



"Resilience in Reproduction: A Case Study of Recurrent Abortions in a Woman with Uterine Fibroids"

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KEYWORDS

Uterine fibroids, recurrent abortions, myomectomy, pregnancy complications, psychological support.

ABSTRACT:

Background: Uterine fibroids are common benign tumors affecting women of reproductive age, often causing symptoms and complications. They can impact fertility and increase the risk of miscarriages and pregnancy complications, underscoring the importance of close monitoring and management.

Case Description: The patient faced a uterine fibroid and recurrent spontaneous abortions, experiencing emotional distress. Despite a myomectomy, she had six spontaneous abortions but ultimately delivered a healthy baby boy via emergency cesarean section, showing resilience and determination.

Discussion: This case highlights the challenges and management of uterine fibroids in pregnancy, emphasizing the need for multidisciplinary care and psychological support for women with similar experiences.

Background:

Uterine fibroids, also known as uterine leiomyomas or simply fibroids, are benign growths comprising smooth muscle cells and fibrous tissue that develop in the uterus of women during their reproductive years. These growths exhibit wide variation in development, size, location, and symptomatic presentation [1]. While some women may be asymptomatic, others may experience symptoms such as heavy or painful periods. The most prevalent symptom is heavy menstrual bleeding, which can result in anemia, fatigue, or painful menstruation. Additional symptoms may include lower back pain, pelvic discomfort or pressure, and pain during sexual intercourse. Large fibroids can exert pressure on the bladder or bowel, leading to increased urination frequency, pain, or constipation. Uterine fibroids can also contribute to reproductive challenges such as

infertility, recurrent miscarriages, and pregnancy complications [2,3,4]. Various factors can impact the uterus's receptivity to embryo implantation, including heightened uterine contractions, alterations in cytokine levels, abnormal blood vessel development, and chronic inflammation [5].

The range of fibroid disease is vast, with certain patients developing 60 or more fibroids, and these growths can vary significantly in size, from small seedlings to as large as a melon. Additionally, the size of the fibroids does not have a direct correlation with urinary or bleeding symptoms, which adds to the challenge of predicting the impact and burden of the condition on individual patients [6]. Uterine fibroids can manifest in several ways, including heavy menstrual bleeding (menorrhagia), prolonged menstruation, pain, anemia,



miscarriages, infertility, abnormal uterine bleeding, and symptoms related to bladder and rectal compression. These symptoms can significantly impact both the fertility and quality of life of affected individuals [7,8].

Case Description

At the age of 22, this woman faced a significant health challenge—a uterine fibroid measuring 4cm x 5cm—that led to distressing symptoms like abdominal bloating and irregular menstrual cycles lasting only 1-2 days. Despite trying medical treatments, the issue persisted, eventually leading to a myomectomy in 2017 to remove the fibroid.

At the age of 29 years, her path to motherhood was far from easy, marked by a series of six spontaneous abortions. These losses occurred at various stages of her pregnancies, including at 3, 3 and a half, 4 (followed by medical termination), 5 (followed by dilation and curettage), 6 (also followed by dilation and curettage), and again at 3 months (followed by suction and evacuation). Each loss was emotionally devastating, compounded by idiopathic vaginal bleeding and the heart-wrenching absence of fetal movements, confirmed by ultrasounds showing fetal demise. Despite thorough medical evaluations, the exact cause of these repeated miscarriages remained unexplained, adding to her anxiety and despair. The journey was filled with more than physical challenges. She dealt with the overwhelming emotional toll of idiopathic vaginal bleeding preceding the abortions and the loss of fetal movements, leaving her in a state of anxiety and despair unexplained by medical evaluations.

Despite these setbacks, she demonstrated remarkable resilience. Upon conceiving again, she quit smoking, and followed her obstetricians' advice diligently, at Guru Teg Bahadur Sahib Hospital, Dehradun, Uttarakhand, and sought treatment for her high-risk pregnancy. Baseline investigations showed raised hemoglobin levels of 16mg/dl. Throughout her pregnancy, she took aspirin (25 mg OD) and received subcutaneous injections of Ecosprin (40 mg, twice a week), challenging but showing her commitment to her unborn child's well-being. Regular ultrasounds monitored her progress, revealing complications at 8 months:

oligohydramnios, AFI 4 cm, leaking per vagina, and signs of fetal distress.

