



29. THE INFLUENCE OF PREGNANCY ON THE EVOLUTION OF UTERINE MYOMA

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Introduction. Uterine myoma is a benign, hormone-dependent tumor that occurs more frequently in women aged 25-45. It comprises 30-35% of all gynecological diseases with a correlation between pregnancy and uterine myoma.

Case statement. The 27-year-old patient was admitted on 11.12.2023 to the Aseptic Gynecology department with complaints of pain in the hypogastric region, bloody vaginal discharge. She noticed a rapid increase of the abdomen over a month. Ultrasound revealed 6 weeks of pregnancy, a giant myomatous nodule type 3-5 FIGO on the postero-lateral uterine wall. During the gynecological examination, the uterus increased up to 16-17 weeks of gestation due to myomatous nodules. Considering the data of the gynecological examination, USG, patient's symptoms, manual vacuum aspiration was performed. Two days later, the patient developed a fever of 380C. Despite antibiotic and anti-inflammatory treatment, there was no improvement. On 18.12.2023 she was hospitalized with the diagnosis of endometritis after abortion by vacuum aspiration. Giant myomatous nodule type 3-5 FIGO. Anemia grade II. Ultrasound revealed a giant uterine myoma with hemorrhagic degenerative changes, with a compressive effect on the uterine cavity, urinary bladder and intestinal loops.

Discussions. Surgical treatment was decided and a conservative myomectomy was performed. Intraoperatively, a 16-17 weeks gestation uterus was visualized with a 11x12x13 cm myomatous nodule type 3 FIGO showing signs of ischemia. The nodule was enucleated without entering the cavity and the wound was sutured in 3 layers. The specimen was sent for histopathological examination.

Conclusion. Uterine myoma are more frequently detected during pregnancy due to increased ultrasound usage and maternal age. Pregnancy influences the evolution of myomatous nodule through the reorganization of uterine hemodynamics, leading to their size increase. One of the severe complications can be necrosis of the nodule.