Original Article

Fibroids of the Uterus and Outcome of Pregnancy

Outcome of Pregnancy in Fibroids

Anila Ansar[1], Ashba Anwar[2] and Neelam Saba[2]

ABSTRACT

Objectives: To study the outcome of pregnancy in Fibroids of the Uterus.
Design of Study: Prospective / Experimental Study.
Place and Duration of Study: This study was conducted at the Idris Teaching Hospital, Sialkot & Islam Teaching Hospital, Sialkot from August 2013 to August 2016.
Materials and Methods: This study was carried to seek out the result of maternity related to female internal reproductive organ fibroids and to find out the actual fact that each pregnant female should be screened for female internal reproductive organ fibroids (UF). If the fibroids diagnosed along with pregnancy, these patients want alert prenatal care and therefore the maternity ought to be treated as high risk maternity. Fifty pregnant females with fibroids of the uterus were enrolled during this Prospective Experimental Study. Performa was designed to record age, socio economic standing, area, complications in early, late maternity and delivery. Written informed consent was taken from every patient. Permission was additionally taken from ethical committee of the institutes. The data was analyzed on SPSS version ten for results.
Results: In this study it was observed that incidence of pregnancy with fibroids uterus was higher(54%) n=27 at the age of 31-35 years as compared to other age groups. The women of middle socio economic group had higher incidence of pregnancy with Fibroids of the Uterus (46%) n=23 as compared to other socio economic group of women. The women from rural areas had double incidence of pregnancy with Fibroids of the Uterus (68%) n=34 as compared to women having pregnancy with Fibroids of the Uterus from urban areas (32%) n=16. The incidence of miscarriage of pregnancy with Fibroids of the Uterus was maximum (28%) n=14 and patients of fetal growth restriction was minimum (04%)n=02 in complications of pregnancy. The incidence of Postpartum hemorrhage was maximum (46%) n=23 and minimum (08%) n=04 in case of retained placenta during delivery.

Key Words: Fibroids, Miscarriage, Preterm labor, Placenta disruption, fetal anomalies, Myomectomy, arterial blood vessel embolism.

Citation of articles: Ansar A, Anwar A, Saba N. Fibroids of the Uterus and Outcome of Pregnancy. Med Forum 2018;29(2):7-10.

INTRODUCTION

Fibroids are benign smooth muscle fiber tumors of the female internal reproductive organ. Though they are extraordinarily common, with associate degree overall incidence of forty to sixty percent at age of thirty five and seventy to eighty percent by age fifty, the precise etiology of female internal reproductive organ fibroids remains unclear[1]. The designation of fibroids in physiological condition is neither straight forward nor simple. solely forty two percent of huge fibroids (> five cm) and twelve. Five percent of smaller fibroids (3–5 cm) may be diagnosed on physical examination[2].

[1.] Department of Obstet & Gynea, Sialkot Medical College, Sialkot.
[2.] Department of Obstet & Gynea, Sialkot Medical College, Sialkot.

Correspondence: Dr. Anila Ansar, Assistant Professor, Department of Obstet & Gynea, Sialkot Medical College, Sialkot.
Contact No: 0321-7103994
Email: hrd.smcs@yahoo.com

Received: July, 2017; Accepted: November, 2017

The ability of ultrasound to find fibroids in physiological condition is even a lot of restricted (1.4%–2.7%) primarily because of the issue of differentiating fibroids from physical thickening of the smooth muscle[3,6]. The prevalence of female internal reproductive organ fibroids throughout physiological condition is so seemingly under-estimated. Reflective the growing trend of delayed childbearing, the incidence of fibroids in older girls undergoing treatment for physiological condition is reportedly twelve-tone system to twenty fifth[7]. Despite their growing prevalence, the connection between female internal reproductive organ fibroids and adverse physiological condition outcome isn't clearly understood.

Prospective studies exploitation ultrasound to follow the dimensions of female internal reproductive organ fibroids throughout physiological condition have shown that the bulk of fibroids (60%–78%) don't demonstrate any vital amendment in volume throughout physiological condition[8,9]. Of the twenty two percent to thirty two percent of fibroids that did increase in volume, the expansion was restricted nearly completely to the first trimester, particularly the first ten weeks of gestation, with little if any growth within the second and third trimesters. The mean increase in volume during

this cohort was solely twelve percent ± 6 tone system ± 6 June 1944, and therefore the most growth was solely twenty fifth of the initial volume[8]. Some studies have shown that little fibroids square measure even as seemingly to grow as massive fibroids,[8] whereas different studies have steered that little {and massive and enormous and huge} fibroids (≥ six cm) have totally different growth patterns within the trimester (small fibroids grow whereas large fibroids stay unchanged or decrease in size), however all decrease in size within the trimester (9,10). the bulk of fibroids show no amendment throughout the time period, although 7.8% can decrease in volume by up to 100%[8,9].

