

**CAESAREAN SECTION FOR BREECH PRESENTATION ON SCARRED UTERUS  
WITH GIANT FIBROID PRAEVIA****Khalid Lghamour\*, Najia Zraidi, Amina Lakhdar, Aicha Kharbach and Aziz Baidada**Gynecology-Obstetrics and endoscopy Department, Maternity Souissi, University Hospital Center IBN SINA,  
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**ABSTRACT**

Breech presentation at term occurs in 3-4% of the pregnant population. The fibroid is a source of obstetrical complications in pregnant women in 10 to 40% of cases. We describe a case of a Caesarean section for breech presentation on scarred uterus with giant fibroid praevia measuring just 12 cm/10 cm in diameters.

**KEYWORDS:** Breech presentation; Caesarean section; scarred uterus, uterine fibroid.**INTRODUCTION**

Breech presentation is a longitudinal presentation in which the pelvic end of the fetal mobile is in contact with the superior strait while the cephalic end is at the level of the uterine fundus. This is the most frequent presentation after the vertex presentation.<sup>[1]</sup>

Uterine fibroids are the most common benign tumor in women of woman of childbearing age.

The probability of encountering the interaction of the fibroid with pregnancy is therefore high.

The Scarred uterus is a risk factor for fetal and maternal morbidity for subsequent pregnancies.<sup>[2]</sup> Indeed, the main feared risk of a scarred uterus is that of uterine rupture.

The combination of a scarred uterus with breech presentation and giant fibroid praevia is a definite indication for cesarean section.

**CASE REPORT**

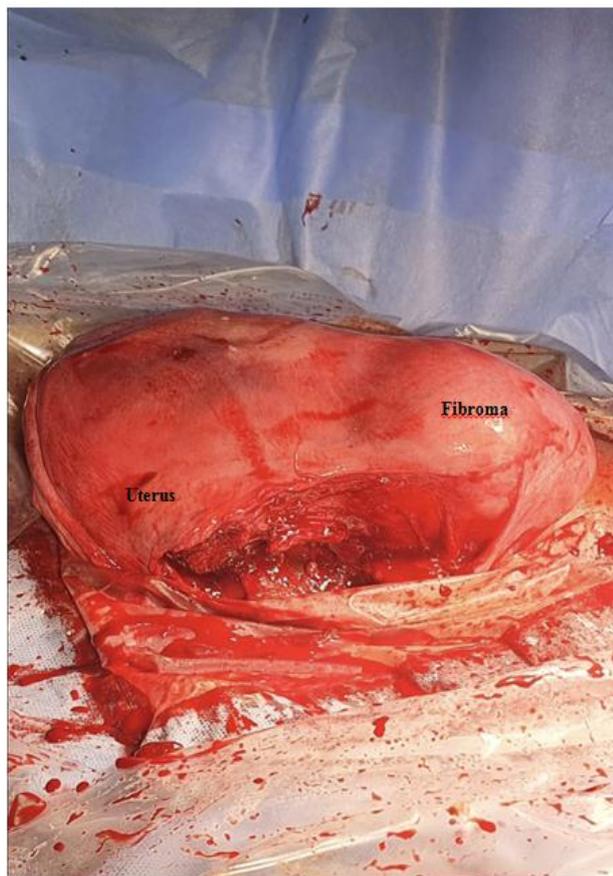
39-year-old patient, history of scarred uterus, gravida 2, para 2, the first pregnancy ended with a caesarean section 3 years ago for premature rupture of membranes of more than 24 hours, the current pregnancy is estimated at 40 weeks of amenorrhea 3 days according to the date of the last menstruation.

On admission, the patient was normotensive and afebrile, on vaginal touch the cervix was open with one finger, the membranes had ruptured for 3 hours, the amniotic fluid was clear.

