Comparative Case Study of Large Lower Segment Subserosal Leiomyoma in Full-Term Pregnancy

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Abstract

Uterine fibroids are the most common benign tumors in women of reproductive age. Large lower uterine segment fibroids at term present unique surgical challenges, increasing the risk of obstructed labour, difficult fetal delivery, excessive hemorrhage, and cesarean hysterectomy. Management should be individualized according to intraoperative findings.

Objective: To compare the intraoperative management and outcomes of two cases of large lower segment subserosal leiomyomas encountered during emergency cesarean delivery.

Cases: Two women in active labour with lower segment subserosal fibroids underwent emergency cesarean section. The first was a G2P1L1 with a previous cesarean section at 38+5 weeks and 7 × 5 × 4 cm fibroid obstructing the lower uterine segment. Caesarean myomectomy was performed before fetal delivery due to inadequate space. The second was a primigravida at 39 weeks with a highly vascular 16 × 13 × 10 cm fibroid occupying the lower uterine segment. The baby was delivered through an upper segment uterine incision, while myomectomy was deferred because of marked vascularity. Interval myomectomy was planned after delivery.

Results: Both mothers and neonates had favorable immediate postoperative outcomes. Surgical management differed according to fibroid size, location, and vascularity, highlighting the importance of individualized intraoperative decision-making.

Conclusion: Caesarean myomectomy can be safely performed in carefully selected patients, whereas delayed myomectomy remains appropriate when excessive vascularity increases the risk of hemorrhage.

Keywords

Uterine Subserosal Fibroid, Cesarean Myomectomy.