

Vaginal Delivery in a Case of Pregnancy with Cervical Fibroid

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A 35 year primigravida presented in the antenatal clinic of Cama & Albless hospital with 3½ months amenorrhoea and pain in abdomen off and on since 1½ years. Her LMP was on 5/4/96 and hence her EDD was 12/1/97. She had a normal menstrual history. She had suffered an acute episode of pain in abdomen 1½ years ago. She was diagnosed to have multiple fibroids then.

Her general and systemic examination was normal. On P/A examinations, a large mass arose from the pelvis, 22 weeks in size on the right aspect, firm to feel, suggestive of a fibroid. The left aspect was 16 weeks, soft and elastic suggestive of a pregnancy. On PV examination cervix was high up, difficult to feel and almost wedged between the symphysis pubis and a large 4x5 cm mass occupied the supravaginal portion posteriorly.

She was admitted in Cama and Albless hospital. All her baseline haematological investigations were normal. Sonography showed a single viable 14 weeks foetus with a fundal placenta, a right subserosal fibroid 11x8 cm and a posterior cervical fibroid 11x5 cms. Serial USG Scans showed a normal growth of the foetus with a gradual increase in the sizes of both fibroid.

The patient was managed with vigorous foeto-maternal surveillance, complete bed rest, haematinics, tocolytics, and analgesics. Serial non-stress tests were reactive and doppler revealed normal foetoplacental resistance. She had an episode of acute pain in abdomen with fever, abdominal tenderness and tachycardia. Clinical Examination was suggestive of red degeneration confirmed on USG. This was managed successfully with conservative treatment.

Though we planned an elective caesarean section at term, she went into spontaneous labour and surprisingly the large posterior cervical fibroid had disimpacted from the supravaginal portion which it had occupied previously. The foetal head was dipping into the pelvis. We revised our previous decision in view of a favourable vaginal examination finding. Labour progressed normally as per our partogram. Outlet forceps were applied to cut short the 2nd stage of labour and a 2.3 kg male baby delivered with a good Apgar score. Her Puerperium was uneventful.

In our interesting case, a flexible protocol and intensive antepartum and intrapartum foetomaternal surveillance enabled us to have a successful obstetric outcome.