Myomectomy at Caesarean Section

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Patient H, w/o MNQ, aged 28 years, was booked at Sultania Zanana Hospital for antenatal care and delivery. She was nulliparous, married for 3½ years and a known case of multiple fibroids in the uterus. Her antenatal period was uneventful. She was posted for elective caesarean section at term because of transverse lye, with fibroids.

Patient was taken for LSCS under spinal anaesthesia on 12 September 1996. On opening the peritoneal cavity, a 10 x 12cm fibroid in anterior lower uterine segment extending into cervical area was revealed. Multiple fibroids ranging from seedlings to 5-6cm size, interstial as well as subserous studded the uterus. The lower segment incision was given above the fibroid but as access was poor an inverted T incision was done to deliver the baby, a healthy male child weight 3 kgs. It was impossible to suture the lower segment incision as the fibroid, was bulging into the incision, making the lower flap about 10 cm thick. A decision for myomectomy was taken and this fibroid was enucleated from its bed, the enucleation was surprisingly not haemorrhagic and the fibroid could easily be removed from its bed, which was closed by tier sutures. The lower segment was then closed in 2 layers and reperitonization done. Postoperative period was uneventful, not complicated by either haemorrhage or infection.

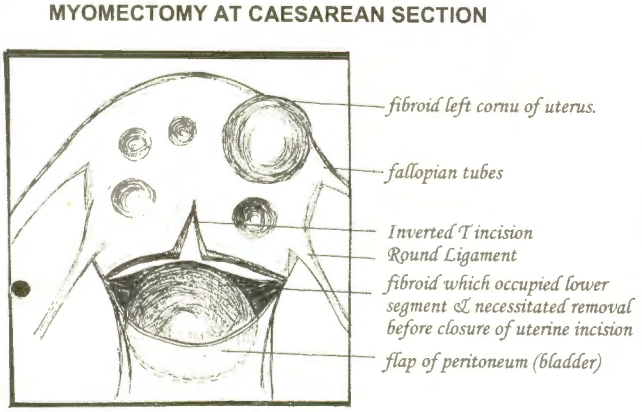

Fig. I: Uterus after delivery of baby.

Though myomectomy is not advocated in the pregnant state because of risk of haemorrhage, reference to an older edition (8th) of Bonney's Gynaecological Surgery, quotes that "JS (John Stallworthy) performed myomectomy at caesarean section on selected patients once the infant and placenta have been removed. When a low anterior wall fibroid involving the lower segment has obstructed delivery and made section necessary, the bladder has been mobilized, the fibroid removed by transverse incision across its surface and uterus opened by a corresponding incision through the posterior wall of the capsule. The reasoning behind it was that the uterus in the immediate postpartum period was better adapted physiologically to control haemorrhage than at any other stage of a women's life".