

Original Research

Assessment of pregnancy outcome in patients with uterine fibroids

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ABSTRACT:

Background: The present study was conducted to assess pregnancy outcome in uterine fibroids. **Materials & Methods:** 62 women diagnosed to have uterine fibroids were enrolled. Antepartum complications, mode of onset of Labour, gestational age at delivery, mode of delivery etc. was studied. **Results:** Age group 21-25 years had 18, 26-30 years had 32, 31-35 years had 8 and 36-40 years had 4 patients. 38 patients had primigravida and 24 had multigravida. The difference was significant ($P < 0.05$). Common type of uterine fibroids were submucosal found in 12 patients, pedunculated in 4, intramural in 26 and subserosal in 20. Common complications was PROM seen in 7, UTI in 8, pain abdomen in 42, fetopelvic disproportion in 30, threatened preterm in 6, malpresentation in 5, infertility in 2, IUGR in 1, preterm labour in 3 and PPH in 1 patient. The difference was significant ($P < 0.05$). **Conclusion:** Pregnancy with uterine fibroids carry high risk. Early diagnosis and management may prevent complications in pregnancy.

Key words: Antepartum, Pregnancy, Uterine fibroids.

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INTRODUCTION

Uterine fibroids (UFs), also known as uterine leiomyomas, are benign smooth muscle neoplasms of the uterus that affect women of reproductive age. They may be asymptomatic or cause a range of severe and chronic symptoms.¹ The most common presenting symptom is heavy menstrual bleeding, which can lead to anaemia, and fatigue and painful periods. Other UF symptoms include non-cyclic pain, abdominal protuberance, painful intercourse or pelvic pressure, and bladder or bowel dysfunction resulting in urinary incontinence or retention, pain or constipation.²

The risk of fibroids in pregnancy are usually evaluated based upon the trimester of assessment, on their total number, site, size, type of fibroid.³ The complications such as pain secondary to haemorrhagic infarction, nausea, vomiting, pyrexia is observed at 20-22 weeks and are associated with large fibroids. If fibroids are large submucosal or intramural, they can be a cause of miscarriage.

Women with fibroids may also present with subfertility with associated decreased pregnancy rate (0.849%) and implantation failure (0.821%) rates. This is more prominently seen in cases with submucosal fibroids, with their relative risks for IR (0.2%), CPR (0.3%), MR (1.6%).⁴ Complications associated with uterine fibroids include preterm labour, preterm birth, dysfunctional and obstructed labour, foetopelvic disproportion. Most common malpresentation associated in such pregnancies is breech presentation. These complications are more common in submucosal and retroplacental fibroids. A trend of increase in size of the uterine fibroid is noted during pregnancy (25%), especially with large fibroids.⁵

The present study was conducted to assess pregnancy outcome in uterine fibroids.

MATERIALS & METHODS

The present study was conducted among 62 women diagnosed to have uterine fibroids. All included women were informed regarding the study and their consent was obtained. Ethical approval for the study was also obtained.

Data such as name, age, parity, socioeconomic, educational status, diet, family history, history of infertility and previous abortions were recorded.

Patients were thoroughly investigated and followed up clinically and ultrasonically till delivery outcome was recorded. Antepartum complications, mode of onset of Labour, gestational age at delivery, mode of delivery, caesarean myomectomy if done was studied. Ultrasonogram was done at successive ANC visits. Data thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Table I Age wise distribution of patients

Age group (Years)	Number	P value
21-25	18	0.01
26-30	32	
31-35	8	
36-40	4	

Table I shows that age group 21-25 years had 18, 26-30 years had 32, 31-35 years had 8 and 36-40 years had 4 patients.

Table II Gravida of patients

Gravida	Number	P value
Primigravida	38	0.05
Multigravida	24	

Table II shows that 38 patients had primigravida and 24 had multigravida. The difference was significant ($P < 0.05$).

Table III Type of uterine fibroids

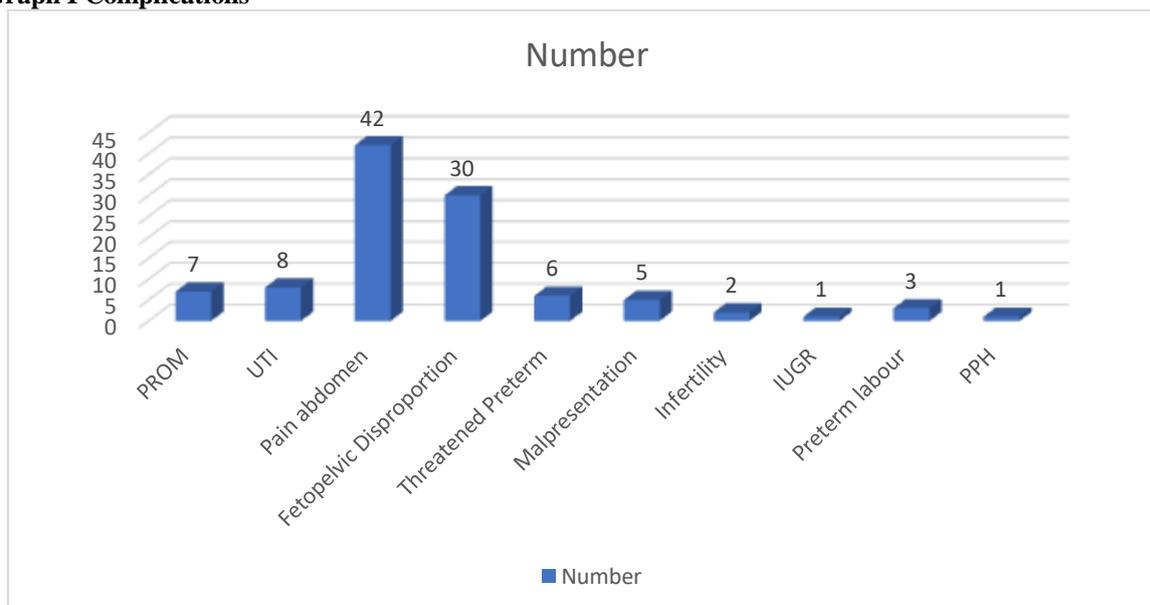
Type	Number	P value
Submucosal	12	0.01
Pedunculated	4	
Intramural	26	
Subserosal	20	

