Section: Obstetrics and Gyanecology

Case Series

MANAGING MYOMAS: A SERIES OF 10 CASES IN A RURAL MEDICAL COLLEGE IN NORTH BIHAR

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Abstract

Background: Leiomyomas are the most common benign pelvic tumours in females that grow monoclonally from the smooth muscle cells of the uterus. Patients presents with varying symptomology. Various modalities of treatment are present depending upon the symptoms, general condition of patients, preservation of fertility, relapses. **Materials and Methods:** 11 cases presenting with different history, clinical features in MGM Medical College were selected. The management and follow up of such cases are represented here. **Result:** Out of the 11 cases, 3 were medically managed; 7 were treated surgically; whereas 1 were managed expectantly. **Conclusion:** Leiomyomas can present with menstrual irregularities and the management depends on patient's symptom and the desire to retain fertility.

INTRODUCTION

Leiomyomas, the prevalent benign pelvic tumors in females, originate from the monoclonal growth of smooth muscle cells within the uterus. Despite their benign nature, the manifestations they provoke vary widely among patients. Symptoms may range from mild discomfort to severe pain, heavy menstrual bleeding, and even infertility. Consequently, the treatment approach is diverse, tailored to address individual needs and circumstances. Factors such as the severity of symptoms, the overall health of the patient, the desire for future fertility, and the likelihood of recurrence all play significant roles in determining the most suitable course of action. Treatment modalities encompass a spectrum of options, including medication to alleviate symptoms, minimally invasive procedures such as uterine artery embolization or laparoscopic myomectomy, and in more severe cases, surgical removal of the fibroids or even hysterectomy. Each approach carries its own set of benefits and risks, necessitating careful consideration and discussion between patients and healthcare providers to arrive at the most appropriate treatment plan tailored to optimize outcomes while prioritizing the patient's well-being.

MATERIALS AND METHODS

(Eleven)random cases with diverse medical histories and clinical features were carefully selected from Mata Gujri Memorial Medical College in Kishanganj. Each case presented unique challenges and insights, reflecting the complexity of patient care in a clinical setting. This report aims to provide a comprehensive overview of the management strategies employed for these cases, as well as the follow-up procedures that were implemented to monitor patient progress and outcomes. By sharing these experiences, we hope to contribute valuable knowledge to the medical community regarding effective practices in handling varied clinical presentations.

Aims and Objective

The primary objectives of this study are threefold. First, we aim to determine the incidence of fibroids across various age groups of patients, which will provide valuable insights into how the prevalence of this condition varies with age. Understanding these patterns is essential for tailoring screening and treatment strategies effectively. Second, we seek to outline the different treatment modalities employed for patients diagnosed with fibroid uterus who are attending MGM Medical College. This includes an examination of both surgical and non-surgical options, enabling a comprehensive understanding of the approaches taken in clinical practice. Finally, we plan to follow up with these patients over time to monitor for any changes in their condition, including progression, persistence, regression, or potential relapse of the pathology. By conducting this thorough follow-up, we aim to gather important data that can

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inform future treatment decisions and improve patient outcomes. Ultimately, this study aspires to enhance the medical community's understanding of fibroid management and contribute to more effective care strategies.

RESULTS & DISCUSSION

CASE 1

A 48-year-old P3L3, tubectomised patient presented with complains of heavy menstrual bleeding since 2 months. She had irregular cycles each lasting for 10 days, in every 20-25 days interval. Bleeding was associated with passage of clots and dysmenorrhoea. On examination patient was pale. On local examination mass upto 12 weeks (compared to gravid uterus) size. USG abdomen and pelvis done showed, anteverted bulky uterus of size, 13*5.5*7cm with a posterior wall fibroid measuring 3*2.8cm, and subserosal fibroid measuring 2.6*1.8cm. On admission patient's haemoglobin was found to be 7gm%, hence 1 pint PRBC was transfused preoperatively. Patient underwent total Laparoscopic hysterectomy along with bilateral salpingoopherectomy. Intraoperatively uterus was found to be 14-16 weeks size with posterior wall intramural and subserosal fibroids present.On dissection of the specimen, largest measuring upto 4*5cm which was intramural and located in the Posterior wall. Post-operative recovery was uneventful and got discharged on day 5.

