An Interesting Case of a Multifibroid Uterus in Pregnancy

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Uterine leiomyomas, commonly known as fibroids, are benign tumours of uterine smooth muscle. These tumours are most common in women of reproductive age and the incidence in pregnancy range from 1.6 to 10.7% 1-3. Fibroids usually remain stable in growth during pregnancy, however due to oestrogenic effects, 22-32% of cases increase in size 4,5,6. Fibroids greater than 5cm in diameter are most likely to experience growth, with a mean increase in volume of 12%, very few grow more than 25% 3,5,6.
Fibroids impact pregnancy in many ways including degeneration and pain, malpresentation, growth restriction, preterm birth, APH/abruption, PPROM and abnormal placentation. A major implication includes a threefold increase in a women's risk of caesarean section 7. Additionally, the risk of PPH in these women is almost doubled 7. There is minimal literature available on women whose leiomyomas have grown substantially in pregnancy.
A 36 year old primiparous Caucasian woman was referred from a regional centre with multiple fibroids for delivery planning at Gold Coast University Hospital. A review of her imaging showed two subserosal fibroids arising inferiorly, measuring 10.8cm and 6.8cm on a dating ultrasound at 6 weeks. Her morphology ultrasound demonstrated three uterine fibroids, measuring 17cm (anterior), 9.6cm (posterior) and 5.3cm (left lateral) in the lower segment. On an ultrasound at 26 weeks, separate fibroids could not be appreciated but a mass of 20cm (longitudinally) by 25cm (transverse) by 12.2cm (antero-posterior) was visualised on the left lateral wall.
An MRI was completed for delivery planning, which demonstrated uterine length of 32.6cm, a width of 29cm and a depth of 20cm with an anterior placenta not involved with the fibroids. The anterior fibroid measured 9.2cm by 15.7cm by 20cm and a posterior fibroid measured 6cm by 8.1cm by 8cm both in the lower segment of the uterus. There was a small region of normal myometrium at the fundus of 13mm thickness.
Over the course of 30 weeks, her fibroids nearly doubled in size and their location obstructed the cervical canal and prevented her from delivering vaginally. After a multidisciplinary meeting, a decision was made for an elective caesarean section +/- hysterectomy under regional anaesthesia with post-operative care in ICU if required. Access to uterus was gained by a midline laparotomy incision extending from the xiphisternum to supra-pubic region. Once the uterus was exteriorised, a fundal incision facilitated delivery of the infant. Pictures taken intraoperatively will be presented and compared with USS and MRI images. Blood loss was estimated at 3247ml with 470mls cell salvaged. She has since had an uncomplicated elective total abdominal hysterectomy due to ongoing abnormal uterine bleeding and dysmenorrhoea.
Although a rare and interesting instance, large fibroids have the potential to impact the pregnancy outcome and mode of delivery. Recognition of these implications and a multidisciplinary approach here enabled a planned and safe delivery.

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