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A STUDY REGARDING OUTCOME OF PREGNANCY IN FIBROIDS OF THE UTERUS

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ABSTRACT

Objectives: To study the outcome of pregnancy in Fibroids of the Uterus. **Design of Study:** Prospective / Experimental Study. **Place and Duration of Study:** This study was conducted at Nishtar Medical University and Hospital, Multan from January 2017 to January 2018. **Materials and Methods:** This study was carried to hunt out the results of maternity associated with female internal reproductive organ fibroids and to search out the actual indisputable fact that every pregnant female ought to be screened for female internal reproductive organ fibroids (UF). If the fibroids diagnosed together with pregnancy, these patients wish alert prenatal care and thus the maternity got to be treated as high risk maternity. Fifty pregnant females with fibroids of the womb were listed throughout this Prospective Experimental Study. Performa was designed to record age, socio economic standing, area, complications in early, late maternity and delivery. Written consent was taken from each patient. Permission was in addition taken from ethical committee of the institutes. The information was analyzed on SPSS version 10 for results. **Results:** In this study it was observed that incidence of pregnancy with fibroids uterus was higher (54%) n=27 at the age of 31-35 years as compared to other age groups. The women of middle socio economic group had higher incidence of pregnancy with Fibroids of the Uterus (46%) n=23 as compared to other socio economic group of women. The women from rural areas had double incidence of pregnancy with Fibroids of the Uterus (68%) n=34 as compared to women having pregnancy with Fibroids of the Uterus from urban areas (32%) n=16. The incidence of miscarriage of pregnancy with Fibroids of the Uterus was maximum (28%) n=14 and patients of fetal growth restriction was minimum (04%)n=02 in complications of pregnancy. The incidence of Postpartum hemorrhage was maximum (46%) n=23 and minimum (08%) n=04 in case of retained placenta during delivery.

KEYWORDS: Fibroids, Miscarriage, Preterm labor, Placenta disruption, fetal anomalies, Myomectomy, arterial blood vessel embolism.

INTRODUCTION

Fibroids are benign smooth muscle cell tumors of the female internal reproductive organ. although they're terribly common, with academic degree overall incidence of forty to sixty percent at age of thirty five and seventy to eighty percent by age fifty, the precise etiology of female internal reproductive organ fibroids remains unclear.[1] The designation of fibroids in physiological state is neither undemanding nor easy. Alone forty two % of huge fibroids (> 5 cm) and twelve. 5 % of smaller fibroids (3–5 cm) could also be diagnosed on physical examination.[2] The ability of ultrasound to seek out fibroids in physiological condition is even a lot of restricted (1.4%–2.7%) primarily because of the problem of differentiating fibroids from physical thickening of the graceful muscle.[3,6] The prevalence of feminine internal sex organ fibroids throughout physiological state is therefore apparently under-estimated. Reflective the growing trend of delayed childbearing, the incidence of fibroids in older women undergoing treatment for physiological condition is reportedly twelve-tone system twenty fifth.[7] Despite their growing prevalence, the association between female internal reproductive organ fibroids and adverse physiological state outcome is not clearly understood. Prospective studies exploitation ultrasound to follow the size of feminine internal sex organ fibroids throughout physiological state have shown that the majority of fibroids (60%–78%) do not demonstrate any very important modification in volume throughout physiological condition8,9. Of the twenty two % to thirty two % of fibroids that did increase in volume, the enlargement was restricted nearly fully to the primary trimester, significantly the primary 10 weeks of gestation, with very little if any growth inside the second and third trimesters. The mean increase in volume during this cohort was solely twelve percent ± 6 tone system ± 6 June 1944, and therefore the most growth was solely twenty fifth of the initial volume.[8] Some studies have

shown that little fibroids square measure even as seemingly to grow as massive fibroids,[8] whereas different studies have steered that little {and massive and enormous and huge} fibroids (≥ six cm) have totally different growth patterns within the trimester (small fibroids grow whereas large fibroids stay unchanged or decrease in size), however all decrease in size within the trimester.[9,10] The bulk of fibroids show no amendment throughout the time period, although 7.8% can decrease in volume by up to 100%.[8,9]

Most fibroids square measure well. However, severe localized abdominal pain will occur if a fibroid undergoes questionable "red degeneration," torsion (seen most ordinarily with a pedunculated sub serosal fibroid), or impaction. Pain is that the commonest complication of fibroids in physiological condition, and is seen most frequently in girls with massive fibroids (> five cm) throughout the second and third trimesters of physiological condition.[3,11]

MATERIALS AND METHODS

This study was carried to find out the result of maternity related to female internal reproductive organ fibroids and to find out the actual fact that each pregnant female should be screened for female internal reproductive organ fibroids (UF). If the fibroids size measure & diagnosed along with pregnancy, these patients want special prenatal care and therefore the maternity ought to be treated as high risk maternity. Fifty pregnant females with fibroids of the uterus were enrolled during this Prospective Experimental Study. Performa was designed to record age, socio economic standing, area, complications in early, late pregnancy and delivery.

Written informed consent was taken from every patient. Permission was additionally taken from ethical committee of the institutes. The data was analyzed on SPSS version ten for results.

