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MANAGEMENT OF PREGNANCY AND CHILDBIRTH IN WOMEN WITH UTERINE MYOMA

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KEYWORDS

Childbirth, myomectomy, pregnancy, uterine myoma

ABSTRACT

Myoma is a benign tumor of muscle tissue, which is one of the most common tumors of the female genital area. This disease is diagnosed in 20-27% of women of fertile age. In recent decades, uterine fibroids by the time of the realization of the reproductive function are noted in an increasing number of cases, since, due to social motives, women postpone the birth of children to a later period of reproductive age. In this regard, it is quite logical that they increasingly often have questions about the possibility of becoming pregnant in the presence of uterine fibroids or after its removal, about its effect on the course of pregnancy and childbirth.

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Introduction. The state of the tumor directly depends on the level of hormones and the gestational age. At small stages of pregnancy, there is an increase in momentous nodes (their size increases). This phenomenon is associated with the rapid growth of progesterone, a hormone that is responsible for the ability to carry a child. The maximum growth is up to 8 weeks. It is during this period that a miscarriage can occur as a result of a growing fibroid. After 8 weeks, the cell hyperplasia is blocked and the fibroid temporarily stops growing. However, it can increase due to tissue edema or hemodynamic disturbances. The next jump is observed at 12-24 weeks, when the placenta is formed. At the same time, the development of node necrosis with the appearance of the corresponding symptoms of an "acute" abdomen is not excluded. At the onset of the 3rd trimester, fibroids stabilize in size due to a decrease in progesterone levels and its stabilization. Often, for a period of 36-38 weeks, fibroids are not visible even on ultrasound. The tumor did not go away, it only decreased in size, which is why it is not visible during ultrasound diagnostics.

Purpose of research to study. The course of pregnancy and childbirth in pregnant women with uterine fibroids who were hospitalized at the TMA.

Materials and methods. A retrospective analysis of the course of pregnancy, childbirth and the postpartum period was carried out in 30 patients with uterine momma. At the time of delivery, the age of women varied from 23 to 46 years, averaging 34.5 ± 2.3 years. All pregnancies were with single fetus and occurred spontaneous. We have assessed the development of the fetus, exclude intrauterine growth retardation and malnutrition in the momentous nodes, assessed blood circulation in the placenta, uterus and fetus. At the last examination, the localization of the fibroids and placenta, the position and presentation of the fetus are specified in order to decide on the method of delivery.

Results. When analyzing the gynecological history, the following results were obtained: infertility of various origins was noted in 4 (13.3%) women, in 6 (20%) - chronic adenitis. A history of induced abortions was noted in 11 (36.7%) patients, with 5 (16.7%) patients having two or more abortions; spontaneous miscarriages - in 8 (26.7%), of which 1 patient - recurrent miscarriage. Uterine fibroids were detected in 12 (40%) patients before pregnancy, and the duration of the disease ranged from one to 4 years. Treatment of uterine fibroids before pregnancy was carried out in 13 (43.3%) patients: conservative (medication) - in 3 patients, surgical (removal of myomatous nodes) - in 10 patients. Pregnancy proceeded with complications in 24 (80%) patients: threatened termination 21 (87.5%), preeclampsia 3 (12.5%), anemia 22 (91.6%), Placental disorders 13 (54.2%), Low placentation 4 (16.7%). Of 30 pregnant patients with uterine fibroids, 18 (60%) were hospitalized in the pregnancy pathology department for preoperative preparation, which included functional examination: ultrasound of the uterus and myomatous nodes, assessment of the intrauterine state of the fetus. A clinical examination was carried out, including a study of the parameters of hemostasis, vaginal microflora. Some of the pregnant

women were diagnosed with colpitis, about which treatment was carried out before delivery (antiseptics, intravaginal antibiotics). Delivery of the patients, if possible, was carried out closer to the term (39–40 weeks) of pregnancy. Premature birth (at 27–37 weeks) - in 3 women. Delivery time (weeks): less than 28 weeks 1 (5.6%), 29-37 weeks 2 (11.1%). More than 37 weeks 15 (83.3%) When choosing the tactics of childbirth, a number of factors were taken into account: the number of nodes, the location and structure of the myoma node (according to ultrasound), the patient's age, the presence of extragenital pathology, obstetric history, the course and complications of this pregnancy. Vaginal births occurred in 12 cases, accounting for 40%. The following complications were identified in 6 (50%) patients during vaginal delivery: Manual separation and separation of the placenta 3 (25%) Premature effusion of water 4 (30%) Weakness of labor 2 (16.7%).

Conclusion. Early diagnosis of uterine fibroids, an individual approach allows not only to endure pregnancy, often before full-term, but also in the presence of small uterine fibroids, independent vaginal delivery is possible. Prolongation of pregnancy when large and giant uterine fibroids are detected is possible. Delivery in the presence of giant myomatous nodes should be carried out only by cesarean section followed by myomectomy. Delivery of pregnant women with uterine fibroids of large and giant sizes should be carried out in highly qualified institutions, where it is possible to carry out organ-preserving operations, and, if necessary, hysterectomy.

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