Euroanaesthesia
THE EUROPEAN ANAESTHESIOLOGY CONGRESS
GENEVA 03-05 JUNE 2017
European Society of Anaesthesiology ESA

LAPAROTOMIC MYOMECTOMY IN THE 18TH WEEK OF PREGNANCY: A CASE REPORT

Buriticá Aguirre A.M.[1], Mata Francisco N.C.[1], Borja Andrés H.[2], Nieto Martín L.[1], Vargas Fajardo M.D.C.[1], Rubio Babiano M.D.P.[1]
[1]Complejo Asistencial Universitario de Salamanca, Dept of Anaesthesiology & Pain Medicine, Salamanca, Spain, [2]Atención Primaria Valladolid, Department of Primary Care, Valladolid, Spain

Background: The estimate prevalence of uterine myomas during pregnancy varies from 0.2 to 15 %. Most remain asymptomatic but may result in obstetrical complications in 10% of cases [1].

Case report: A 36 year-old primigravid in the 18th weeks of pregnancy reported abdominal pain, vaginal bleeding and bilateral lower limb edema. Abdominal ultrasound confirms a viable fetus and diagnosis a giant haemorrhagic myoma (24 x 20 x 13 cm) and extrinsic compression of inferior venous cave was confirmed in NMR (Figure 1). Considering the increase in symptoms a laparotomic myomectomy was planned.

The patient received standard monitoring with invasive blood pressure, venous canulation and was premedicated (Metoclopramide 10 mg, Ranitidine 10 mg and Fentanyl 50 mcg). An epidural catheter is placed at level L3-L4 (Ropivacaine 0.2 % 10 ml and fentanyl 50 mcg). Rapid sequence induction intubation was conducted (Fentanyl 100 mcg, Propofol 100 mg, Rocuronium 60 mg) and anesthetic maintenance was carry out with Sevorane ® MAC 1 and SEDline® (Physiometric SEDline Monitor). Total bleeding was 2000 ml and the infusion volume were 1500 ml Ringer`s Lactate®, 500 ml Voluvyte® 6 % and transfusion of 3 packed red blood cells and 1 unit of fresh frozen plasma (Figure 2). The hemodynamic stability was maintained (hemoglobin level 10, 5 g / dl, biochemistry and coagulation test were normal). At the end of operation the patient was extubated. The postoperative period was uneventful. The patient was schedule for elective cesarean section in the 36th weeks gestation.

Discussion: Beyond the cases of acute abdomen, other indications for myomectomy in pregnancy are recurrent pain, rapid growth, large myoma located in the lower segment, deforming of the placentation site or compression phenomena with intestinal obstruction [2].

