Intramural leiomyoma during pregnancy becoming delivered postpartally

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Uterine myoma is very common finding in women of reproductive age, and their natural history during pregnancy has been reported. This case report describes a unique postpartum natural history not previously reported. A 33-year-old, multiparous woman at the 36 weeks' of pregnancy visited to the out patient department. Ultrasound evaluation revealed an 11×10 cm sized intramural myoma in anterior and left lateral wall of uterus. Spontaneous vaginal delivery was done at the 40 weeks' of pregnancy. Postpartial examination and sonogram was on 6th week from the delivery revealed 7cm sized intramural myoma being delivered from the cervix. Transvaginal myomectomy was performed and diagnosis was histologically confirmed. Myoma in pregnancy may changes size, shape, location postpartially. Proper management should be done according to the changes.

Key words: Delivered myoma, Myoma in pregnancy

Introduction

Uterine myoma is very common finding in women of reproductive age, and their natural history during pregnancy has been reported. This case report describes a unique postpartum natural history not previously reported.

Case Report

A 33-year-old, multiparous woman at the 36 weeks of pregnancy visited to the Chonnam National University Hospital obstetric out patient department. Ultrasonic evaluation showed an 11×10 cm sized intramural myoma in anterior and left lateral wall of uterus and 36 weeks sized fetus (Fig. 1). Ultrasound examinations were performed on the ACCUVIX XQ (Medison, Seoul, Korea). The patient was asymptomatic. She does not present pain or tenderness or uterine contraction. Speculum examination revealed non specific finding. Routine prenatal visits continue, uterine myoma size and location was not changed. At the 40 weeks and 6 days of pregnancy, the patient spontaneous vaginal delivery was done. 3,790 g male infant was born. A six weeks follow-up examination revealed prenatal 7 cm sized intramural myoma being delivered from the cervix postpartally. After discussing all options, chose to undergo transvaginal myomectomy. The cervical myoma removed totally without any complication. The diagnosis was histologically confirmed.

Discussion

Leiomyomas are most common uterine tumor, with an overall incidence of 40% to 60% by age 35 and 70% to 80% by age 50. Uterine leiomyomas occur in approximately 2% of pregnant women. Pregnancy complications that do arise seem to be more common with larger leiomyomas, submucosal
Most fibroids are asymptomatic. However, severe localized abdominal pain can occur if a fibroid undergoes so-called “red degeneration,” torsion (seen most commonly with a pedunculated subserosal fibroid), or impaction. Complications include spontaneous miscarriage, preterm labor, placenta abruption, malpresentation, labor dystocia, Cesarean delivery, and postpartum hemorrhage.\textsuperscript{2,3} The natural progress of myoma growth was variable in several studies. The size of uterine fibroids throughout pregnancy have shown that the majority of fibroids (60-78\%) do not demonstrate any significant change in volume during pregnancy. Of the 22\% to 32\% of fibroids that did increase in volume, the growth was limited almost exclusively to the first trimester, especially the first 10 weeks of gestation, with very little if any growth in the second and third trimesters.\textsuperscript{4} In our case, we see a reduction in size is observed in puerperium. This finding can be hypothesized to have occurred secondary to a change in the myoma anatomy from an intramural location to delivered, cerix location. This anatomic change could have resulted in uterine contraction during labor and a blood supply change that may have prevented the typical partial regression found after parturition.\textsuperscript{5,6} A submucosal myoma may naturally progress to become pedunculated and subsequently prolapse from the cervical os. But this intramural transformation into an delivered, cervix location after parturition has not been reported before (Fig. 2). Knowledge of this type of progression of a leiomyoma through pregnancy may have a beneficial effect on patient care, resulting in a transvaginal approach versus open laparotomy for myomectomy.

**References**