ZKTB

CASE REPORT (OLGU SUNUMU)

Laparoscopic Myomectomy of A Giant Myoma

Dev Myomun Laparoskopik Myomektomi İle Çıkartılması

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ABSTRACT

Laparoscopic myomectomy of large myomas are rare and needs expertise. Myomas up to 12 cm in diameter have been managed by laparoscopy. We report a case in which a myoma 25 cm in diameter was excised successfully by laparoscopy. No complications were seen.

Key words: myoma, laparoscopy

ÖZET

Büyük myomların laparoskopik myomektomisi nadir yapılır ve deneyim gerektirir. Çapı 12 cm. ye kadar olan myomlar laparoskopik olarak çıkartılmaktadır. Bu yazıda, çapı 25 cm olan ve laparoskopik olarak başarılı bir şekilde çıkartılan bir myom vakası sunulmaktadır. Operasyon sonrası herhangi bir komplikasyon gözlenmemiştir.

Anahtar kelimeler: myom, laparoskopi

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Makalenin Geliş Tarihi: 02.03.2014
Makalenin Kabul Tarihi: 07.08.2014

INTRODUCTION

The number and size of the myomas that can be managed by laparoscopy is controversial. Generally accepted limits are 3 myomas and a diameter of 8 cm or a uterus corresponding in size to 16 weeks gestation and a myoma measuring 12 cm. We report laparoscopic myomectomy of a myoma with a diameter of 25 cm, which is very rare. Although permission was obtained from the patient for publication, an Institutional board review was not required for this case report.

CASE

A 42 year old unmarried woman presented with abdominal discomfort. A mass was palpated in midline abdomen extending from umbilicus to pelvis. In MR imaging, a fundal myoma of 25 cm and another 2 small myomas of 1 cm and 3 cms were diagnosed. The myoma had a wide basis with an intrauterine component (Figure 1). A 10 mm trocar was inserted at the umbilical level. Three ancillary trocars of 5, 5, and 10 mm were also inserted. With the help of a long spinal needle, through the suprapubic route, %0.2 lidocain solution was injected to the basis of the myomas. After the identification of the cleavage plane, 3 myomas were enucleated. Monopolar and bipolar electrosurgery were used for the resection and hemostasis. The uterus was continuously sutured in 3 layers by 2/0 v-lock. An electromechanical morselator was used to remove the myomas. The operation lasted 90 minutes. Total amount of bleeding was 165 ml. The weight of the morselated material was 1250 grams. The patient was discharged after a day of hospitalization. She did not need any blood transfusion. Pathological examination of the specimen revealed multiple smooth muscle bundles with distinct cell membranes, separated by well vascularized connective tissue, with some lymphocytes and mast cells and some areas of necrosis and calcification; which was compatible with uterine leiomyoma.