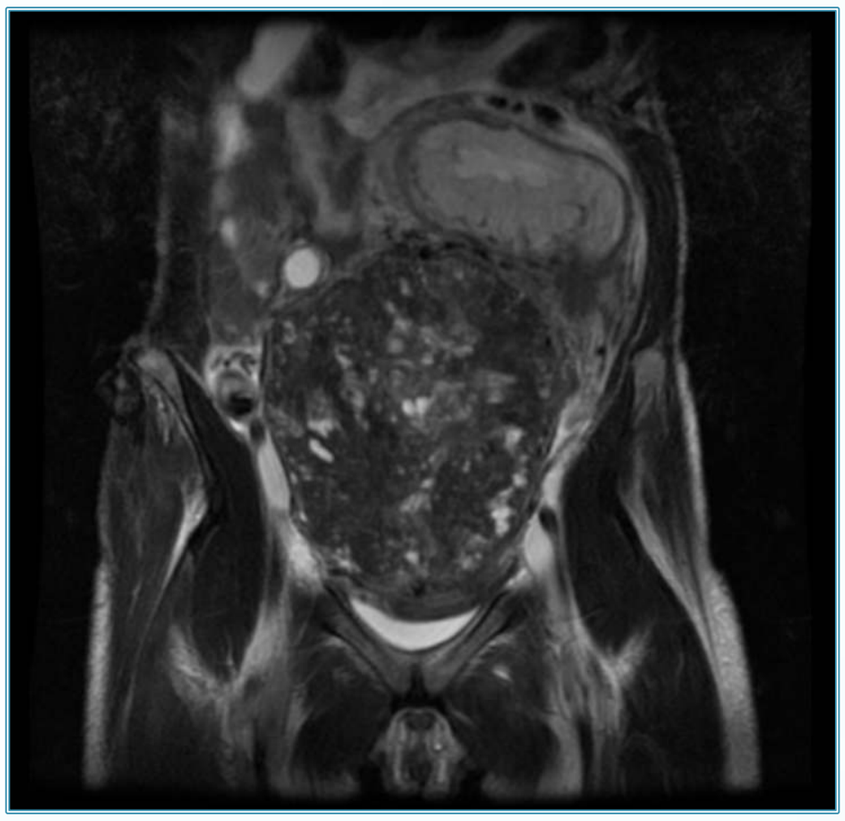

Figure 1: MNR shows fetus and giant myoma

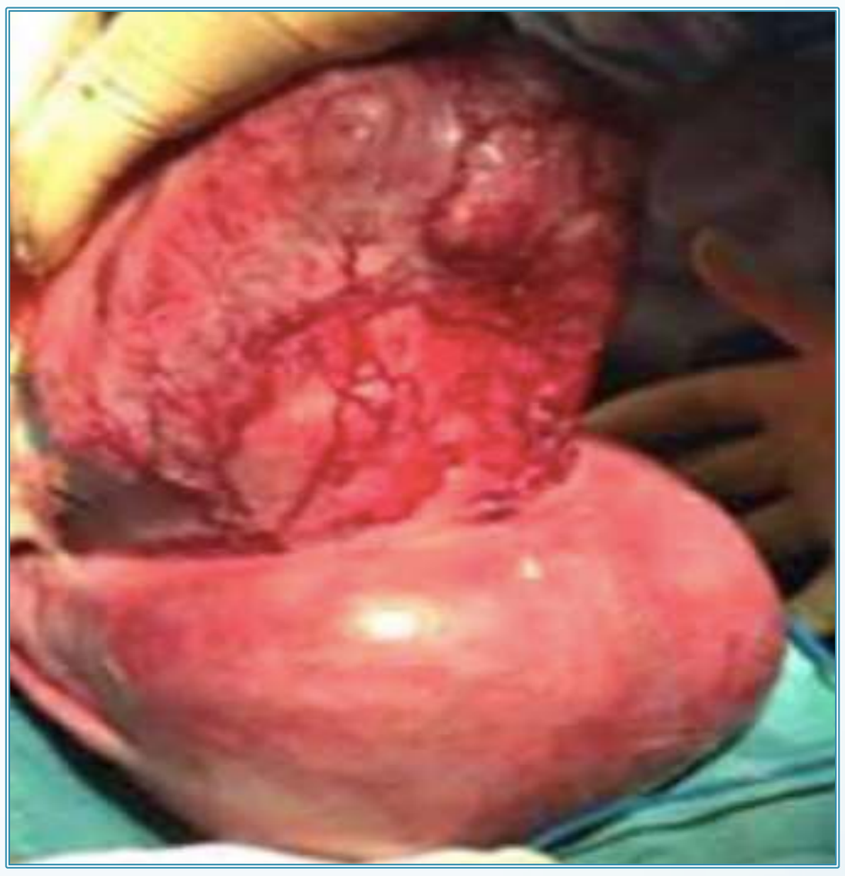

Figure 2: Pregnant uterus and myoma.

Learning points: Myomectomy during pregnancy is extremely rare, management is conservative and surgical removal should be avoided. Anesthetic approach should be individualized to optimize uteroplacentalperfusion and fetal oxygenation

HOSPITAL UNIVERSITARIO DE SALAMANCA

References:
1. Domenici L, et al;. Laparotomic Myomectomy in the 16th Week of Pregnancy: A Case Report. Case Rep Obstet Gynecol. 2014;2014:154347.
2. Campbell JE, et al; Successful pregnancy following myomectomy for uterine smoothmuscle tumor of uncertain malignant potential: A case report and review of the literatura. Gynecologic Oncology Reports 15 (2016) 1-3 .