

# RARE INTRA OPERATIVE COMPLICATION OF CAESAREAN SECTION IN MYOMATOUS UTERUS: TOTAL DISINSERTION OF THE UTERUS AND CONSERVATIVE TREATMENT

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## Introduction:

The association of myomas and pregnancy constitutes a situation at maternal-foetal risk. Some complications are particularly serious when they occur during delivery or in the postpartum period such as postpartum haemorrhage, necrosis of myoma. The practice of a caesarean on a polymyomatous uterus can be dangerous both on the prognosis foetal than on maternal prognosis with risk of haemostasis hysterectomy in case of uncontrollable bleeding. We report the case of a rare complication during caesarean section of a G1P0 parturient with a polymyomatous uterus.

Case report:After the fetal extraction the uterine structure was no longer recognized: the hysterotomy was posterior and lateral, extensive rupture of the broad ligament with involvement of the right uterine vessels and total separation between uterus and the fornix of vagina by circumferential rupture. (fig1-2)

We decided on a conservative treatment to preserve the later fertility: re implantation of the uterus(fig 3-4-5) and reconstruction of its anatomy(fig 6-7-8). We performed a myomectomy for a posterior type 7 myoma.(fig9) The evolution was favourable with return of normal menses, absence of pains and recovery of the menstrual cycle.(fig 10)



Fig1-2: total section cervix and vagin



Fig3-4-5 : suture and reimplantation of uterus



Fig 6-7-8:final posterior and anterior sutures



Fig9: myomatous uterus and final view



Fig10:evolution at 1 month

Conclusion: the cesarian section on uterus polymyomateux need a precise of the myomas repartition mapping.Complications can se very serious with a risk of hysterectmy.