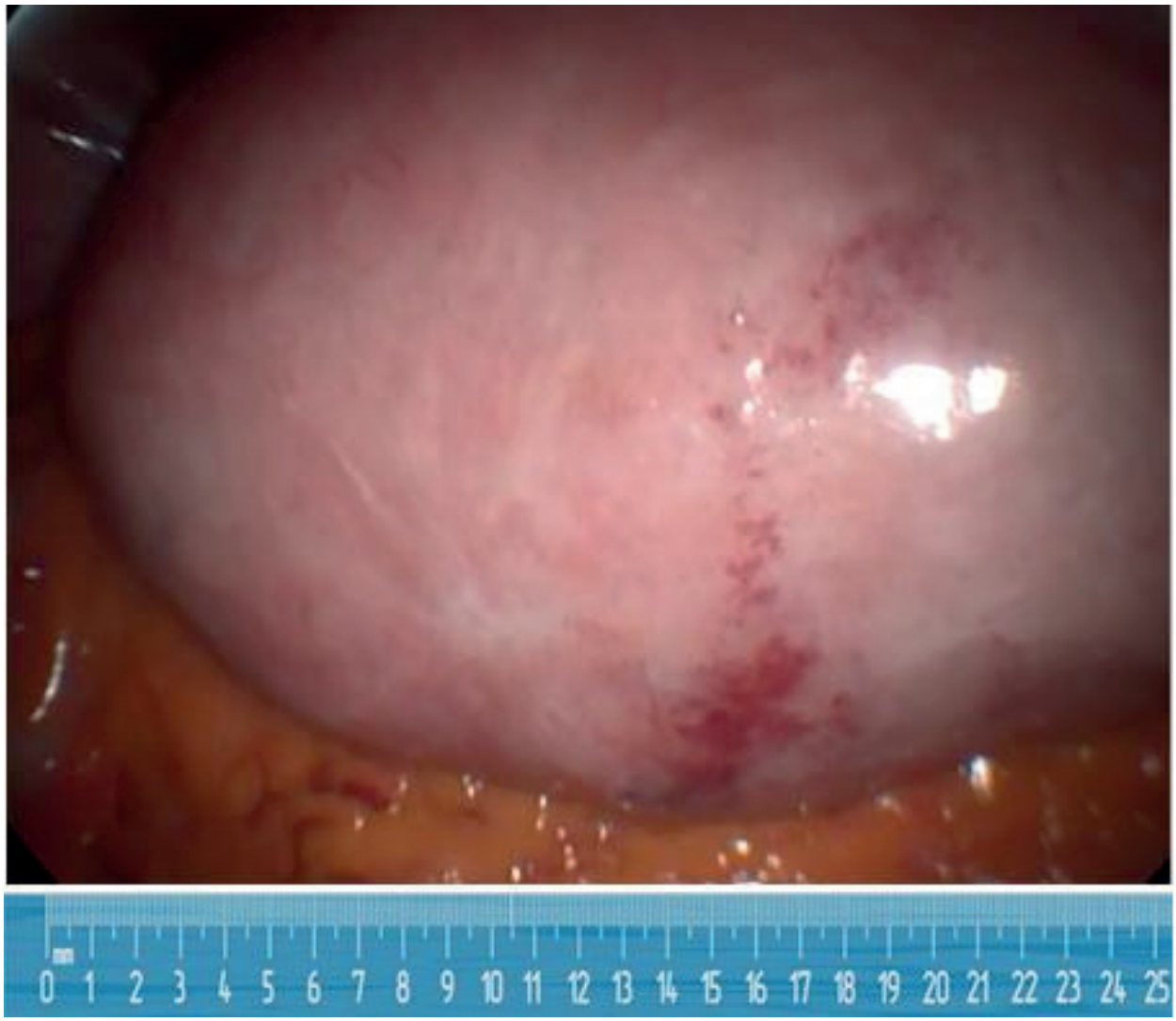

Figure 1: Giant myoma on laparoscopic exploration.

DISCUSSION

While hysterectomy is the most frequent surgical treatment for symptomatic myomas (1), myomectomy is the choice for women desiring uterine preservation or future pregnancies. In large uterine myomas, open laparotomy has been the technique of choice in most institutions. However, laparoscopic myomectomy (LM) has been performed in some large myomas also. Parker has stated the criteria for the LM of myomas, which include an uterus size smaller than 14 weeks of gestation, a myoma not larger than 7 cm and others (2).

Sinha et al. have reported their experience in 78 myomas in 31 patients and the largest myoma in their series is 23 cm (3). On the other hand, Nezhat stated that the largest myoma in their series is 13 cm (4). Kavallaris et al. have reported laparoscopic myomectomy of a 18 cm myoma (5). In this sense, our case represents one of the largest myomas ever resected through LM.

Their operation time was 50-160 minutes with a hospitalization time of 7-48 hours. Estimated blood loss was 10-600 ml. Our results were comparable to all of these parameters. Several prospective RCTs have shown that laparoscopic myomectomy results in less post-operative morbidity and faster recovery than open procedures (6), as well as less blood loss and shorter hospital stay (7). Pregnancy after surgical removal of the myomas are possible, although some women may need assisted reproductive techniques. A major complication of pregnancy is preterm delivery, especially after removal of multiple and anterior myomas. Rate of spontaneous abortions is not increased (8). Laparoscopic myomectomy has been described as comparable to open myomectomy in terms of fertility and obstetrical outcome with decreased intraoperative bleeding, postoperative disability and less cosmetic damage. In experienced hands, the rate of complications is rare, even in large myomas such as ours. Patient comfort, fertility rates and return to work time is excellent.

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