

# Unveiling the Complexities of Myomas in Pregnancy: A Prospective Observational Study

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## ABSTRACT

**Objective:** To assess the impact of fibroids on maternal and perinatal outcomes during pregnancy.

**Methods:** The prospective observational study was conducted from September 2015 to August 2017, wherein all antenatal cases with fibroid uterus identified antenatally on ultrasound were evaluated for obstetrical outcome and followed-up to 6 weeks postpartum. All obstetric cases with an intraoperative diagnosis of fibroid were studied retrospectively.

**Results:** Out of 11,383 women who delivered over a two-year period, 131 were diagnosed with fibroids. This represents an incidence rate of 8.69% for fibroids complicating pregnancy. The mean age of the patients was 30.2 years. Out of 131 patients, 113 patients delivered, within which 41 had a vaginal delivery and 72 underwent cesarean section. Fibroids were observed more frequently in primigravida women, with 73 cases (55.7%), compared to 56 cases (44.3%) in multigravida. Considering the antepartum complications, 18 women had abortion, 10 presented with pain, 21 had prelabor rupture of membranes (PROM), 10 had malpresentation and 9 went into preterm labor. The patients with submucosal fibroids were at risk of developing abortion when compared with other types of fibroids. About, 35 women underwent cesarean section due to fibroid related indication and 37 due to obstetric indication. Among 113 babies, 90 had an APGAR score more than 7/10 and 76% of the babies weighed more than 2.5 kg.

**Conclusion:** Fibroids are often asymptomatic during pregnancy, but they can sometimes lead to complications that may impact the course of pregnancy and delivery. Therefore, diligent and comprehensive screening throughout pregnancy and the postpartum period is crucial to prevent unpropitious obstetric complications and enhance outcomes.

**Keywords:** Cesarean myomectomy, Cesarean section, Fibroid uterus, Leiomyoma, Pregnancy complication.

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## INTRODUCTION

Leiomyomas are prevalent benign tumors composed of smooth muscle tissue found in the uterus.<sup>1</sup> Overall the incidence of myoma is 40–60% and is showing an increasing trend predominantly in nulliparous women and with maternal age of more than 35 years.<sup>1,2</sup> The diagnosis of fibroid in pregnancy is onerous at times. The thickening of the myometrium can make detection more challenging, potentially indicating that the real prevalence of fibroids during pregnancy may be considerably greater. The characteristics like size, type, location, number affects the pregnancy outcome in diverse ways.<sup>1</sup> The leiomyomas may grow considerably during the 1st trimester of pregnancy, but it shows minimal growth towards later part of pregnancy and end of gestation.<sup>3</sup> Nearly 90% of women diagnosed with myomas in their first trimester will experience a reduction volume of these growths, while 10% may show an increase in volume when reassessed at 3–6 months postpartum.<sup>4</sup>

Myomas may be linked to a higher incidence of complications during pregnancy, labor, and delivery.<sup>5</sup> They can cause abortion, preterm labor, placenta previa, abruption, premature rupture of membranes, fetal malpresentations, dysfunctional or obstructed labor and postpartum hemorrhage. They are also associated with an increased rate of cesarean section, the need for cesarean myomectomy or peripartum hysterectomy due to postpartum hemorrhage, especially seen in larger submucosal, retroplacental fibroids, fibroids in the lower segment of the uterus and multiple fibroids.<sup>6,7</sup>

Nonetheless, there is a paucity of meticulously designed studies that furnish comprehensive data on the influence of myomas on

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pregnancy outcomes within the Asian population, especially in India. Considering this, our aim was to investigate the incidence, clinical features, and outcomes for both mothers and the babies, including problems in pregnancies complicated by fibroid in our population.

## METHODOLOGY

The research was conducted in the Obstetrics and Gynecology Department at Lady Goschen Hospital and KMC Hospital Attavar, associated with Kasturba Medical College, Mangalore, Manipal University. This was a prospective observational study done over a period of 2 years from September 2015 to August 2017.

Ethical approval was received from the Institutional Ethical Committee. All antenatal cases with uterine myoma uterus on ultrasound and with intraoperative diagnosis of myoma were incorporated in the study. They were evaluated for maternal and fetal outcome and followed-up to 6 weeks postpartum.

