

**Original Article****Myomectomy during Caesarean Section: A Safe Procedure**Hasina Akhtar<sup>1</sup>, Shipra Chaudhury<sup>2</sup>, Nazmun Nahar<sup>3</sup>, Nahid Yusuf<sup>4</sup>**Abstract**

Caesarean myomectomy which had traditionally discouraged in the past has recently been frequently employed to remove myoma at the time of caesarean section. If myomectomy during caesarean section become a wide spread practice, it could potentially be eliminate multiple surgeries for both indications. Objective of the study was to evaluate the safety and feasibility of performing myomectomy during caesarean section. Methods: This was a prospective study done in different private clinics in Rajshahi City from January 2012 to January 2015. Total 20 pregnant women with different sized fibroids were included in this study. Patients evaluated by age, parity, gestational age, difficulties during operation, blood loss during surgery, per and post-operative complications. Results: Blood loss during surgery was 750-1000 ml in 10 (50%) patients. Fifteen (75%) patients needed blood transfusion. The maternal morbidities like anaemia, pyrexia, and sepsis developed in 2(10%) of cases. There was no maternal or perinatal mortality. Conclusion: With the advent of better anesthesia and availability of blood, caesarean myomectomy is no longer a dreaded job in the hands of a skilled obstetrician in a well-equipped tertiary hospital.

**Key words:** Myomectomy, safe procedure

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**Introduction**

Uterine leiomyoma is the commonest type of benign tumour of female reproductive tract during the reproductive age group with an incidence ranging from 5.4 to 7.7%.<sup>1,2</sup> The incidence of uterine myoma during pregnancy has been reported to be 2%.<sup>3</sup> Traditionally obstetricians had avoided performing myomectomy during caesarean section for the fear of bleeding that may be intractable as a result of the increased vascularity of the pregnant uterus. The frequency of fibroid in the lower uterine segment may be an indication of classical caesarean section. Recent reports indicate that myomectomy at the time of

caesarean section; can be safely undertaken by skilled obstetricians<sup>4</sup>.

A randomized study involving 29 women found that future fertility and subsequent pregnancy outcome were unaffected following caesarean myomectomy<sup>5</sup>. This study was planned to see the safety and feasibility of performing myomectomy during caesarean section.

**Materials and Methods**

This prospective study was carried out from January 2012 January 2015 in different clinics of Rajshahi City. Diagnosis of myoma was confirmed by ultrasonography. 20 pregnant women having myoma were included in this study.

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After delivery of the baby incision is given over the myoma and enucleation of the myoma done. The dead space was obliterated by interrupted sutures with 1-0 vicryl. If the myoma was located in the lower uterine segment encroaching the proposed line of incision, then myomectomy was done prior to delivery of the baby. The women were analyzed as regards to age, parity, location and size of the fibroids, blood loss during surgery and post-operative complications.

### Results:

**Table-I: Basic characteristics of the patients (n=20)**

	Number	%
<b>Age</b>		
20-30	14	70%
30-40	5	25%
40-50	1	5%
<b>Parity</b>		
Primi	12	60%
Multi	8	40%
<b>Gestational Period</b>		
Term	18	90%
preterm	2	10%

**Table 2: Location, type and size of the fibroids**

	Number	%
<b>Location</b>		
Lower uterine segment	15	75%
Upper uterine segment	5	25%
<b>Type</b>		
Intramural fibroid	12	60%
Submucous fibroid	6	30%
Pedunculated fibroid	2	10%
<b>Size</b>		
8-20 cm	12	60%
Less than 8 cm	8	40%

**Table 3: Preoperative and postoperative complications**

	Number	%
<b>Estimated blood loss</b>		
750-1000 ml	10	50%
500- 750 ml	10	50%
<b>Blood transfusion</b>		
Yes	15	75%
No	5	25%
<b>Difficulty in extraction of baby</b>	5	25%
<b>Postoperative complications</b>		
Anaemia & BT	2	10%
Puerperal pyrexia & sepsis	2	10%

### Discussion:

Caesarean myomectomy was practically absent from the obstetric literature until last decade.<sup>6</sup> This was due to risk of hemorrhage associated with the procedure and the need of blood transfusion. The practice was to do interval myomectomy. Howkin and stallworthy advocate caesarean myomectomy in selected cases.<sup>7</sup> This is particularly so when the myoma is situated anterior in the lower segment over the line of incision. Study done by Roman and tabshina showed that there were no significant difference in incidence of intraoperative time and hemorrhage, post-partum fever, operative time and hospital stay.<sup>8</sup> Omar et al report two cases where myomectomy had done to facilitate the delivery of the baby during caesarean section with uneventful intraoperative and postoperative period.<sup>9</sup> Our study showed that caesarean myomectomy is not so dangerous, rather nucleation of the fibroid is technically easier in gravid uterus owing to greater looseness of the capsule.

### Conclusion:

With the advent of better anesthesia and availability of blood, caesarean myomectomy is no longer a dreaded job in the hands of a skilled obstetrician in a well-equipped tertiary hospital.

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