With unwavering support from her family and healthcare providers, she underwent an emergency lower-segment cesarean section. Against all odds, a single, vigorous baby boy was born, healthy and full of life, a testament to her unwavering courage and the dedicated care of her medical team. This journey exemplifies the strength of the human spirit in overcoming obstetrical challenges, showing that with resilience and support, miracles can happen.

This case underscores the importance of comprehensive care and emotional support for women facing obstetrical complications. It also highlights the need for further research to understand and address the complexities of recurrent miscarriages. The multidisciplinary approach, including medical, psychological, and emotional support, was crucial in achieving a successful outcome in this case. The patient's determination, coupled with the dedicated care of her healthcare team, led to a positive result against all odds.

Discussion:

This case vividly portrays the obstacles encountered by women with uterine fibroids, particularly in the context of recurrent abortions. Uterine fibroids more commonly affect women who have not given birth than those who have.[9] These growths can significantly impact fertility and increase the likelihood of miscarriages, as evidenced by this patient's experience of six spontaneous abortions. They can disrupt the uterine cavity or impede implantation, affecting fertility. Furthermore, they raise the risk of pregnancy complications such as miscarriage, preterm birth, and placental abruption, making pregnancies involving fibroids high-risk. Such pregnancies require careful monitoring and management to navigate challenges during prenatal, delivery, and postnatal stages, including a higher probability of cesarean section and postpartum hemorrhage.[10]

The emotional toll of repeated pregnancy loss can be profound, leading to feelings of anxiety and hopelessness. Research indicates that uterine fibroids significantly impact the quality of life and mental well-being of affected women. [11] Therefore, providing



comprehensive psychological support is crucial for individuals facing such challenges, as demonstrated by this patient's resilient journey. Effective management of patients with uterine fibroids and recurrent abortions necessitates a multidisciplinary approach involving obstetricians, gynecologists, and mental health professionals. Treatment may entail myomectomy to remove fibroids and vigilant monitoring during

pregnancy to detect and address complications promptly. This case underscores the importance of tailored care and counseling for women dealing with uterine fibroids and a history of recurrent abortions. It also emphasizes the need for ongoing research to enhance our comprehension of the intricate relationship between uterine fibroids, fertility, and pregnancy outcomes.



Figure 1: Uterine Fibroid Measuring 4cm x 5cm.

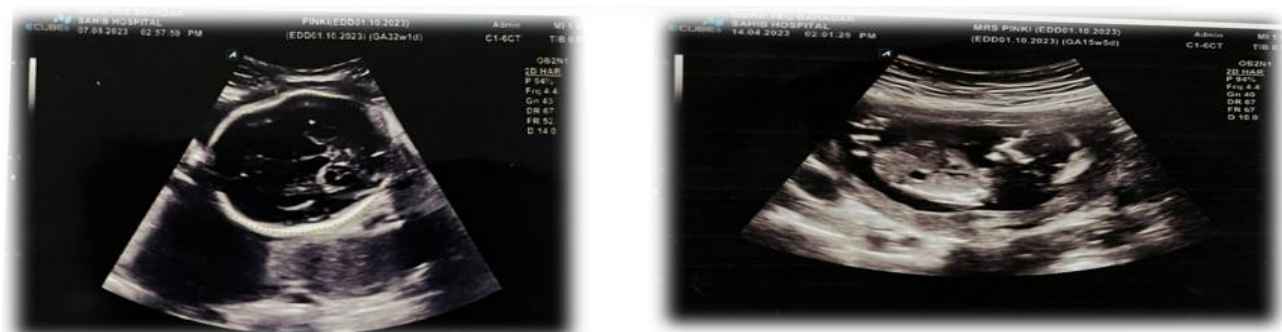


Figure 2: Ultrasound Image of Fetus at 8 Months Gestation.

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