

Conservative management of a 30 cm myoma

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Background

Uterine Leiomyoma is the most common benign pathology for women in a reproductive age. The diagnosis is usually simple, based on an ultrasound exam. The treatment is usually surgical.

Case presentation

We are presenting the case of a 33 years old patient, with no particular medical history. Gravida 2 Para 2 who was initially diagnosed with a 20 cm type 2 FIGO leiomyoma during her second pregnancy. She was hospitalized in our department for fetal and maternal survey due to bleeding caused by the fibroid.

The patient underwent a C-section at 37 weeks of gestation for fetal growth restriction caused by the fibroid. The patient was programmed for a myomectomy two months after the delivery. An MRI exam has shown an increase in the size of the fibroma to 30 cm.

The surgical team of the Gynecology department B G26 based in Tunis, Tunisia performed a laparotomic myomectomy and a reconstruction of the uterine cavity to preserve the patient's fertility. A catheter was used to reconstruct the cervical path.

Survey and evolution

The patient was hospitalized for another week with a favorable clinical evolution. Two ultrasound exams were conducted and didn't show an anomaly.

A weekly follow-up was performed. The patient is programmed for hysteroscopy to remove the cervical catheter and explore the uterine cavity.

During January 15th the patient had her first menstruation.

Conclusion

Large fibroids remain a challenge to surgeons, due to the particularity of each case and no common surgical approach to follow. It is usually up to the experience and the qualifications of the surgical team.

