PREVALENCE OF FIBROID IN PREGNANCY

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ABSTRACT

Also known as myomas, uterine leiomyomas are common benign smooth muscle tumors. Pain is the most common symptom associated with fibroid in pregnancy. These are associated with a number of obstetrical complications including preterm labor, placental abruption, fetal malpresentation, obstructed labor, cesarean delivery and postpartum hemorrhage. Their prevalence during pregnancy is varies between 1.6 to 10.7 percent depending upon size and trimester.[1-5] The present study is to know the prevalence of fibroid in pregnancy. Methods: A prospective study conducted in Department of Obstetrics and Gynecology, ESIMC PGI MSR Bangalore, Karnataka. Data collected from Three Hundred pregnant women attending antenatal checkup in our hospital. Fibroids were diagnosed using transabdominal ultrasound. Result: In our study out of 300 women, Primi are 120 in number and Multi are 180 in number, Women with fibroid is 8. Prevalence of fibroid in our study is 2.6%. Conclusion: If fibroids are not affecting uterine cavity they will have good maternal and perinatal outcome. Fibroids are associated with second trimester pregnancy loss. Pain is most common symptom associated with fibroid.

KEYWORDS: Pregnancy, Fibroid, red degeneration, caeseran section, pph.

INTRODUCTION

Leiomyomas are benign smooth muscle neoplasms that typically originate from the myometrium. They are often referred to as uterine myomas and are incorrectly called fibroid because the considerable amount of collagen contained in many of them creates a fibrous consistency. Symptoms from leiomyomas depend principally on their location. These common tumors are associated with a number of obstetrical complications including preterm
labor, placental abruption, fetal malpresentation, obstructed labor, cesarean delivery and postpartum hemorrhage. Salvador and associates reported an eightfold increased second-trimester abortion risk in women.\textsuperscript{[6]}

Myomas during pregnancy occasionally undergo \textit{red or carneous degeneration}, which is in actually hemorrhagic infarction. Findings include focal pain, tenderness on palpation and sometimes low-grade fever and leukocytosis. The prevalence of fibroids increases with age and is higher in African-American women than in white or Hispanic women.\textsuperscript{[7]} Increasing parity and prolonged duration of breastfeeding are associated with a small, but statistically significant, reduction in prevalence.\textsuperscript{[8]}

**METHODS**
This is a hospital based observational study. Detailed history and physical examination was done. Fibroids were diagnosed using transabdominal ultrasound.

The study was conducted in the Institute of Obstetrics and Gynecology ESIC PGIMSR BANGALORE.

From the outpatient clinics, 300 pregnant women irrespective of gestational age were selected during the study period.

**RESULT**

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<th>PRIMI</th>
<th>MULTI</th>
<th>AGE</th>
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<tr>
<td>120 (40%)</td>
<td>180 (60%)</td>
<td>&lt;20</td>
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<td>50</td>
<td>170</td>
<td>&gt;30</td>
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In our study 120 women are primi, 180 women are multi.

**DISCUSSION**
Leiomyomas are most common smooth muscle neoplasm during pregnancy. The two factors most important in determining morbidity in pregnancy are myoma size and location. Only half of myomas changed significantly in size during pregnancy. During the first trimester, myomas of all sizes either remained unchanged or increased in size—a possible early response to increased estrogen. During the second trimester, smaller myomas—2 to 6 cm—usually remained unchanged or increased in size, whereas those larger than 6 cm became smaller—probably from initiation of estrogen receptor downregulation. Regardless of initial myoma size, during the third trimester, myomas usually remained unchanged or decreased, reflecting
estrogen receptor downregulation. Other studies have also reported increased growth of myomas in early pregnancy, but not later. Neiger and co worker found no increase in mean myoma volume as pregnancy progressed.\textsuperscript{[9]} Red degeneration is most common complication associated with pregnancy. Treatment of symptomatic myomas consists of analgesia and observation. Treatment with antibiotics are controversial. Surgery is rarely necessary during pregnancy. These common tumors are associated with a number of obstetrical complications including preterm labor, placental abruption, fetal malpresentation, obstructed labor, cesarean delivery, and postpartum hemorrhage.

In our study women with fibroid is 8 with prevalence of 2.6 % which correlates with study of Sotirios H. Saravelos et al Prevalence and impact of fibroid\textsuperscript{[10]} and Laughlin SK et al Prevalence of leiomyomas in pregnancy with result of 8.6% and 10.3% respectively. Our study also correlates with Qidwai et al Obstetric outcomes in women with sonographically identified uterine leiomyomata which is 2.7%.

<table>
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<tr>
<th>STUDY</th>
<th>PREVELANCE</th>
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<tr>
<td>Laughlin SK et al</td>
<td>10.3%</td>
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<td>Sotirios H. Saravelos et al</td>
<td>8.6%</td>
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<td>Qidwai et al</td>
<td>2.7%</td>
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<td>OUR STUDY</td>
<td>2.6%</td>
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CONCLUSION
Pain is most common symptom associated with fibroid in pregnancy. Fibroids are associated with second trimester pregnancy loss. Complications associated with fibroid can be anticipated if detected earlier in pregnancy with transabdominal ultrasound.

REFERENCE


