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UTERINE MYOMA DURING PREGNANCY

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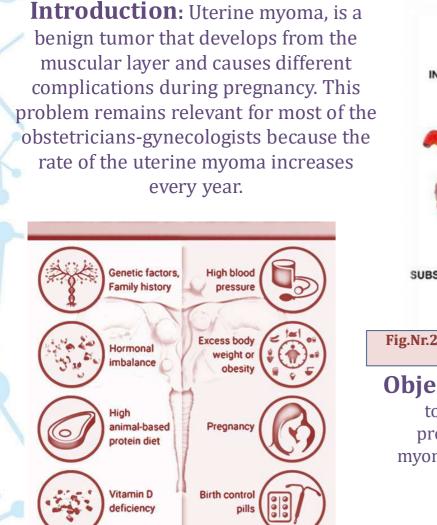


Fig.Nr.1. Major causes of uterine fibroids

Material and methods:

This review was created by accessing PubMed and Medscape databases. 20 articles published between 2016-2022 were analyzed.

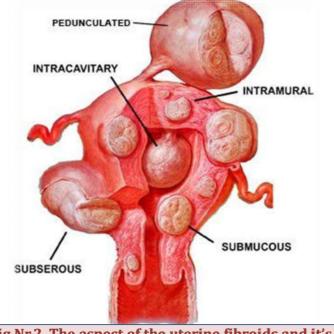


Fig.Nr.2. The aspect of the uterine fibroids and it's localization

Objectives: The aim of this review was to elucidate the complications of pregnancy associated with uterine myomas and contemporary methods to prevent them.

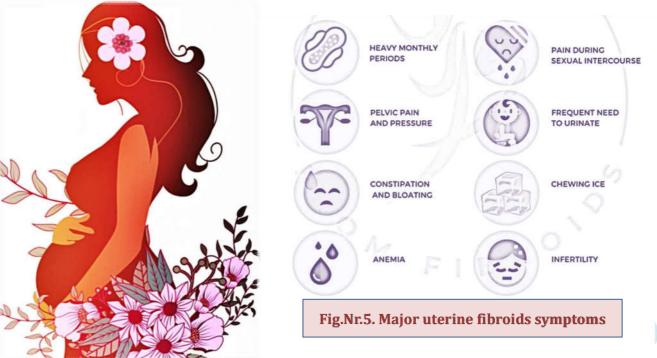


Fig.Nr.3. Myomectomy during laparotomy



Fig.Nr.4. The USG aspect of the uterine fibroid during pregnancy

Results: Uterine myomas are diagnosed in about 20-30% of women aged 30-50 years. Multiple or large myomas are associated with an increased rate of miscarriage, infertility, placental pathology, negative impact on the fetus and cesarean section. Myomatous nodules can cause complications during pregnancy such as premature birth, placental abruption, incorrect fetal position, and intrauterine growth restriction. The opportune time for performing myomectomy during pregnancy is considered 14-16 weeks, which is explained by the full functioning of the placenta and considerable increase in the level of progesterone in the peripheral blood. Progesterone prevents regular uterine contractions and helps to keep the cervical canal closed. Indications for myomectomy during pregnancy are: large size of myomatous nodules, which complicates the progress of pregnancy and compresses the organs of the abdominal cavity; dysregulation of the circulation of the nodule with necrotisation; atypical localization of the nodule



Conclusions: Antenatal management and pregnancy planning remain an important topic for medical system. Early detection, prevention and appropriate treatment of pathologies with potential danger for pregnancy can considerably reduce perinatal complications.

Keywords: Uterine myoma, pregnancy.