Figure 1

CASE 2

44-year-old female presented to the OPD with complains of heavy menstrual bleeding since the past 7 months. Each cycle was lasting 5-7 days and was associated with passage of clots and dysmenorrhoea. On per abdominal examination a 24 weeks size mass, which was uniformly enlarged. Bimanual examination confirmed a uterine mass extending upto 24 weeks size. USG report showed enlarged uterus with multiple intramural fibroids along with mild hydroureteronephrosis. Endometrial biopsy was done showing discordant endometrium and cervical biopsy reported as chronic cervicitis. Patient underwent total abdominal hysterectomy alongwith intraoperative DJ stenting. Intraoperatively, a 24 weeks size uterus was seen. On dissection of the specimen, there were 6 intramural fibroids of various sizes, of which the average size found was 2*2 cm. There were 4 seedling subserosal fibroids also present. Patient was catheterised for 24 hours following which the DJ stent was removed. Patient recovered well and got discharged on post-operative day 8

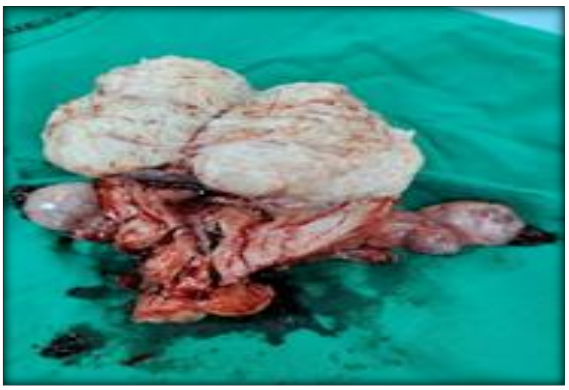

Figure 2

CASE 3

A 56 years old P2L2 tubectomised patient presented with complains of heavy menstrual bleeding since 1 year. Bleeding was for 8 days in a 20-day cycle which was associated with passage of clots and dysmenorrhoea. On examination patient appeared pale. Bimanually around 24 weeks size uterus with bilateral forniceal fullness was present. Ultrasound reported as uterine mass if 17*16*9cm.A well defines uterine lesion of 17*15.6*8.2 cm with multiple cystic areas noted in the anterior myometrial wall causing complete effacement and posterior displacement of the endometrial cavity. This lesion was intramural. MRI reported as an atypical fibroid measuring 16*9.4*1.3 cm. Patient underwent total abdominal hysterectomy with salpingoopherectomy. Intraoperatively intramural uterine fibroid of size 20*20cm weighing 2.374kg removed. On cut section, leiomyoma with myxoid changes along with adenomyosis was found.2 pints PRBC were transfused intraoperatively. Patient recovered well postoperatively and hence got discharged on post-operative day 8.

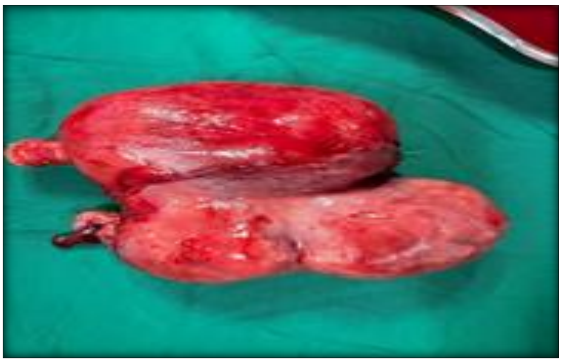

Figure 3

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CASE 4

44-year-old P5L5 patient presented with complaints of heavy menstrual bleeding with increased frequency. She had her menses every 15-20 days that was associated with increased pain. There was history of passage of clots and the patient had the need to change her sanitary pad twice during the night.