RESULTS

In this study it was observed that incidence of pregnancy with fibroids uterus was higher (50%) n=25 at the age of 31-35 years as compared to other age groups as shown in table 1. The women of middle socio economic group had higher incidence of pregnancy with Fibroids of the Uterus (50%) n=25. The women from rural areas had double incidence of pregnancy with Fibroids of the Uterus (64%) n=32 as compared to women having pregnancy with Fibroids of the Uterus from urban areas (36%) n=18. The incidence of miscarriage of pregnancy with Fibroids of the Uterus was maximum (26%) n=13 and patients of fetal growth restriction was minimum (06%) n=03 in complications of pregnancy as shown in table 4. The incidence of Postpartum hemorrhage was maximum (42%) n=21 and minimum (10%) n=05, in case of retained placenta during delivery as shown in table 5.

Table No. 1: Age distribution in Fibroids of the Uterus and outcome of Pregnancy.

Sr.No	Age (Years)	Cases	Percentage%
1	25-30	9	18%
2	31-35	25	50%
3	36-40	16	32%
	Total	50	100%

Table No. 2: Socio economic status distribution in Fibroids of the Uterus and outcome of Pregnancy.

Sr No	Socio economic status	Cases	Percentage %
1	High	12	24%
2	Middle	25	50%
3	Low	13	26%
	Total	50	100%

Table No. 3: Area distribution in Fibroids of the Uterus and outcome of Pregnancy.

Sr.No	Area	Cases	Percentage%
1	Urban	18	36%
2	Rural	32	64%
	Total	50	100%

Table No. 4: Complications of pregnancy in Fibroids of the Uterus.

Sr.No	Complications	Cases	Percentage %
1	Miscarriage	13	26%
2	Bleeding in early pregnancy	4	08%
3	Preterm labor	12	24%
4	Placental abruption	9	18%
5	Placenta previa	9	18%
6	Fetal growth restriction	3	06%
	Total	50	100%

Table No. 5: Complications of delivery in Fibroids of the Uterus.

Sr.No	Complications	Cases	Percentage %
1	Malpresentation	15	30%
2	Postpartum hemorrhage	21	42%
3	Retained placenta	05	10%
4	Cesarean delivery	9	18%
	Total	50	100%

DISCUSSION

In our study it had been seen that incidence of physiological state with fibroids female internal reproductive organ was higher (50%) n=25 at the age of 31-35 years as compared to other age groups. The women of middle socio economic class had higher incidence of physiological state with Fibroids of the

female internal reproductive organ (50%) n=25 as compared to other socio economic group of women. The women from rural areas had double incidence of physiological state with Fibroids of the female internal reproductive organ (64%) n=32 as compared to women having physiological state with Fibroids of the female internal reproductive organ from urban areas (36%) n=18[7]. In our study the incidence of Placental gap was (10%). The relationship between fibroids and pregnancy outcome was seen in number of studies, each of that counsel that the presence of fibroids is related to a 2-fold augmented risk of maternity even when adjusting for previous surgeries like caesarian section or Myomectomy.[4,7,12] However in our study it had been (10%) cases of maternity. Fetal growth doesn't seem to be suffering from the presence of female internal reproductive organ fibroids. Though accumulative knowledge and a population based study urged that ladies with fibroids at slightly augmented risk of delivering a growth restricted baby. In our study the incidence of fetal growth restriction was (2%). The risk of fetal Malpresentation will increase in ladies with fibroids compared with managed women (13% vs. 4.5%, severally.[7,12] Large fibroids, multiple fibroids, and fibroids within the lower female internal reproductive organ phase have been at risk factors for malpresentation[4,10,12], In our study the incidence of fetal Malpresentation was (26%).

Numerous studies have shown that female internal reproductive organ fibroids is a single risk factor for cesarean section.[3,7,10,12] During a systematic review, ladies with fibroids were at a 3 to 7 fold augmented risk of cesarean section (48.8% vs. 13.3%, respectively).[7] This is due partly to a rise abdominal dystocia that is augmented 2-fold in pregnant ladies with fibroids.[7,12] Malpresentation, massive fibroids, multiple fibroids, sub mucosal fibroids, and fibroids within the lower female internal reproductive organ are thought-about predisposing factors for cesarean section.[5,10,12] In our study the incidence of cesarean section was (10%) that is opposite to other studies. Reports on the association between fibroids and postnatal hemorrhage area unit conflicting.[2,10,12] Pooled accumulative knowledge counsel that postnatal hemorrhage is considerably a lot of possible in ladies with fibroids compared with management subjects (2.5% vs. 1.4%, severally[7] Fibroids could distort the female internal reproductive organ design and interfere with myometrium contractions resulting in female internal reproductive organ status and postnatal hemorrhage.[12] In our study the incidence of postnatal hemorrhages (46%) that was higher as compared to alternative complications of delivery with fibroids of female internal reproductive organ.

One study reported that preserved placenta was a lot of common in ladies with fibroids, however as long as the fibroid was settled within the lower female internal reproductive organ phase[10] but, pooled accumulative knowledge counsel that preserved placenta a is a lot of common altogether ladies with fibroids compared with management subjects, despite the placement of the fibroid (1.4% vs. 0.6%, severally.[7] In our study the incidence was (08%) that was very low as compared to other complications of delivery with fibroids of the uterus.

CONCLUSION

Uterine fibroids are very common in women of reproductive age.

Pain is the most common complication of fibroids during pregnancy. The symptoms can usually be controlled by conservative treatment such as bed rest, hydration, and analgesics.

Conflict of Interest: The study has no conflict of interest to declare by any author.

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