

Original Research

Evaluation of outcome of Pregnancy among patients with uterine fibroids

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ABSTRACT:

Background: The present study was conducted for assessing the pregnancy outcome among pregnant subjects with uterine fibroids. **Materials & methods:** 60 subjects were enrolled. Routine investigations were carried out in all the patients. Only those subjects were enrolled in the present study that had fibroids of more than 2 cm in diameter. They were followed during antenatal period clinically and scanned by ultrasonogram which was done at booking visit and during subsequent visits to assess the change in the size of the fibroid and other obstetric complications. Outcome was recorded. **Results:** Threatened miscarriage was seen in 16.67 percent of the subjects while preterm labor was seen in 13.33 percent of the subjects. Antepartum bleeding, Postpartum haemorrhage and abdominal pain needing admission was seen in 5 percent of the patients each. Spontaneous pregnancy loss was seen in 1.67 percent of the patients, while premature delivery was seen in 20 percent of the patients. Vaginal delivery and C section were seen in 10 percent and 90 percent of the patients. Congenital anomaly was seen in 1.67 percent of the patients while NICU admission was seen in 3.33 patient. **Conclusion:** Enhanced incidence of complications throughout antepartum, intrapartum, and postpartum period are frequently seen among pregnancy subjects with uterine fibroids.

Key words: Pregnant, Uterine, Fibroids

Received: 2 February, 2022

Accepted: 10 February, 2022

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This article may be cited as: Bansal L, Negi P. Evaluation of outcome of Pregnancy among patients with uterine fibroids. Int J Res Health Allied Sci 2022; 8(1):139-141.

INTRODUCTION

Uterine fibroid is a benign tumour of uterine smooth muscle. 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. 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.¹⁻³

Although many studies on the epidemiology of UFs have been published, reports of the incidence and prevalence of UFs vary widely depending on the

method of diagnosis and the population studied; for example, estimates of the incidence of UFs range from 5.4% to 77% of women of reproductive age. Furthermore, many different risk factors have been associated with the development of UFs, including biological, demographic, reproductive and lifestyle factors. The true incidence and prevalence of UFs, and thus their global impact on women's health, and the role of putative risk factors, are therefore currently unknown.⁴⁻⁶ Hence; the present study was conducted for assessing the pregnancy outcome among pregnant subjects with uterine fibroids.

MATERIALS & METHODS

The present study was conducted for assessing the pregnancy outcome among pregnant subjects with uterine fibroids. 60 subjects were enrolled. Routine investigations were carried out in all the patients. Only those subjects were enrolled in the present study

that had fibroids of more than 2 cm in diameter. They were followed during antenatal period clinically and scanned by ultrasonogram which was done at booking visit and during subsequent visits to assess the change in the size of the fibroid and other obstetric complications. Outcome was recorded. All the results were recorded and analysed by SPSS software.

RESULTS

32.8 years was the mean age of the subjects with majority of them being of multigravida. Mean duration of menstrual cycle per day was 28.1 while mean duration of menstrual period per day was 6.92. Threatened miscarriage was seen in 16.67 percent of the subjects while preterm labor was seen in 13.33 percent of the subjects. Antepartum bleeding, Postpartum haemorrhage and abdominal pain needing admission was seen in 5 percent of the patients each. Spontaneous pregnancy loss was seen in 1.67 percent of the patients, while premature delivery was seen in 20 percent of the patients. Vaginal delivery and C section were seen in 10 percent and 90 percent of the patients. Congenital anomaly was seen in 1.67 percent of the fetus while NICU admission was seen in 3.33 percent neonates.

Table 1: Maternal outcome

Maternal outcome	Number	Percentage
Threatened miscarriage (vaginal bleeding occurring at <28 weeks of pregnancy)	10	16.67
Preterm labor	8	13.33
Antepartum bleeding	3	5
Abdominal pain needing admission	3	5
Postpartum haemorrhage	3	5
Blood transfusion	1	1.67

Table 2: Pregnancy outcome

Pregnancy outcome	Number	Percentage
Spontaneous pregnancy loss	1	1.67
Premature delivery	12	20
Vaginal delivery	6	10
Caesarean section	54	90

Table 3: Neonatal outcome

Neonatal outcome	Number	Percentage
Congenital anomaly	2	3.33
Fetal weight (Kg)	2991.2	
NICU admission	2 patients	

DISCUSSION

Leiomyomas, also called fibroids, are the most common benign gynaecological tumour in premenopausal women. Leiomyomas are comprised of monoclonal cells arising from the myometrium. Continued research to determine the etiology of leiomyomas is ongoing. Several studies have identified specific gene mutations associated with fibroids. Some mutations have been linked to defects

in cell transformation involving the RNA polymerase II transcriptional mediator subunit, MED12.⁶⁻¹⁰

32.8 years was the mean age of the subjects with majority of them being of multigravida. Mean duration of menstrual cycle per day was 28.1 while mean duration of menstrual period per day was 6.92. Threatened miscarriage was seen in 16.67 percent of the subjects while preterm labor was seen in 13.33 percent of the subjects. Antepartum bleeding, Postpartum haemorrhage and abdominal pain needing admission was seen in 5 percent of the patients each. Akinyemi BO et al conducted a review to light the current spectra of presentation and management status of this benign and very important cause of menstrual and fertility disturbance in African women and the Black race in general. Literature on the subject above was reviewed using manual library search, electronic books such as CD-ROMS and journals articles published by various local and international authors on the subject; it also included internet search on relevant aspects of the topic. Fibroid is the commonest benign tumour of the female genital tract, it contributes about 70 to 80% of new growths in the female genital tracts, it is a cause of significant morbidity in women of reproductive age group and when complicated could be a significant cause of mortality. Spectrum of presentation mainly involves disturbance of menstruation, reduction in fertility, pressure and obstructive symptoms and rarely malignant presentations. When recognized early effective conservative and definitive therapies are available to offer relief for women and to make their menstrual and reproductive life more meaningful.¹¹ Spontaneous pregnancy loss was seen in 1.67 percent of the patients, while premature delivery was seen in 20 percent of the patients. Vaginal delivery and C section were seen in 10 percent and 90 percent of the patients. Congenital anomaly was seen in 1.67 percent of the foetuses while NICU admission was seen in 3.33 percent neonates. Stewart EA et al examined UF epidemiology and to evaluate the relative strengths of putative risk factors. MEDLINE and Embase were searched for studies published in English. 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. They identified 12 risk factors that play an important role in UF epidemiology.¹²

CONCLUSION

From the above results, authors concluded that enhanced incidence of complications throughout antepartum, intrapartum, and postpartum period are frequently seen among pregnancy subjects with uterine fibroids.

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