

Myomectomy After a Vaginal Delivery to Treat Postpartum Hemorrhage Resulting From an Intracavitary Leiomyoma

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BACKGROUND: Postpartum myomectomy is typically discouraged as a result of the risk of hemorrhage and longer operative times. However, myomectomy at the time of cesarean delivery or after a vaginal delivery is feasible and is sometimes necessary.

CASE: A 38-year-old multiparous woman with a 9-cm pedunculated submucosal leiomyoma presented in labor and underwent a vacuum-assisted vaginal delivery with manual extraction of the placenta. In the immediate postpartum period she had bleeding and hemodynamic instability requiring blood transfusion. Examination under anesthesia demonstrated uterine atony and placental fragments adherent to the pedunculated leiomyoma. An abdominal myomectomy was performed, and the patient recovered normally.

CONCLUSION: Although it should not be recommended routinely, postpartum myomectomy is feasible and can be life-saving, even after a vaginal delivery.