Successful Labour Outcome in Pregnancy with Fibroid Uterus Occupying Pelvis

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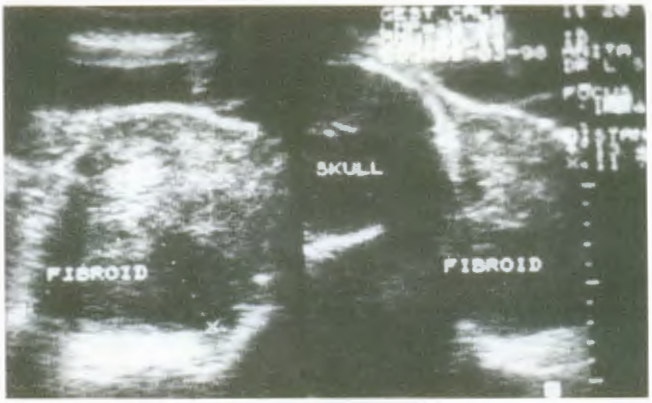
Mrs. X, from Bhilai, primigravida, was attending the A.N.C. clinic regularly since first trimester. She was married 4 yrs. ago & her menstrual cycles were 3/30, regular, last menstrual period being 29-05-97. Her expected date of confinement was 05-03-98.

On examination, in the first trimester, her uterus was found to be larger than her period of gestation, hence a diagnostic ultrasonography was done, which showed an intrauterine gestational sac with foetal poles and cardiac activity. There was a small hyperechoic mass present in the left side of the uterus. She was followed up regularly with repeat ultrasonography in the second trimester, which showed a normally progressing pregnancy and the mass increasing in size. (Fig 1).



At about 38 weeks of pregnancy, during regular antenatal check up, the patient was found to have fetal tachycardia with an FHR of 162/Min. with a regular rhythm. Hence she was admitted in L.R. for foetal monitoring on 20-02-98.

On general examination, the patient was afebrile with pulse rate 84/Min., regular, BP 140/80mm Hg. no pallor, no icterus, no oedema. Her C.V.S. and R.S. were within normal limits.

Per abdomen examination revealed a term size uterus with cephalic presentation and head not engaged. Fetal heart rate was 160/Min. regular. A large mass was palpable on the anterior left side of the uterus which was continuous with it. It was soft, smooth with regular outline, non-tender and non-mobile with respiration. On P/S examination, cervix & vagina were healthy without any abnormal discharge.

P/V Examination; revealed that the cervix was displaced anteriorly to the retropubis due to a big mass in the posterior fornix which was about a melon size, soft, smooth, non-tender. Head was at brim. Pelvis was gynaecoid type.

On bimanual palpation, the same mass was palpable per abdomen.

Tentative clinical diagnosis was pregnancy with fibroid uterus, obstructing the pelvis.

The patient went into labour spontaneously. In the first stage of labour, head was at brim and the patient was kept ready for L.S.C.S with a trial for vaginal delivery.

The labour progressed normally and after one hour of the onset of labour, P.V. finding revealed a 6 cm. dilated cer-

vix, with the head descended below the mass and hence trial of labour continued. The patient progressed to the second stage of labour with further descent of head, within 45 minutes of the above findings. She delivered vaginally a full term normal female child on 20.2.98 at 9.26 P.M. APGAR was 9 at 5 minutes. Birth Wt. of the baby was 2750 gms. Placenta was 550 gm. with no retroplacental clots. There was no PPH.

After delivery the abdomen showed a firm uterus of 24 weeks size with a fibroid palpable on the left side, of the same size.

Per vaginal examination was done. The cervix was displaced anteriorly to the retropubis with a big fibroid felt in the posterior fornix.

The patient was kept in L.R. for 12 hrs. to watch for P.P.H. Post natal period was uneventful and the patient was discharged on the 3rd postnatal day.

The normal labour could be explained by constant pressure of the head, below the largest circumference of the fibroid, thus gradually squeezing and displacing it above the pelvic brim. This gave space for the head to come down and shoulder to get negotiated.