Most fibroids square measure well. However, severe localized abdominal pain will occur if a fibroid undergoes questionable "red degeneration," torsion (seen most ordinarily with a pedunculated sub serosal fibroid), or impaction. Pain is that the commonest complication of fibroids in physiological condition, and is seen most frequently in girls with massive fibroids (> five cm) throughout the second and third trimesters of physiological condition[3,11].

MATERIALS AND METHODS

This study was carried to find out the result of maternity related to female internal reproductive organ fibroids and to findout the actual fact that each pregnant female should be screened for female internal reproductive organ fibroids (UF). If the fibroids size measure & diagnosed along with pregnancy, these patients want special prenatal care and therefore the maternity ought to be treated as high risk maternity. Fifty pregnant females with fibroids of the uterus were enrolled during this Prospective Experimental Study. Performa was designed to record age, socio economic standing, area, complications in early, late pregnancy and delivery.

Written informed consent was taken from every patient. Permission was additionally taken from ethical committee of the institutes. The data was analyzed on SPSS version ten for results.

RESULTS

In this study it was observed that incidence of pregnancy with fibroids uterus was higher(54%) n=27 at the age of 31-35 years as compared to other age groups as shown in table 1. The women of middle socio economic group had higher incidence of pregnancy with Fibroids of the Uterus (46%) n=23 as compared to other socio economic group of women as shown in table 2. The women from rural areas had double incidence of pregnancy with Fibroids of the Uterus (68%) n=34 as compared to women having pregnancy with Fibroids of the Uterus from urban areas (32%) n=16 as shown in table 3. The incidence of miscarriage of pregnancy with Fibroids of the Uterus was maximum (28%) n=14 and patients of fetal growth restriction was minimum (04%)n=02 in complications of pregnancy as shown in table 4. The incidence of Postpartum hemorrhage was maximum (46%) n=23 and minimum (08%) n=04 in case of retained placenta during delivery as shown in table 5.

Table No. 1: Age distribution in Fibroids of the Uterus and outcome of Pregnancy

Sr No	Age (Years)	Cases	Percentage%
1	25-30	10	20%
2	31-35	27	54%
3	36-40	13	26%
	Total	50	100%

Table No. 2: Socio economic status distribution in Fibroids of the Uterus and outcome of Pregnancy

Sr No	Socio economic status	Cases	Percentage%
1	High	10	20%
2	Middle	23	46%
3	Low	17	34%
	Total	50	100%

Table No. 3: Area distribution in Fibroids of the Uterus and outcome of Pregnancy

Sr.No	Area	Cases	Percentage%
1	Urban	16	32%
2	Rural	34	68%
	Total	50	100%

Table No. 4: Complications of pregnancy in Fibroids of the Uterus

Sr No	Complications	Cases	Percentage%
1	Miscarriage	14	28%
2	Bleeding in early pregnancy	03	06%
3	Preterm labor	11	22%
4	Placental abruption	10	20%
5	Placenta previa	10	20%
6	Fetal growth restriction	02	04%
	Total	50	100%

Table No. 5: Complications of delivery in Fibroids of the Uterus

Sr. No	Complications	Cases	Percentage%
1	Malpresentation	13	26%
2	Postpartum hemorrhage	23	46%
3	Retained placenta	04	08%
4	Cesarean delivery	10	20%
	Total	50	100%

DISCUSSION

In our study it had been seen that incidence of physiological state with fibroids female internal reproductive organ was higher (54%) n=56 at the age of 31-35 years as compared to other age groups. The women of middle socio economic class had higher incidence of physiological state with Fibroids of the female internal reproductive organ (46%) n=23 as compared to other socio economic group of women. The women from rural areas had double incidence of physiological state with Fibroids of the female internal reproductive organ (68%) n=34 as compared to women having physiological state with Fibroids of the female internal reproductive organ from urban areas (32%) n=16[7]. In our study the incidence of Placental gap was (10%). The relationship between fibroids and pregnancy outcome was seen in number of studies, each of that counsel that the presence of fibroids is related to a 2-fold augmented risk of maternity even when adjusting for previous surgeries like cesarian section or Myomectomy[4,7,12]. However in our study it had been (10%) cases of maternity. Fetal growth doesn't seem to be suffering from the presence of female internal reproductive organ fibroids. Though accumulative knowledge and a population-based study urged that ladies with fibroids at slightly augmented risk of delivering a growth-restricted baby. In our study the incidence of foetal growth restriction was (2%). The risk of foetal malpresentation will increase in ladies with fibroids compared with managed women (13% vs 4.5%, severally[7,12]. Large fibroids, multiple fibroids, and fibroids within the lower female internal reproductive organ phase have been at risk factors for malpresentation[4,10,12], In our study the incidence of foetal malpresentation was (26%).