On presentation, the patient was pale and her recent haemoglobin was 8.9gm%.

On bimanual examination, the uterus was bulky measuring around 14-16 weeks size, fornices were free.

Patient was admitted for blood transfusion and 1-pint whole blood was transfused which corrected her haemoglobin to 9.5 gm%. She was sent for an ultrasound examination which revealed multiple fibroids with the largest one being subserosal fibroid measuring around 5*4 cm. There were numerous other fibroids and seedlings of varying sizes that were distorting the endometrial cavity

A planned decision was taken to perform Total abdominal hysterectomy was taken. Post-operative period was uneventful and patient got discharged on Day-5.

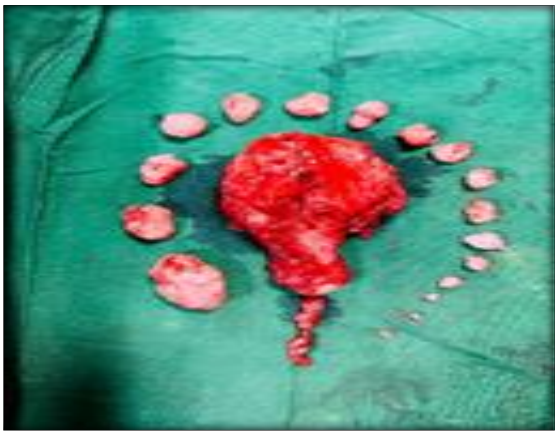

Figure 4

case 5:

A 40-year-old, P4L4, tubectomised, came with complains of offensive smelling vaginal discharge. No history of irregular bleeding. Pain abdomen which was dull aching present. On examination patient appeared pale. Per abdomen a solid mass of 15*15cm with regular borders and smooth surface palpated. On bimanual examination uterus 20 weeks size, and bilateral forniceal fullness present. MRI reported as bulky uterus with large atypical cervical fibroid measuring 7.5*8.5cm and bilateral hydroureteronephrosis present. Patient underwent total abdominal hysterectomy. Intraoperatively cervical fibroid of 8*8 cm seen. Uterus 20 weeks size, with left sided ureter seen abutting the cervical fibroid, which was dissected and separated. Post-operative was uneventful. Patient discharged on post-operative day 8.

Intra -operative finding

"lantern on the top of St. Paul's cathedral",

A fibroid uterus found at fundus of uterus & one bigger one at lower side or uterus at rt side of cervical region pushing the cervix to the left side.

Figure 5

CASE 6

A 26-year-old primigravida with 39 weeks gestation came to MGM medical college in view of fetal distress. Patient was in labour for the past 10 hours. On arrival, cardiotocograph showed variable decelerations dipping upto 80 beats per minute. Patient and attenders were counselled and emergency LSCS was decided. Intraoperatively a 5*4 cm submucosal fibroid was found in the lower uterine segment along the incision site. Myomectomy was successfully done. Baby was extracted by vertex with 2 tight loops of cord around the neck.1 pint of PBRC was transfused intraoperatively. Post-operative period was uneventful.

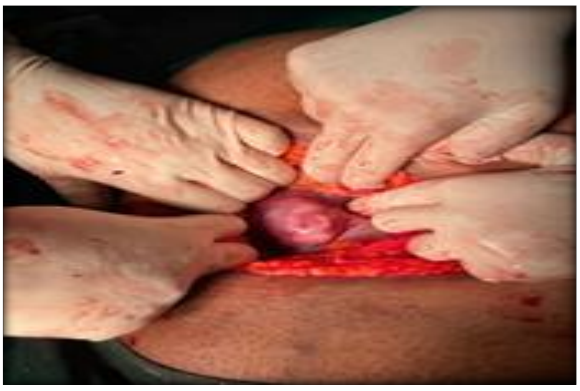

Figure 6

CASE 7

A 32-year-old, G3P2L2 with 37 weeks 5 days gestation with previous 2 LSCS, referred from district hospital in view of severe preeclampsia. Patient was taken for emergency LSCS in view of cord presentation. Intraoperatively, couvelaire uterus with an intramural fibroid of 15*13cm in the posterior wall in the lower uterine segment present. Baby was extracted by vertex with normal APGAR score. Retroplacemtal clots of ~ 250gm present. Since there was atonic PPH which was uncontrolled by medical management, Patient underwent peripartum hysterectomy. Intraopertaively 4 pints

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PRBC and 2 pints FFP was transfused. Post-operative recovery was uneventful and the patient was discharged on post-operative day 8.

