

Natalya BelkinaGBUZ NO "Dzerzhinsky
Perinatal Center", Russia

Co-Authors

**Ryzhova N K¹, Rodin N V² and Pasina
O B²**¹GBUZ NO "Dzerzhinsky Perinatal Center",
Russia²NUZ "Railway Clinical Hospital", Russia**Successful myomectomy of giant uterine myoma at 15-16 weeks of pregnancy and prolonged primary infertility**

Uterine fibroids are the most common types of benign tumor of the female reproductive system. The incidence of uterine myoma diseases according to various authors is from 15 to 50%. In 15-17% of women, uterine fibroids occur at the age of 30 years and older. The average age to reveal uterine fibroids is 32 years. Despite the active arrangement of medical examinations, there are patients with uterine myoma of large and sometimes gigantic size combined with pregnancy. Also it is known that at presence of pregnancy the nodes of fibroids can grow, reaching a large and gigantic size and leading to the disruption of adjacent vital organs. As a rule, at presence of large uterine fibroids, the development of pregnancy is very problematic and it finishes with its termination. According to the data of FGU NCAAP named after academician V.I. Kulakov, all surgical interventions in gynecology performed for uterine fibroids in 60.9-95.5% are of a radical nature. However, the experience of our clinic has shown that not only the preservation of the uterus, but also further gestation of the full-term pregnancy and following delivery is possible. An example of such a case is the story of the patient L. A 32-year-old patient suffering from primary infertility was admitted to the gynecological department urgently with complaints of genital tract bleeding, weakness, dizziness. She presented some uterine fibroids of gigantic size and severe iron deficiency anemia (HB-39g/L). According to the uterus USI results, a pregnancy of five to six weeks was diagnosed against the background of interstitial uterine fibroids of 13-14cm in size. Given the long-term infertility, the patient refused to terminate the pregnancy, conducted antianemic and preserving therapy. At 15-16 weeks, the patient's condition worsened; there were complaints about dysfunction of adjacent organs, frequent urination, pain in the iliac areas, the impossibility of a long stay in an upright position. According to the ultrasound study, the growth of the myoma node is up to 20cm. An emergency treatment was performed: A laparotomy myomectomy of a giant interstitial myoma (myoma weight-2kg) during pregnancy 15-16 weeks without opening the cavity with preservation of the fetus, using blood-saving technologies. At 37-38 weeks, planned delivery was by cesarean section. A live, full-term girl was taken out (weight-2800gr, height-48cm). Thus, patients with uterine myoma should be thoroughly carried out with pregravid preparation and, if necessary, undergo indications myomectomy at the planning stage of pregnancy. During pregnancy, myomectomy should be performed by a highly skilled surgical team with the obligatory observance of surgical rules and the use of modern blood-saving technologies.

Biography

Natalya Belkina, born in 1978, graduated from the Military Medical Institute of the Federal Border Troops of the Russian Federation at the Nizhny Novgorod Medical Academy.

jaznn@mail.ru