WITH LEIOMYOMATA UTERUS - A CLINICAL STUDY

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SUMMARY

Perinatal outcome of 25 cases of myomas complicating pregnancy is presented, 24% of these women had past history of infertility and 32% had past pregnancy wastage. 90% women did have some or other symptoms. 8% women developed dangerous complications and caesarean section rate was 32%. Pregnant women with myomas need special care during pregnancy and child birth.

Leiomyomas are found in 20 to 25% of all women of reproductive age. The reported incidence of myomas with pregnancy varies from 0.3 to 2.6% (Muram et al 1980). Katz et al (1989) reported that 2% of women with obstetrical ultrasound examination during pregnancy were seen to have myoma. However the true sensitivity and specificity of ultrasound in diagnosing myoma is unknown. Even while doing caesarean section one may overlook myoma depending on the location and size. Accurate information regarding the frequency and complica-

tions of myoma in pregnancy is lacking. Uterine myomas in pregnancy can cause spontaneous abortion, premature labour, soft tissue dystocia, uterine inertia, fetopelvic disproportion, malposition of the fetus, retained placenta and post partum hemorrhage (Lelwellyn 1982, Buttram and Reiter 1981. Present study deals with obstetric cases in whom myomas were coexisting with pregnancy with or without causing complications.

MATERIAL AND METHODS

Present study deals with 27 cases admitted with pregnancy where myomas were coexisting. However outcome of 25

cases is presented as two cases were lost to follow up. As all pregnant women are not subjected to sonography or exploration and small myomas are not palpable on clinical examination, true frequency of this problem is not known. Women included in the present study were admitted with or without complications. Diagnosis of leiomyomata was made either clinically with sonographic confirmatory evidence or during caesarean section. Clinically or sonographically suspicious cases were not included.

OBSERVATIONS

Youngest patient was 20 years and the oldest 36 years. 24% had infertility prior to conception; 32% had history of pregnancy wastage, 90% had some or other symptom which could be related to myomas (Table I & II). Fortunately neither our patients presented with or had accidental haemorrhage or post partum haemorrhage. However in one case with multiple fibroids very very heavy peri and post-abortal bleeding occurred and emergency hysterectomy had to be done.

Table I
Age and Gravidity

Age	Gravidity			Total
	G1	G2 - G4	≥ G5	
20 - 25	2	7	—	9
26 - 30	3	8	1	12
≥ 31	5	1	—	6
	10	16	1	27

Table II
Symptomatology of women with leiomyomas in different trimesters

Symptomatology	Trimester of Pregnancy			Total
	First	Second	Third	
Asymptomatic	1	1	—	2
Symptomatic : Pain	4	4	1	9
Bleeding	3	4	—	7
Labour Pains	—	—	9	9
Any other	1	—	14	32
Total	9	9	14	

Some patients had bleeding and pain
Some others had vomiting and pain

Actually 20% women presented with vaginal bleeding (Table III).

In the present study 24% women had infertility prior to conception and bigger number (32%) had past pregnancy wastage, mostly abortions. Serious complications occurred in two patients i.e. 8%. 24% patients did end in spontaneous abortion and we did myomectomy during caesarean section in 3 of our patients (12%); one even of huge size. But others feel that elective myomectomy at caesarean delivery may be safe in carefully chosen patients. It appears that myomas association with pregnancy should always be remembered and when their presence is thought patient should be carefully managed keeping in mind all possible complications.

DISCUSSION

Myomas are seen to occur approximately in 2% of pregnancies, 10 to 30% of which are believed to have complications, the most common being the syndrome of painful myoma of pregnancy (Katz et al 1989). Actually patient and physician both have anxiety regarding the complications which women with

myoma might experience during pregnancy. Unfortunately myomas escape detection many times when asymptomatic. Further, localisation of myoma especially in relation to placental site is believed to be more significant than its actual size in predicting pregnancy outcome (Muram et al 1980). Lev-Toaff et al (1987) found an approximately 30% incidence of complications consisting of retained placenta, malpresentation, and preterm labour in patients with leiomyomas documented by ultrasound. They believed that leiomyoma location with respect to the placenta did not have a significant effect on pregnancy prognosis. More than 25% of patients with leiomyoma of 5.0 Cms or more however experience pelvic pain of significant intensity to require narcotics and analgesics. Pain is frequently attributed to degeneration (Rice et al 1990). However Persaud and Arjoon (1970) did not find any relationship between frequency of pelvic pain and presence of any type of degenerative change. The patients may be informed that the risk of spontaneous abortion is about 18% whether myomectomy is performed or not. (Clavind et al 1990). Rice et al

Table III
Mode of Termination and Pregnancy Outcome

Out come	Mode of Termination						Total	
	Spontaneous		M.T.P.	Preterm		Term Delivery		
	I	II			Vag	CS	Vag	CS
Prge. Wastage	2	4	3	—	—	—	1	10
Live baby	—	—	—	2	2	4	7	15
Total	2	4	3	2	2	4	8	25

(1989) found a significantly increased risk of premature labour, abruption placentae, pelvic pain and caesarean section. Davis et al (1990) found a 37% incidence of obstetric complications in women with leiomyomas. There was no difference in delivery mode between women with leiomyomas and those without leiomyomas. However women with leiomyomas appeared to deliver at an earlier gestational age than their counterparts without leiomyomas. Theoretically, leiomyomas that encroach upon the uterine cavity may lead to preterm delivery by causing either poor placental implantation or mechanical obstruction to the normal growth of the developing fetus. Muram et al (1980) noted that patients whose leiomyoma came in contact with the placenta had a greater incidence of antepartum bleeding, preterm PROM, and postpartum hemorrhage than patients whose leiomyoma did not touch the placenta. Leiomyomas, depending upon their size and location, might also interfere with the normal growth and

development of conception. Most authorities caution against elective myomectomy at the time of caesarean delivery because of the reported high morbidity, especially haemorrhage (Douglas et al 1982).

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