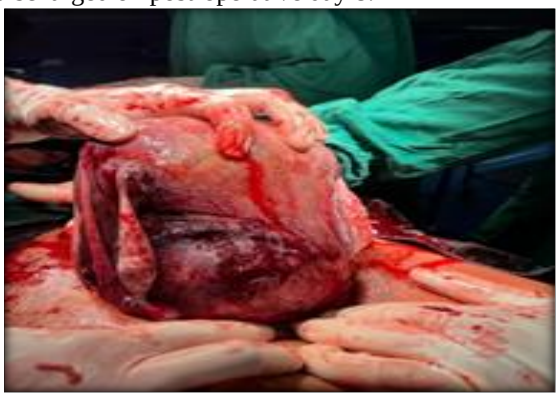

Figure 7:

CASE 8

38-year-old female patient P3L3 with complaints of heavy menstrual bleeding since 1 year came to MGM medical college.

On local examination, uterus was ~ 12 weeks size and her USG reported an intramural fibroid of ~ 7*8 cm.

Her Hb was 8 gm %. After her normal LFT reports,

She was given a daily dose of Ullipristal acetate of 5mg for 12 weeks. She was kept on a follow up. After 1 month the patient came to the OPD with reporting decrease in her symptoms and amenorrhoea which significantly increased her quality of life.

CASE 9

35-year-old female patient P3L3 with complaints of heavy menstrual bleeding associated with passage of clots and easy fatigability since 1.5 year came to MGM medical college. On her general physical examination, the patient was pale.

On local examination, uterus was ~ 12-14 weeks size and her USG reported an intramural fibroid of ~ 9*9 cm.

Her Hb was 7.0 gm%.

She was given a daily dose mifepristone of 5mg for 6 months. She was kept on a follow up. After 1 month the patient came to the OPD with reporting decrease in her symptoms and amenorrhoea.

After 6 months of completion of treatment her repeat USG showed a reduction in the size of fibroid to 6*8 cm.

CASE 10

35-year-old female patient P3L3 with complaints of heavy menstrual bleeding and excessive pain during her menses since 2 years came to MGM medical college.

The patient was a known case of diabetes and hypothyroidism since 1 yr and 3 yrs respectively and under regular medication.

On local examination, uterus was ~ 12-week size. Her USG reported an intramural fibroid of around 6*8 cm.

The patient was planned for LNG-IUS owing to her medical condition and she preferred to retain menstrual cycle. The device was inserted under strict aseptic condition with mild complaints of spotting PV which resolved after two days of insertion. The patient was asked to follow up after 3 month following which she reported a significant decline in her symptoms. The patient was further asked to follow up after next 3 month or SOS if her symptoms resumed.

CASE 11

28 year nulligravida female patient came to MGM medical college with her recent USG reports depicting a small subserosal fibroid of 3*2 cm with her concern for future fertility.

On history taking the patient had no complaints of heavy menstrual bleeding or any other symptoms that needed immediate evaluation and treatment.

Uterus was non palpable on local examination. She was the asked for routine blood examination and her Hb was 12.1 gm%.

The patient was counselled and was asked to return after 3 months following which she did not have any development of new symptoms.

The patient was further advised to return if any new symptoms developed and if not then after 6 months.

CONCLUSION

- Uterine leiomyoma can present with various symptoms of which menstrual irregularities is most common.
- The management is purely based on the symptoms, age and the parity of the patient.
- Caesarean myomectomy is a challenge and will depend on the site and size of the myoma.

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