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Case Report

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A Rare Case of Large Uterine Fibroid in Pregnancy

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Uterine fibroids are the most common benign smooth muscle tumor of the uterus in women of reproductive age, affecting 30-70% of women in this age group [1]. The effects of pregnancy on fibroid and fibroids on pregnancy are a clinical concern. The growth of fibroids during pregnancy is not linear; most of the growth occurs in the first trimester with little or no increase during the second and third trimesters. Large fibroids (> 5 cm in diameter) are more likely to grow during pregnancy and cause adverse obstetric outcomes [2,3]. We present a rare case with large uterine fibroid in pregnancy.

A 36 years old married female (G4 P0L0 D0 A3) visited our hospital with bad obstetrics history. she came UPT positive on 1st visit. Her Beta HCG came as 20,183 µ/L, then ultrasound in 1st trimester was been done. In the ultrasound it was observed as large (7X5x3 cm) sub serous fibroid with intrauterine pregnancy of 7 weeks 4 days, with good fetal activity.

Her APLA test was positive so Inj. Enoxaparin Sodium 60 IV s/c daily and tablet and tablet Ecosprin 150 mg once a day was given. For the fibroid we have given progesterone -inj. Hydroxy progesterone acetate 500 1m on weekly basis Tablet Dydrogesterone (Duphaston) 10 mg once a day and Tablet Micronized progesterone (Susten SR 300) once a day.

On sequential Sonography (ultrasound) fibroid
Done at 12 weeks - NT Scan 7x5x3 cm
20 weeks - Anomaly scan 7.5x5.3x3 cm
24 week - cardiac scan 8x5.5x3 cm

The baby was growing (as the standards) very well and the fibroid was also growing. We have admitted her. tocolysis with Inj. Isoxsuprine given in drip. On sequential Sonography at 27 weeks - fibroid was 8x5.6x3.2cm.

Then on admission itself we have given her 2 dose of Inj. Betamethasone 12 mg 24 hours a part as lung maturity protocol and continued progesterone supports. At 36 weeks we did the ultrasound estimated fetal weight was 2759gm ± 10 % and fibroid Size of 8.8x 5.7x 3.8 cm. Patient (come with show) started labour pains, we decided to go with emergency LSCS as it was a precious pregnancy (G4A3 with Large fibroid with BOH). Baby was delivered, birth weight was 2.810 kg. We removed fibroid also it was type 5 fibroid (< 50 % sub serous and ≥ 50 % intramural) we have sutured the uterus with vicryl no. 1.

Discussion

A variety of factors such as epigenetic or genetic mechanism, disorganization of extracellular matrix, growth factors have shown interaction with pathogenesis of growing fibroid. As far as management is considered, conservative with anti-inflammatory therapy is considered as gold standard, and the surgery is generally avoided during pregnancy because of the risks of hysterectomy secondary to severe haemorrhage, pregnancy injury, and pregnancy loss [4].

Conclusion

To conclude with, it is a rare case large uterine fibroid with very well managed pregnancy resulted in successful delivery and good fetal outcome.

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