Abstract

**Introduction**: Pregnancy with fibroid uterus is not rare but management of such cases are challenging and may be nightmare sometimes.

**Aim & Objectives**: To present the rare case of large anterior wall fibroid complicating pregnancy with successful outcome. The objective of this case report is to create awareness.

**Background**: Fibroid is most common tumour of uterus and female pelvis. The prevalence of fibroid with pregnancy is approx. 10.7% and almost in one third cases the fibroid increases in size with the advancement of pregnancy. Especially these cases are associated with increased morbidity and adverse maternal and neonatal outcome. Here we are presenting a case of pregnancy with large anterior wall uterine fibroid, managed successfully at our centre. Case 28 year G2P1L1 lady with post LSCS pregnancy was a registered to our ANC OPD at 13 wk POG. She has past history of 5.8 X5.4 X 4.4 cm intramural fibroid in anterior myometrium. It was her spontaneous conception and antenatal period was uneventful. However, the fibroid size increased upto 18 X15 X 9 cm at the time of delivery. She underwent classical caesarean delivery at 38 wk5 day POG and a live female baby was delivered. Intra op 18 X 15 X 9 cm large fibroid occupying entire lower segment of uterus was noted. Total blood loss was approx. 1000 ml. Post Op period was uneventful and got discharged from hospital with healthy baby on 5th post op day in size.

**Conclusion**: Early pregnancy bleeding, preterm labor, post-partum haemorrhage and peripatum hysterectomy are commonly associated with pregnancy complicated by fibroid. Decision of doing myomectomy during caesarean delivery is controversial. Obstetrical decision making is most important key for successful management. However, myomectomy should be avoided during caesaren in case of large fibroid, to obtain less morbidity and favourable outcome.

**Biography**

Shikha Aggarwal has her expertise in labour management and obstetrics and gynaecology and passion in improving the health and wellbeing. She has completed her MRCOG in year 2019 and presently working at Altnagelvin hospital, Northern Ireland. Her area of interest are high risk obstetrics and minimal invasive gyna endoscopic surgery.

**Publications**

1. Need of classical caesarean delivery in today’s era - a rare case of large uterine fibroid with pregnancy
2. Can The Abruptio Be Chronic?