

Myoma in Necrobiosis and Pregnancy

Nessiba Abdelkader Mohamed Zeine, Beya Mohamed Mahmoud Lemhaba, Fatimetou Abdelkader
Centre Hospitalier National de Nouakchott ;Mauritanie.

Abstract:- Uterine myomas (known as uterine fibroids) represent the most common female pathology in modern gynecology. They are responsible for fertility disorders, metrorrhagia and pelvic pain. Its association with pregnancy is clearly increasing. This association requires rigorous monitoring. We report the story of a patient with a polymyxomatous uterus with a pediclednecrobiosisfendic fibroma 09 cm in diameter, which is complicated by early abortion and severe abdominal pain syndrome resistant to analgesics, the use of surgical treatment. is being considered.

Keywords:- Myoma; Necrobiosis, Abortion, Mauritania.

I. INTRODUCTION

Uterine fibroma is a very common pathology in young women. Its association with pregnancy is clearly increasing. This combination requires rigorous monitoring, especially in cases of large fibroid and / or with an intracavitary component [1]. We report the story of a patient with a polymyxomatous uterus with a pediclednecrobiosisfendic fibroma 09 cm in diameter, which is complicated by early abortion and severe abdominal pain syndrome resistant to analgesics, the use of surgical treatment. is being considered.

II. OBSERVATION

We report the story of a 29-year-old patient with no history of primary gesture who consults in the emergency room for intense pelvic pain with vaginal bleeding in a 03-month amenorrhea with no notion of previous follow-up. The admission examination revealed a conscious patient with normal tension at 12/7, normal heart rate at 84 beats per minute, afebrile at 37.1 ° C. The obstetric examination revealed a corns abortion with the presence of the product of conception in the vagina. An ultrasound via the suprapubic route shows uterine emptiness with the presence of several myomas, the largest non-vascularized cleft pedicle of 09 cm in diameter resistant to analgesics; knowing that the recommendations are in favor of medical treatment; the patient underwent a laparotomy with poly myomectomy. The postoperative follow-up was simple (figures 1 and 2: intraoperative view).

III. DISCUSSIONS

Fibromyomas (leiomyoma or uterine myoma), are benign tumors developed from the myometrium (muscle cells of the uterus). They are the most frequent tumors of the female genital tract, some studies estimating an incidence of more than 70% [2]. African women are three times more

likely to have fibroids, but age is a common risk factor for all women [3]. The majority of women are asymptomatic, about 25% of women develop symptoms such as pain, menorrhagia or other symptoms of fibroid mass effect [4]. Ultrasound examination is sufficient in most cases to make the diagnosis. The risk of degeneration (worm sarcoma) is very low or even hypothetical. The contributory role of uterine fibroids in infertility mainly concerns myoma with an intracavitary component. Treatment varies depending on the volume, location, age of the patient and the desire for pregnancy; ranging from medical treatment and hysterectomy to laparoscopic myomectomy, uterine artery embolization and currently Magnetic Resonance Guided Focused Ultrasound surgery. Although no study has been able to demonstrate a causal link, the progression of fibroids during pregnancy to aseptic necrobiosis is not uncommon. The indications for surgery during pregnancy must remain exceptional, reserved for complicated pedunculated subserous fibroids, in torsion or in necrobiosis, resistant to medical treatment [5].

IV. CONCLUSION

The association of uterine fibroma and pregnancy is an increasingly frequent entity, in addition to the late onset of pregnancy, uterine fibroma is the most common benign tumor in the majority of women of childbearing age. This association is the subject of several studies given the presumed impact of one on the other.

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Figures 1 intraoperativeview



Figures 2: intraoperativeview