The demographic information data of each patient was documented. The parameters such as age, parity, and period of gestation at diagnosis and delivery were noted. The fibroid characteristics like size, type, location, and number were recorded. The investigation delved into maternal complications across the antepartum, intrapartum, and postpartum periods, while also evaluating the methods of delivery and the indications for cesarean sections. Antepartum complications like abortion, pain, preterm labor, prelabor rupture of membranes, placental abruption, placenta previa, preeclampsia, IUGR, malpresentation. Intrapartum complications like cervical dystocia, fetal distress, cesarean section, cesarean myomectomy, peripartum hysterectomy, retained placenta, and hemorrhage. Puerperal complications like sub involution, sepsis, uterine inversion, and postpartum hemorrhage were studied. The association of maternal complications with size, type, location, and number of fibroids were analyzed. Perinatal outcome in terms of preterm or term, APGAR score, weight of the baby, NICU admissions, stillbirths, and perinatal deaths were studied.

**Statistical Analysis**

Statistical analysis was done by Chi-square test, Fischer’s exact T-test, and binomial test. Statistical package SPSS version 17 was used. A probability value of less than 0.05 was deemed statistically significant.

**RESULTS**

An overall 11,383 women delivered during a 2-year period of which 131 women were diagnosed with myoma. Our study found that the occurrence of fibroids complicating pregnancy was 8.69% for every 1,000 live births. Women with uterine fibroids were found to be older with the mean age being 31 years. Fibroids were observed more frequently in primigravida women, with 73 cases (55.7%), compared to 56 cases (44.3%) in multigravida. The majority of the women (71.74%) were diagnosed to have a fibroid at less than 12 weeks of gestation. Amongst them, 92 (70.22%) had fibroids of size < 4 cm, 62 (47.32%) measured 4–7 cm and 30 (22.9%) patients had size of >7 cm. With respect to location of fibroid 66 (50.38%) were subserosal, 37 (28.24%) were intramural, 8 (6.1%) had submucosal, and 16 (12.21%) women had combined (intramural with submucosal) fibroids (Table 1). Amid the 131 women, 19 (14.5%) had a fibroid located in the lower uterine segment.

Out of 131 patients, 113 patients delivered either by vaginal delivery or cesarean section, and 18 patients had abortions. Among 113 patients, 9 had a preterm delivery and 104 patients delivered at term. Around 41 patients delivered vaginally and 72 patients underwent a cesarean section ( $p = 0.014$ ) which was statistically significant. Considering the indication for cesarean section, 35 (48.6%) were fibroid-related, and 37 (51.38%) were ascribed to obstetric indication. The most common fibroid related indication was attributable to malpresentations 13 (7.69%), followed by arrest of descent, placenta previa, deep transverse arrest, and cervical dystocia. Among obstetric related indications, the most frequent were previous cesarean section 13 (9.9%) patients, others being fetal distress, meconium-stained amniotic fluid, and severe preeclampsia (Table 2).

Pertaining to the antepartum complications, 18 (13.74%) suffered an abortion, 10 (7.63%) presented with pain, 21 (16.03%)

**Table 1:** General characteristics of study population

Parameter	Variable	n = 131	Percentage (%)
Age of patient (years)	20–25	21	16.03
	26–30	50	38.16
	31–35	42	32.06
	>35	18	13.74
Parity	Primi	73	55.72
	Multi	58	44.27
Gestation age at diagnosis (weeks)	<12	50	38.16
	13–20	44	33.58
	21–28	17	13
	29–36	20	15
Size of fibroid (cm)	<4	36	27.48
	4–7	62	47.32
	>7	33	22.9
Type of fibroid	Subserosal	66	50.38
	Intramural	37	28.24
	Submucosal	8	6
	Combined	20	15.26
Location of fibroid	Upper segment	61	46.5
	Lower uterine segment	19	14.5
Mode of delivery	Vaginal delivery	40	35.39
	Operative vaginal delivery (vacuum/forceps)	1	0.88
	Cesarean delivery	72	63.71

**Table 2:** Indication for cesarean section in pregnancies with fibroid

Parameter	Indication	(n = 72)
Fibroid related indication	Malpresentation	10
	Arrest disorder	9
	Placenta previa	5
	Cervical fibroid	4
	Protraction disorder	4
	Previous myomectomy	3
Obstetric indication	Previous cesarean section	13
	Nonreassuring fetal heart status (NRFHS)	18
	Cephalopelvic disproportion	6

with PROM, 10 (7.63%) women had malpresentations and 9 (6.87%) went into preterm labor (Table 3). Among the intrapartum complications, 72 (54.96%) women required cesarean section, 18 (13.74%) had nonreassuring fetal heart sound and 13 suffered a dysfunctional labor. The patients with submucosal fibroids were at higher risk of having an abortion when compared with other type of fibroid ( $p$ -value < 0.001) (Table 4).