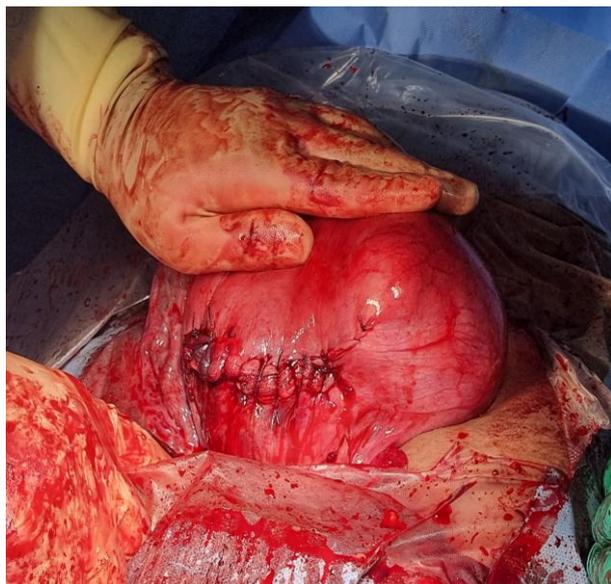
Obstetrical ultrasound showed a progressive monofetal pregnancy with positive cardiac activity, breech presentation, fundal placenta, fetal measurements at term with an estimated fetal weight of 3300 grams.

A caesarean section was indicated for scarred uterus on breech presentation and ruptured membranes with fibroid praevia which allowed the podalic extraction of a live male infant with a birth weight of 3220 grams, Apgar 10/10. The fibroid was not removed during the caesarean section due to the risk of bleeding.

**Figure 1: Anterior fibroma praevia during caesarean section.**



**Figure 2: Uterus with the fibroid after extraction of the fetus.**



**Figure 3: The fibroid was respected during the cesarean section because of the risk of hemorrhage.**

## DISCUSSION

Patients with fibroids don't have high-risk pregnancies, and in most cases the cohabitation is favorable. In delivery remains at risk with more delivery hemorrhage, caesarean section and dystocic presentations.

Giant fibroids in pregnancy can generate a dystocic presentation: 20.5% podalic presentation (while in a case control study they found 4% in the control population and 11% in the population of patients with fibroids).<sup>[3]</sup>

The association of the fibromawith pregnancy is therefore frequent: it will continue to increasegiven the increasingly late onset of pregnancy and the progressively higher incidence of myomas with age.<sup>[4]</sup> Moreover, the development of ultrasound has only increased this frequency, by revealing, during the systematicultrasound examinations in pregnancy, fibroidspreviously asymptomatic. This association between fibroids and pregnancy is therefore underestimated, and it is estimated that between 0.1 and 3.8 % of pregnant womenwith fibroids.<sup>[5]</sup>

Fibroids are a source of obstetrical complications inpregnant women in 10 to 40% of cases: in fact, they can haveconsequences on fertility or complicate the evolution of the pregnancy, delivery and postpartum.<sup>[5]</sup>

For patients who arrive in labor with a breech presentation and have a scarred uterus from a previous cesarean section, the consensus is that the patient should have a repeat cesarean section.<sup>[6]</sup> However, this point of view is not supported by an abundance of data and may change in the future.

In 2001, the American College of Gynecology-obstetric<sup>[7]</sup>, following the work of Hannah, and indicating that a caesarean section should be performed in patients with podalic presentation at term and scarred uterus.

The presence of a praevia mass such as the fibroid in our case makes cesarean section the one and only mode of delivery.

During Caesarean section, myomectomyis also contraindicated unless the fibroid is sub serous pedicled, because of the risk of haemorrhage and the fact that the fibroid very often diminishes in size after delivery.

## CONCLUSION

The management of podalic presentations in patients with a scarred uterus is a particular obstetrical situation that requires anticipation of the mode of delivery.

A history of Caesarean section in patients with breech presentation should not be an argument in favor of a routine iterative cesarean section systematically. The presence of a praevia mass such as a giant fibroid in our case imposes the indication of a cesarean section.

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