Table III shows that common type of uterine fibroids was submucosal found in 12 patients, pedunculated in 4, intramural in 26 and subserosal in 20. The difference was significant ($P < 0.05$).

Table IV Complications

Complications	Number	P value
PROM	7	0.01
UTI	8	
Pain abdomen	42	
Fetopelvic Disproportion	30	
Threatened Preterm	6	
Malpresentation	5	
Infertility	2	
IUGR	1	
Preterm labour	3	
PPH	1	

Table IV, graph I shows that common complications was PROM seen in 7, UTI in 8, pain abdomen in 42, fetopelvic disproportion in 30, threatened preterm in 6, malpresentation in 5, infertility in 2, IUGR in 1, preterm labour in 3 and PPH in 1 patient. The difference was significant ($P < 0.05$).

Graph I Complications**DISCUSSION**

Uterine fibroids are the most common neoplasm affecting women, and it has been postulated that they occur in over 70% of women by the onset of menopause. They are estimated to be clinically apparent in 25% of women of reproductive age and cause symptoms severe enough in approximately 25% of women with UFs to require treatment.⁶ The frequency of the condition is, however, likely to be underestimated because in many women it is asymptomatic, or symptoms develop insidiously, and therefore remains undiagnosed. The unknown extent and impact of undetected UFs bias the epidemiological data and evidence on associated factors to reflect severe disease.⁷ One of the most significant complication is abdominal pain secondary to fibroid red degeneration, pedunculated fibroids leading to torsion or impaction. In such cases along with analgesia, myomectomy may be required; though it was contraindicated earlier during pregnancy, several case series reported it to be significant for intractable and recurrent pain.⁸ This is however advised in fibroids located in lower segments (cervical) or large fibroids of >5cms, fibroid polyp leading to abnormal lie, followed by caesarean section at or around 38 weeks. Bleeding secondary to APH and PPH is not uncommon in such cases.⁹ The present study was conducted to assess pregnancy outcome in uterine fibroids.

In present study, age group 21-25 years had 18, 26-30 years had 32, 31-35 years had 8 and 36-40 years had 4 patients. 38 patients had primigravida and 24 had multigravida. Bhat et al¹⁰ found that out of 5043 deliveries conducted, 30 cases were detected with fibroid during pregnancy, incidence being 0.5%. Majority belonged to age group 25-29 years (50%), 18 (60%) were Primigravida, 26 (86.66%) underwent LSCS, 4 (13.33%) underwent preterm vaginal

delivery, 16.66% had malpresentation, 2(15%) underwent myomectomy, and 6(20%) had PROM, 5 (16.6%) were infertility treated, 20 (66.66%) had pain abdomen, 3 (10%) had PPH, and Abruption in 3.3%, IUGR in 16%, LBW in 26.66% of deliveries.

We found that common type of uterine fibroids was submucosal found in 12 patients, pedunculated in 4, intramural in 26 and subserosal in 20. Common complications was PROM seen in 7, UTI in 8, pain abdomen in 42, fetopelvic disproportion in 30, threatened preterm in 6, malpresentation in 5, infertility in 2, IUGR in 1, preterm labour in 3 and PPH in 1 patient.

Stewart et al¹¹ in their study data on UF incidence, prevalence and associated risk factors were extracted from 60 publications. Wide ranges were reported in both UF incidence (217–3745 cases per 100 000 women-years) and prevalence (4.5–68.6%), depending on study populations and diagnostic methods. Black race was the only factor that was recurrently reported to increase UF risk, by two–threefold compared with white race. Eleven other factors affected UF risk to a magnitude similar to or greater than race. Age, premenopausal state, hypertension, family history, time since last birth, and food additive and soybean milk consumption increased UF risk; use of oral contraceptives or the injectable contraceptive depot medroxyprogesterone acetate, smoking in women with low body mass index and parity reduced UF risk.

Women who currently used oral contraceptives were less than one-third as likely to have UFs as those who had never used them. The factor with the greatest protective effect is parity: giving birth was associated with a fivefold reduction in risk of UFs requiring surgical treatment than nulliparity.

CONCLUSION

Authors found that pregnancy with uterine fibroids carry high risk. Early diagnosis and management may prevent complications in pregnancy.

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