Out of 102 babies, 90 had an APGAR score greater than 7/10, while 12 had a score less than 7/10. Additionally, 76% of the babies weighed more than 2.5 kg. Among them, 9 were born preterm, and 93 were born at term. There were 16 NICU admissions, representing 12.21% of the total, and there were 3 perinatal deaths. Of the 3 perinatal deaths, 2 were due to low birth weight and prematurity, and 1 was caused by congenital diaphragmatic hernia.

**DISCUSSION**

We studied the prevalence, clinical presentation, and both maternal and fetal outcomes of leiomyoma in pregnant women

at two tertiary care hospitals in Mangalore. During the 2-year period, 11,383 women delivered of which 131 were diagnosed with leiomyoma. The prevalence of pregnancy complicated with leiomyoma was 8.69% per 1,000 live births. Various studies have reported a prevalence of 1.2–10.7%.<sup>1,6</sup> Our study reported a mean maternal age of 30.2 years, which aligns with findings from other studies and indicates that leiomyoma commonly occurs during the second and third decennium of life.<sup>8</sup>

Our research revealed that fibroids were more frequent in primigravida (55.72%) which was analogous to study by Dasgupta et al.<sup>9</sup> This is in contrast with earlier studies by Poovathi and Ramalingam, Maliwad et al., and Saha MM et al.<sup>1,10,11</sup> who observed it was more common in multigravida. This can be explained by advanced maternal age at marriage, increased rate of obesity, treatment for infertility like myomectomy. Most of the patients in our study were diagnosed at less than 12 weeks which is comparable to a study by Poovathi and Ramalingam.<sup>1</sup> This was due to the fact of compulsory early scan being done at the initial visit.

The most common type of fibroid was subserosal which was in contrast with Lam SL et al. where intramural fibroids were common and seen in 33% of patients.<sup>12</sup> In 19 (14.5%) patients, fibroids were located at the lower uterine segment which was commensurable to a study by Lam SL et al.<sup>12</sup> Around 72 (54%) women had a single fibroid and 56 (42.74%) had multiple fibroids which was contrary to a study by Lam SL et al. where 40% had a single fibroid and 60% had multiple fibroids.<sup>12</sup> Out of 102 patients who delivered, 9 (6.87%) were preterm deliveries. This is in contrast with Poovathi and Ramalingam where the preterm deliveries were 10%.<sup>1</sup> We had an abortion rate

of 13.74% which was comparable to various other studies.<sup>1,9,10</sup> But in a study by Noor et al., the abortion rate was 6.33% which was below our present study. All 8 patients with submucosal fibroid had abortions with a *p*-value < 0.001 which was highly significant. Pritts et al. conducted a meta-analysis, on pregnant women with uterine fibroid who underwent treatment for infertility.<sup>13</sup> He observed that any leiomyoma at any location was associated with a higher risk of abortions (95% CI: 1.4–2.1).<sup>12</sup> This can be explained by the fact that the vascular architecture of the endometrium may be distorted, and the uterine cavity be compressed owing to the submucosal fibroid projecting into the cavity at that specific site. It interferes with uteroplacental circulation which may cause spontaneous pregnancy loss.

In our study, 10 (7.63%) patients developed pain in the abdomen, which was less than the study by Maliwad et al. (41.1%).<sup>10</sup> Poovathi and Ramalingam (23.3%).<sup>1</sup> The incidence of pain abdomen was nil in a study by Saha et al.<sup>11</sup> In the present study, pain emerged as the most common symptom, primarily affecting women with larger fibroids (over 5 cm) during the first and second trimesters of pregnancy. All patients with pain were managed conservatively with analgesics. The incidence of PROM was 6.87% and preterm delivery was 16.03%. Which was comparable to a study by Poovathi and Ramalingam<sup>1</sup> and Zimmermann et al. conducted a retrospective case-control study in which they observed, 7% of women who had uterine fibroids developed PPROM compared with 1% who did not have fibroids.<sup>14</sup> The incidence of IUGR was 6.87% which was similar to a study by Noor et al.<sup>15</sup> Preeclampsia was seen in 1.52% of patients. Yequn Chen and colleagues found in their study that women who had uterine fibroids diagnosed before the 20th week of pregnancy were at a higher risk of developing hypertensive disorders relative to those without fibroids.<sup>16</sup> In the present study, the incidence of malpresentation was 7.63% and various studies have reported malpresentation rate between 14 and 25%.<sup>1,11,15</sup> There were no cases of abruption in our study. There were no cases of retained placenta, cesarean hysterectomy, puerperal complications in our study.

