



Myomectomy in Pregnancy- A Safe Mode of Therapy.

Case Discussion

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ABSTRACT

Uterine leiomyoma (Fibroids) that occurs in pregnant women, on occasion, undergoes degeneration and causes sharp pain. Analgesics and a number of home remedies, including local soothing measures, are the recommended form of treatment. Surgery is generally avoided. However, for those women, the pain is persistent, and surgical removal is the only option.

We reported a Case of a pregnant woman who presented at thirteen weeks' gestation with abdominal pain due to a degenerative fibroid. She was initially managed with analgesics and some home measures. The pain persisted, and thus, resorted to surgical management at the fifteenth week of gestation. Three leiomyomas were removed. All showed degenerative changes. The blood loss was 100 ml. This is the third case we performed, all with satisfactory outcomes. The pregnancy is progressing well now at thirty weeks of gestation. We also analyze literature reviews involving a significant number of articles and cases. All these revealed a similar pattern in the presentation, surgical management, and histology reports. Complications were minimal. No maternal death was reported. Pregnancy outcome was satisfactory.

Therefore, myomectomy in pregnancy should become a routine form of management in cases that present with the complication of pain, not relieved by analgesics and other measures.

Key words: Uterine Leiomyoma, fibroids, pregnancy, myomectomy.

INTRODUCTION

Uterine leiomyoma is a benign tumour. It is an extremely common benign neoplasm in women of reproductive age(1). Famously known as 'Fibroids', uterine fibroids are found in 2-10% of pregnant women (2). They are usually asymptomatic. However, complications may occur, and the pregnant women develop significant symptoms. Pain is the most common one and incapacitates the woman. The fibroids undergo 'Red Degeneration', which causes sharp pain (1). Often, the pain would respond to the analgesics such as Paracetamol. In pregnancy, the fibroids increase in size and cause pressure on the uterine bladder, the inferior vena cava, and occupy the space in the abdomen; thus, the woman feels 'heavy'. There can be a sleep disturbance as well. Therefore, this condition in pregnancy has to be handled effectively until the end of the pregnancy.

The common notion is that this problem should be managed conservatively with rest and analgesics, and avoid surgical intervention antenatally (2). Home remedies such as warm compresses, adequate hydration, yoga exercise, and nutritious food are also recommended. However, if these measures have not given adequate relief, the other option has to be surgical removal of the fibroids.

We report such a case recently managed at the University Obstetrics & Gynaecology Unit, Teaching Hospital, Batticaloa, Sri Lanka.

The Case:

Mrs. FS, a 33-year-old woman in her third pregnancy, presented in her 10th week of gestation with morning

sickness and right-sided lower abdominal pain. She responded to the initial treatment with anti-emetics and Paracetamol. Three weeks later, at the 13th week of pregnancy, she presented with right-sided lower abdominal pain with increasing intensity. Examination revealed a pregnant uterus with a tender, somewhat firm mass of 5 cm diameter occupying the fundus of the uterus towards the right side of the abdomen. It was tender. Ultrasonography revealed a viable singleton intrauterine pregnancy of 13th week gestation and three leiomyomas, one occupying the fundus and posterior wall with degenerative changes, another at the anterior uterine wall about 4 cm in diameter, and another one, 2 cm in size, towards the left side of the anterior uterine wall. The largest one was mostly a sub-serosal. Despite the management with adequate analgesics and other measures, the pain has been increasing in severity, greatly inconveniencing her. It was thus decided to perform myomectomy purely to alleviate her pain.

The myomectomy was done at 15 weeks' gestation under general anesthesia via a midline laparotomy. The findings were: (1) a fundal fibroid, soft in consistency, about 7 x 5 x 5 cm³ size; (2) a fibroid, firm in consistency 5 x 5 x 4 cm³ size, on the anterior wall towards the right side of the uterus; (3) a 3 x 2 x 1 cm³ size fibroid at the left cornu of the uterus. All these fibroids were removed. Blood loss was about 100ml. Hemostasis was achieved. She had a complete recovery and was subsequently discharged home on the third postoperative day. The Histology report was as follows;

Macroscopy:

1. Fibromyoma measures 75x63x50 mm³; On sectioning, degenerative changes were noted (Fig. 1)
2. Multi lobulated fibromyoma measures 55x50x45 mm³, On sectioning, few cystic areas were noted.
3. Fibromyoma measures 30x20x13 mm³; On sectioning, few cystic areas were noted.

