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A different approach to termination of pregnancy and management of retained products of conception in a woman with a massive multi-fibroid uterus and distorted endometrial cavity

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Introduction: Management of miscarriage or termination of pregnancy in a woman with a massive multi-fibroid uterus and distorted endometrial cavity is complicated.

Methods: Our case demonstrates an uncommon concurrent approach to a termination of pregnancy and management of retained products of conception in a woman a large multi-fibroid uterus.

Case: We report a case of 40-year-old lady with an unplanned 12-week pregnancy and a rapidly enlarging fibroid from 6cm to a 24cm in size. After detailed counseling, the woman elected to have a medical termination of pregnancy. The fetus was delivered but she had a retained placenta despite further doses of misoprostol. She subsequently developed sepsis and required surgical intervention.

Conclusion: Our patient is a successful case of concurrent laparotomy myomectomy and suction evacuation of retained products in whom uterine aspiration is not possible. Care should be taken to minimise blood loss given the risk of bleeding.

Biography

Stephanie Sii. is a Research Scientist in South West Healthcare, Australia and also a Paediatric Gynaecology, Reproductive Endocrinology and Infertility (CREI) Fellow of The Royal Hospital for Women Foundation. Her Highest Degree is Postgraduate in Obstetrics and Gynaecology from University of Otago, NewZealand

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