Numerous studies have shown that female internal reproductive organ fibroids is a single risk factor for cesarean section[3,7,10,12]. during a systematic review, ladies with fibroids were at a 3 to 7 fold augmented risk of cesarean section (48.8% vs 13.3%, respectively)[7]. This is due partly to a rise abdominal dystocia, that is augmented 2-fold in pregnant ladies with fibroids[7,12]. Malpresentation, massive fibroids, multiple fibroids, sub mucosal fibroids, and fibroids within the lower female internal reproductive organ are thought-about predisposing factors for cesarean section [5,10,12]. In our study the incidence of cesarean section was (10%) that is opposite to other studies. Reports on the association between fibroids and postnatal hemorrhage area unit conflicting[2,10,12]. Pooled accumulative knowledge counsel that postnatal hemorrhage is considerably a lot of possible in ladies with fibroids compared with management subjects (2.5% vs 1.4%, severally[7] Fibroids could distort the female internal reproductive organ design and interfere with myometrial contractions resulting in female internal reproductive organ status and postnatal hemorrhage[12]. In our study the incidence of postnatal hemorrhages (46%) that was higher as compared to alternative complications of delivery with fibroids of female internal reproductive organ.

One study reported that preserved placenta was a lot of common in ladies with fibroids, however as long as the fibroid was settled within the lower female internal reproductive organ phase[10] but, pooled accumulative knowledge counsel that preserved placent a is a lot of common altogether ladies with fibroids compared with management subjects, despite the placement of the fibroid (1.4% vs 0.6%, severally[7]. In our study the incidence was (08%) that was very low as compared to other complications of delivery with fibroids of the uterus.

CONCLUSION

Uterine fibroids are very common in women of reproductive age.

Pain is the most common complication of fibroids during pregnancy. The symptoms can usually be controlled by conservative treatment such as bed rest, hydration, and analgesics.

Author's Contribution:

Concept & Design of Study:	Anila Ansar
Drafting:	Anila Ansar
Data Analysis:	Ashba Anwar & Neelam Saba
Revisiting Critically:	Ashba Anwar & Anila Ansar
Final Approval of version:	Anila Ansar & Ashba Anwar

Conflict of Interest: The study has no conflict of interest to declare by any author.

REFERENCES

1. Day Baird D, Dunson DB, Hill MC, et al. High cumulative incidence of uterine leiomyoma in black and white women: ultrasound evidence. Am J Obstet Gynecol 2003;188:100–107.
2. Muram D, Gillieson M, Walters JH. Myomas of the uterus in pregnancy: ultrasonographic follow-up. Am J Obstet Gynecol 1980;138:16–19.
3. Qidwai GI, Caughey AB, Jacoby AF. Obstetric outcomes in women with sonographically identified uterine leiomyomata. Obstet Gynecol 2006;107:376–382.
4. Cooper NP, Okolo S. Fibroids in pregnancy common but poorly understood. Obstet Gynecol Surv 2005;60:132–138.
5. Klatsky PC, Tran ND, Caughey AB, Fujimoto VY. Fibroids and reproductive outcomes: a systematic

literature review from conception to delivery. Am J Obstet Gynecol 2008;198:357–366.
6. Lev-Toaff AS, Coleman BG, Arger PH, et al. Leiomyomas in pregnancy: sonographic study. Radiol 1987;164:375–380.
7. Katz VL, Dotters DJ, Droegemueller W. Complications of uterine leiomyomas in pregnancy. Obstet Gynecol. 1989;73:593–596.
8. Coronado GD, Marshall LM, Schwartz SM. Complications in pregnancy, labor, and delivery with uterine leiomyomas: a population-based study. Obstet Gynecol 2000;95:764–769.
9. Phelan JP. Myomas and pregnancy. Obstet Gynecol Clin North Am 1995;22:801–805.
10. Donnez J, Pirard C, Smets M, et al. Unusual growth of a myoma during pregnancy. Fertil Steril 2002;78:632–633.
11. Ohkuchi A, Onagawa T, Usui R, et al. Effect of maternal age on blood loss during parturition: a retrospective multivariate analysis of 10,053 cases. J Perinat Med 2003;31:209–215.
12. Kokab H, Elahi N, Shaheen T. Pregnancy associated with fibroids. Complications and Pregnancy Outcome. JCPSP 2002; 12: 731-34.