Microscopy:

1, 2, and 3: Section showed leiomyomata with degenerative changes. Cystic areas were identified with evidence of hemorrhage.

Conclusion

1. Degenerative leiomyoma
- 2, and 3. Leiomyomata with cystic degenerative changes.

She is continually under antenatal care. Pregnancy is progressing satisfactorily, currently at thirty weeks of gestation, with no abdominal pain. Her confinement is due in the month of March 2026.



Fig 1: shows one fibroid with degenerative changes



DISCUSSION

Uterine fibroids (leiomyomas) are the most common benign tumors in women of reproductive age, and their presence during pregnancy can significantly complicate maternal and perinatal outcomes (3). The potential effects of fibroids on pregnancy and the potential effects of pregnancy on fibroids are a frequent clinical concern since these tumors are common in females of reproductive age. Pain is the most common problem during pregnancy (1). Fibroids often undergo degenerative changes, which is the chief cause of the pain.

In the general context, myomectomy, the surgical removal of the fibroids, is associated with haemorrhage. Myomectomy on the pregnant uterus is generally avoided because of the increased blood supply to the uterus from 5% up to 25% of the total cardiac output. It runs the risk of increased bleeding during surgery. However, a number of studies have been reported, and the safety has been ensured.

Bubmann et al (4) in their review article analyzed 37 papers and 87 cases of myomectomy in pregnant women, found that the oldest reported case was in the year 1989; average gestation of surgical intervention was 16.3 weeks; and the average blood loss was 607 ml with 0 to 4500 ml range. 81.3% of them had complication free post-operative course, while others had infection and blood transfusion. Degenerative changes were reported in 42% of cases sent for histological analysis.

In another such analysis, Amber et al. (3) analyzed 54 articles with 97 cases. They reported that the mean gestation age at diagnosis was 13 weeks, and the mean period of surgery was 16 weeks. Pain was the most common indication for surgery. Histology revealed degenerative changes, and the pregnancy outcome was favourable.

Both analyses concluded that myomectomy during pregnancy appears to be a safe procedure. Additionally, it was stated that the myomectomy shall be considered in cases of symptomatic uterine fibroids not responding to conservative management, following the appropriate counselling regarding the associated risks.

Another such analysis reported a slightly different view. In a literature review, Loverro, Giuseppe et al (5) analyzed 66 articles and 199 cases reported many similar findings, such as gestational age at surgery, size of the fibroid, etc., also reported obstetric complications in eight percent of them, such as miscarriage, fetal demise, and neonatal death. They also concluded that 'Myomectomy is a feasible procedure in those pregnancies complicated by symptomatic fibroids, though surgery in pregnancy is associated with an increased risk of obstetric complications'.

Our experience at Teaching Hospital, Batticaloa, Sri Lanka are; The first case was reported in 2009 (6). This was a 33-year-old woman at 12 weeks of gestation. She developed abdominal pain before pregnancy. Ultrasonography revealed a size of 11 x 12 x 11 cm fundal fibroid. Myomectomy was done via a midline laparotomy with blood loss of 500 ml. The woman had a successful pregnancy outcome. Another case of a pregnant woman undergone myomectomy was also reported subsequently without complications and a satisfactory pregnancy outcome (7).

CONCLUSION

There is an increase load of evidence appearing in the literature that uterine fibroids in pregnancy when present with complication, can be safely removed surgically. However, emphasis must be made on a very cautious selection of cases with uterine fibroids presenting with complications, appropriate counselling, pre-operative preparation and meticulous arrest of bleeding during surgery, for satisfactory outcomes. Clinicians dealing with such cases need to gain experience in conducting such surgical procedures in order to alleviate the inevitable pain caused by the fibroids in pregnancy.

AUTHOR'S DECLARATION

Written consent was obtained from the patient to utilize the relevant data in this case report. The ERC of the Eastern University, Sri Lanka informed that there is no need of ethical approval as this is a case report.



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