Amid 102 patients, 93 (70%) delivered at term. Shavel et al. observed that women without fibroid or with small uterine fibroid (≤5 cm) delivered at term gestation and those with large uterine fibroid (>5 cm) at a significantly earlier gestational age.<sup>17</sup> Stout et al. found nil association between myomas and the risk of preterm birth.<sup>18</sup> Among patients who delivered vaginally, 35.39% of patients had normal vaginal delivery which was comparable to a study by Poovathi and Ramalingam but higher than various other studies.<sup>1,10–12</sup> In the present study, the incidence of vacuum delivery was 0.88% which is less than the study by Poovathi and Ramalingam, Saha et al., and Noor et al.<sup>1,11,15</sup> We observed an incidence of cesarean section of 63.71%. Many studies have

**Table 3:** Complications associated with fibroid in pregnancy

Parameters	Variable	n	Percentage (%)
Antepartum complication	Abortion	18	13.74
	Pain	10	7.63
	Preterm labor	9	6.87
	Prelabor rupture of membranes	21	16.03
	Fetal growth restriction	9	6.87
	Malpresentations	10	7.63
	Abruption	Nil	–
Intrapartum complication	Placenta previa	5	3.81
	Dysfunctional labor	13	9.92
	NR FHS	18	13.74
	Cesarean delivery	72	54.96
	Cesarean myomectomy	2	1.52
Postpartum hemorrhage	2	1.52	

**Table 4:** Comparing maternal complications with type of fibroid during pregnancy

Complications	Subserosal	Intramural	Submucosal	Combined	p-value
Pain	4	5	–	1	0.562
Abortion	5	2	8	3	<0.001
Preterm labor	5	3	–	1	0.917
PROM	7	10	–	4	0.731
FGR	3	4	–	2	0.562
Malpresentations	3	5	–	2	0.731
Placenta previa	2	3	–	–	>0.05
Cesarean section	35	18	11	2	0.736

reported cesarean section rate between 60 and 80%.<sup>1,10,11,13</sup> Ciavattini and associates in their retrospective study, observed that women with uterine fibroids had a markedly higher rate of cesarean sections compared to those without, and the increased risk was noted particularly in women with multiple leiomyomas.<sup>19</sup>

Out of 72 patients, 35 (25.2%) patients underwent cesarean section due to fibroid-related indication ( $p < 0.05$ ) and 37 (26.64%) patients underwent cesarean section due to obstetric indication. This was comparable to a study by Poovathi and Ramalingam.<sup>1</sup> In the present study, cesarean myomectomy was done in 2 (1.52%) patients. Both were subserosal in location and were seen at the incision on the lower uterine segment of the uterus. Mihaela Camelia Tirnovanu et al. concluded that regular cesarean myomectomy is not indicated due to hemorrhage and prolonged operative time.<sup>5</sup> There were 2 cases of PPH in our present study, which is in contrast with other studies.<sup>9,10,15</sup> In a study conducted by Conti et al., patients with leiomyoma showed significantly more postpartum hemorrhage.<sup>20</sup>

In our study, 90 babies (88.2%) had an APGAR score more than 7, comparable to a study by Noor et al.<sup>15</sup> (86%) but was higher than the study by Saha MM et al.<sup>11</sup> In the present study, 9 babies were preterm, and 93 babies were in term gestation. Among them, 78 (76.4%) babies weighed more than 2.5 kg which was higher than the observation by Saha et al. and Noor et al.<sup>11,15</sup> In the perinatal period, 16 babies (12.21%) had NICU admissions and 3 perinatal deaths. Two of them died because of low birth weight with prematurity, one of them died because of congenital diaphragmatic hernia. Ruchika Garg reported severe preeclampsia in fibroids with pregnancy.<sup>21,22</sup>

There were some limitations in our study, like the postpartum follow-up of the patients could not be done to look for the status of the uterine fibroid. In spite of trying to account for all the confounders we may have some unknown confounders in the study. Our large sample size was the major strength of the study which provided vast data on maternal and fetal outcomes on this topic in our country.

## CONCLUSION

Although the majority of fibroids remain asymptomatic during pregnancy, they can still impact maternal and fetal outcomes based on their location, size, and number. Fibroid in pregnancy is shown to cause a higher incidence of abortion, preterm birth, malpresentations, cesarean delivery, intrauterine growth restriction, and placenta previa. There has been a great deal of controversy regarding the influence of uterine myomas on fertility and pregnancy outcomes, especially the ones conceived via infertility treatment. Due to this, the benefit of myomectomy has also been uncertain. There needs to be continued research to investigate the association between myomas and pregnancy outcomes, particularly whether myomectomy improves the outcome in our population.

Our study recommends being wary when dealing with fibroids in pregnancy. Regular antenatal care and monitoring of myomas could be useful to prevent complications and enable optimal management of both fetal and maternal health.

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