Letter to the Editor

Assessment of Pregnancy Outcomes with Uterine Leiomyomas Larger Than 10 cm; Antepartum and Postpartum Complications

Dear Editor,

We have found that the increased number of premature deliveries and cesarean deliveries, as well as the increase in postpartum bleeding and infections such as endometritis, may be caused by large uterine myomas. Sonograms in patients with fibroids were reviewed between 2007 and 2009 in the Department of Obstetrics and Gynecology at Ege University to determine the number of fibroids, their sizes, their locations, and relationship with the placenta. Cesarean ratio, preterm loss of pregnancy, and the incidence of postpartum complications were also evaluated.

Our study population consisted of 21 women with uterine leiomyomas larger than 10 cm (12 subserous, 8 intramural, and 1 submucosal). The median age of patients was 34.6 years. Among patients with fibroids, 2 of the cases resulted from assisted conception. Tocolytic treatment was required in 47% of the pregnancies. Retroplacental localization of myomas was explored in 6 cases, and preterm delivery occurred in 2 of them. Cesarean section had to be performed because of preterm membrane rupture (9%) and malposition (29%) in 8 patients. Only 5 patients attempted vaginal delivery (23%), although in recent studies, median vaginal delivery rates range from 49% to 61%.1,2 Multiple myomas were identified in 66% of pregnant women and were associated with increased risk of malposition, breech presentation, preterm delivery, placenta previa, placental abruption, pain (degeneration), and severe postpartum hemorrhage.3 However, premature rupture of membranes, operative vaginal delivery, chorioamnionitis, and endometritis were not found to be associated with leiomyoma. But in contrast to these findings, Lee et al demonstrated the relationship between leiomyomas under pelvic ultrasonographic examination owing to impaired drainage of the uterine cavity. Hysterectomy was performed, and pathology revealed infection and acute inflammation of the leiomyoma (Fig. 1).

Oidwai et al reported that the presence of leiomyoma was associated with increased risk for cesarean delivery, breech presentation, malposition, preterm delivery, placenta previa, placental abruption, pain (degeneration), and severe postpartum hemorrhage.3 However, premature rupture of membranes, operative vaginal delivery, chorioamnionitis, and endomyometritis were not found to be associated with leiomyoma. But in contrast to these findings, Lee et al demonstrated the relationship between leiomyomas

Fig. 1. A 37-year-old patient underwent hysterectomy in the postpartum period because of impaired drainage of the uterus caused by a submucosal component of an infected leiomyoma.
and endometritis and suggested if the reason for fever is not found, endometritis should be taken into consideration in pregnant women known to have uterine myomas during pregnancy and in the puerperium.4

Myomectomy at the time of cesarean delivery is associated with significant hemorrhage and should be performed with caution and only in selected patients. Cobellis et al compared myomectomy at the time of a cesarean and outside pregnancy and suggested that it is associated with more linear and well-defined scars than if it is performed during cesarean section.5 In our clinic, myomectomy at the time of cesarean delivery is not performed except in the case of pedunculated fibroids.

Myomas of the uterus are the most common benign tumors of the uterus. They have been found to be associated with menstrual disorders and pelvic pain, and they negatively affect fertility and pregnancy outcome. Management, complications, and behaviors of uterine myomas should be well known by obstetricians.

The authors declare no conflict of interest.

References


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