

Case Report / Olgu Sunusu

Uterine rupture associated with red degeneration of a large fibroid: A case report
Büyük Bir Fibroidin Kırmızı Dejenerasyonu İle İlişkili Uterus Rüptürü: Bir Olgu Sunumu

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ÖZET

Bu çalışmanın amacı, gebelikte rüptüre olmuş kırmızı dejenerasyonlu uterin fibroid olgusunun sunulmasıdır. 33 haftalık gebeliği olan hasta aşırı karın ağrısı olması nedeniyle kliniğimize başvurdu. Ultrasonografik değerlendirmede uterus ile ilişkili hipodens, büyük bir kitle tespit edildi. Geçirilmiş sezaryen öyküsü olan hasta düzenli uterin kontraksiyonları olması nedeniyle acil sezaryen operasyonuna alındı. Eksplozasyonda plasantanın rüptüre uterin fibroidden protrüze olduğu izlendi. Aşırı kanamadan dolayı peripartum histerektomi uygulandı. Uterin fibroid rüptürü gebelikte çok nadir görülen ve fetal - maternal morbiditesi yüksek olan bir durumdur.

Anahtar Kelimeler: Fibroid, gebelik, komplikasyon

ABSTRACT

The purpose of this case report is presentation of a ruptured fibroid with red degeneration during pregnancy. A woman at 33 weeks of gestation was admitted to our clinic with the complaint of severe abdominal pain. The ultrasound examination revealed a large hypodense mass adjacent to the uterus. She had a history of previous cesarean section. Due to the presence of regular contractions and cervical dilatation, a cesarean section was performed. When the abdomen was explored; the placenta protruding from ruptured uterine fibroid was found. Peripartum hysterectomy was performed because of severe bleeding. Uterine fibroid rupture is a rare condition during pregnancy with high incidence of fetal and maternal morbidity.

Key words: Fibroid, pregnancy, complication

Introduction

Uterine fibroids commonly occur in women of reproductive age. The prevalence of uterine fibroids during pregnancy is estimated to range from 0.3% to 2.6% (1). The general risk of complications due to uterine fibroids during pregnancy is low and depends on the location, number and size of uterine fibroids. 'Red degeneration' is one of them and can cause severe abdominal pain and preterm labor (2).

We report a case of ruptured fibroid as a rare complication during pregnancy.

Case

A 31 year old multipar pregnant woman at 33 weeks of gestation was admitted to our Emergency Gynecology Service with complaining of severe abdominal pain of 12 hours duration. Her previous pregnancy had been delivered by cesarean section. On admission her vital signs were normal. She had also regular uterine contractions and 4 cm cervical dilatation. On the speculum examination, there was a minimal vaginal bleeding. There was a large (>8 cm) hypodense mass such as a degenerate fibroid adjacent to the uterus in ultrasound examination. A cesarean section was performed because of the presence of regular uterine contractions, cervical dilatation and previous uterine surgery. Exploratory laparotomy revealed approximately 8cm mass in the right side of the uterus, surrounded by omentum. After removal of the omentum, a part of placenta, protruded from the ruptured degenerative fibroid was seen. An incision was made on the left side of the uterus and the fetus was delivered. Hysterectomy was performed because of severe uncontrolled bleeding from uterus. Three days after surgery the patient was discharged uneventfully.

Discussion

Fibroids are usually asymptomatic. However, severe localized abdominal pain can occur if a fibroid develops red degeneration or torsion during pregnancy (3). Pain is the most common complication of fibroids in pregnancy, and seen most often in women with large fibroids (>5cm) during the second and third trimesters of pregnancy (4). Fibroids get enlargement during pregnancy due to increased estrogen and progesterone levels and most of them shrink in the puerperium (5). It was unknown that the fibroid

enlarged or not. Because previous ultrasound examination of this case was absent due to pregnancy follow-up made another hospital.

Approximately 10% to 30% of women with uterine fibroids develop complications during pregnancy (3). Fibroids in pregnancy can lead to serious complications, such as placental abruption, miscarriage, preterm labor, antenatal and postpartum hemorrhage and severe abdominal pain. In this case, preterm labor and peripartum severe bleeding occurred, and peripartum hysterectomy was performed.

The management of uterine fibroids during pregnancy is largely conservative and surgical removal is generally delayed until postpartum (6). Fibroids enlarge during pregnancy regardless of their initial size or location and may indicate degenerative changes. Spontaneous perforation of myoma after red degeneration can mimic acute abdomen. Most of the obstetricians avoid from myomectomy during cesarean section because it may require uterine artery ligation or puerperal hysterectomy, due to severe bleeding. Myomectomy during cesarean section may be necessary, to facilitate the birth or hysterotomy closure. Pedunculated subserosal fibroids can be removed without increasing the risk of bleeding during cesarean section (3).

In conclusion, one-third of fibroids grow during pregnancy and some of them can cause severe complications. One of the most severe complications that may occur is the 'Red degeneration'. It causes intense abdominal pain and contractions which may lead to preterm labor or even miscarriage. Uterine rupture in pregnancy is a rare and often catastrophic complication with a high incidence of fetal and maternal morbidity.

References:

1. Suwandinata FS, Gruessner SE, Omwandho CO, Tinneberg HR. Pregnancy-preserving myomectomy: preliminary report on a new surgical technique. *Eur J Contracept Reprod Health Care* 2008;13(3):323-6.
2. Mason TC. Red degeneration of a leiomyoma masquerading as retained products of conception. *J Natl Med Assoc* 2002;94(2):124-6.
3. Hee HJ, Norwitz ER, Shaw J. Contemporary management of fibroids in pregnancy. *Rev Obstet Gynecol* 2010;3(1):20-7.
4. Burton CA, Grimes DA, March CM. Surgical management of leiomyomata during pregnancy. *Obstet Gynecol* 1989;74(5):707-9.
5. Zaima A, Asha A. Fibroid in pregnancy: characteristics, complications, and management. *Postgrad Med J* 2011;87(1034):819-28.
6. Kasum M. Hemoperitoneum caused by a bleeding myoma in pregnancy. *Acta Clin Croat* 2010;49(2):197-200.