SPONTANEOUS CONCEPTION IN A PATIENT WITH DIFFUSE UTERINE LEIOMYOMATOSIS - A CASE REPORT

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ABSTRACT Diffuse uterine leiomyomatosis (DUL) is a rare, benign disease that causes a symmetrical increase in uterine size. Multiple, small, poorly defined leiomyomatosis nodules replace almost entirely the middle layer of the uterine wall. The aetiology of these neoplasms is not completely understood. In this case report, we present a 35-year-old female affected by diffuse uterine leiomyomatosis who was able to conceive spontaneously twice and to deliver two full-term newborns with cesarean delivery. We also illustrate the imaging appearance of diffuse uterine leiomyomatosis the day after cesarean section.

KEYWORDS Diffuse uterine leiomyomatosis, infertility, neoplasms

Introduction

Leiomyomas, also known as fibroids, represent the most common benign tumours of the uterus. They affect 30–50% of the female population of reproductive age and can be the cause of pelvic pain, menorrhagia, dysmenorrhea, dyspareunia and infertility. Leiomyomas ordinarily are present as solitary masses of smooth muscle and can be classified as intramural (within the myometrium), subserosal (below the uterine serosa), or submucosal (below the endometrium).

Atypical patterns of growth have also been described. For example, diffuse leiomyomatosis is an extremely atypical growth pattern where multiple, small, poorly defined leiomyomatosis nodules replace almost completely the uterine myometrium [1].

Case report

A 35-year-old secundiparous presented to our outpatient obstetric clinic. She had been diagnosed with DUL in parallel with her first pregnancy. The ultrasound showed she was approximately 6 weeks pregnant (CRL 5mm). The uterus appeared enlarged (10.8x7 cm) with uncountable small fibroids throughout the myometrium, and the largest one measured 26mm while the small ones measured 4-5mm. The patient had no history of pelvic pain, menorrhagia, dysmenorrhea and dyspareunia, she had never used OCP or any other hormonal contraceptives, and she did not report any chronic disease. Particularly important was that she had experienced uterine scar dehiscence one week after the elective cesarean section performed in 2017 when she was 39 weeks pregnant with her first child. When a fetal ultrasound was performed during the second trimester, it was no longer possible to differentiate the uncountable fibroids from the rest of the myometrium. The course of the pregnancy was uneventful, and the ultrasound and paraclinical monitoring were normal. At 38+5 weeks of gestation, the patient was scheduled for elective cesarean section. At the caesarean section, the surface of the uterus appeared uneven, and even the smaller fibroids could be distinctly palpated. A low segment cesarean section (LSCS) was performed. The uterine cavity had an irregular shape macroscopically, yet it was even smooth. A healthy baby of 3.2 Kg was delivered. There was no postpartum haemorrhage and no uterine scar dehiscence. The puerperium was uneventful. The day after the c-section, a transabdominal ultrasound (Figure 1) and a CT scan (Figure 2) were performed.
Conclusion

Diffuse uterine leiomyomatosis (DUL) is a rare condition often associated with infertility, its rarity may in part be due to poor reporting or poor recognition. [2] Successful Pregnancies in Women with Diffuse Uterine Leiomyomatosis are described after medical management [3], Hysteroscopic Management [4], high-intensity focused ultrasound (HIFU) ablation [5] and after a combination of these approaches. The patient had two successful spontaneous pregnancies without any intervention in our case.

Because the diagnosis was known, we were aware of complications, especially the risk for severe peripartum haemorrhage. We informed the patient about the potential complications to be mentally prepared even in the unfortunate event that a hysterectomy would be necessary. In conclusion, since spontaneous pregnancies in patients affected by DUL are possible, steps forwards should be made in order to recognize this condition not only antenatally clearly but especially during an ongoing pregnancy.

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Conflict of interest

There are no conflicts of interest to declare by any of the authors of this study.

References


