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# Case Report

# **Uterine Fibroid Torsion during Pregnancy: A Case of Laparotomic Myomectomy at 18 Weeks' Gestation with Systematic Review of the Literature**

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Uterine myomas are the most common benign growths affecting female reproductive system, occurring in 20–40% of women, whereas the incidence rate in pregnancy is estimated from 0.1 to 3.9%. The lower incidence in pregnancy is due to the association with infertility and low pregnancy rates and implantation rates after in vitro fertilization treatment. Uterine myomas, usually, are asymptomatic during pregnancy. However, occasionally, pedunculated fibroids torsion or other superimposed complications may cause acute abdominal pain. There are many controversies in performing myomectomy during cesarean section because of the risk of hemorrhage. Nevertheless, the majority of indication arises before labor and delivery due to acute symptoms leading to a discussion regarding the need for intervention during pregnancy. Therefore, we present a case of successful multiple laparotomic myomectomy at 17 + 2 weeks of gestational age and a systematic review of the literature in order to clarify the approach to this pathologic condition and its effect on pregnancy outcome.

#### 1. Introduction

Uterine myomas are the most common benign growths affecting female reproductive system, occurring in 20–40% of women [1], whereas the incidence rate in pregnancy is estimated from 0.1 to 3.9%. The lower incidence in pregnancy is due to the association with infertility and low pregnancy rates and implantation rates after in vitro fertilization treatment [2]. Uterine myomas, usually, are asymptomatic during pregnancy. However, occasionally, pedunculated fibroids torsion or other superimposed complications may cause acute abdominal pain. Urinary and gastroenteric symptoms may occur due to the rapid increase in size in reason of hyperestrogenic environment and, consequently, compression and displacement of surrounding organs. Additionally, fibroids predispose to pregnancy complications, including

early miscarriage, antepartum bleeding, preterm labor, premature rupture of membranes, fetal malpresentations, labor dystocia, and postpartum hemorrhage.

Conservative management with anti-inflammatory therapy is considered a gold standard, and surgery is generally avoided during pregnancy because of the risks of hysterectomy secondary to severe hemorrhage, pregnancy injury, and pregnancy loss [3]. The main conditions that induce inevitably the surgical procedure are the torsion of pedunculated fibroids or rare cases of necrosis, resultant inflammatory peritoneal reaction, and, finally, if symptoms persist after 72 hours of pharmacological therapy [4–7]. Therefore, the diagnosis needs a particular attention for the appropriate management choice. Surgical removal fibroids in pregnancy can be performed by laparotomy or laparoscopy technique taking into account the volume and location of nodules [1, 8].

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Laparoscopy can be considered in selected cases such as small, subserous, pedunculated myomas.

There are many controversies in performing myomectomy during cesarean section because of the risk of hemorrhage [3]. Nevertheless, the majority of indication arises before labor and delivery due to acute symptoms leading to a discussion regarding the need for intervention during pregnancy.

Therefore, we present a case of successful multiple laparotomic myomectomy at 17 + 2 weeks of gestational age and a systematic review of the literature in order to clarify the approach to this pathologic condition and its effect on pregnancy outcome.

# 2. Case Report

Uterine myomas are usually asymptomatic during pregnancy. However, pedunculated fibroids torsion may occasionally cause acute abdominal pain [1].

Most cases of laparotomic myomectomy described in literature have been performed during a cesarean section due to the risk of managing them surgically at low gestational age [2–4]. We present a case of a successful multiple laparotomic myomectomy during the second trimester of pregnancy.

A 36-year-old, morbidly obese primigravida presented at our emergency room at 17 + 0 weeks of gestational age complaining of abdominal pain. At clinical examination, the uterus appeared to be of higher volume compared to the gestational age, the abdomen was painful but treatable, and the obstetrical examination was normal. The patient was then referred to US Unit of our Department for further evaluation. The sonographic assessment revealed the presence of three subserous uterine myomas located on anterior wall (maximum diameter: 13.2 cm), the right wall (maximum diameter: 12.6 cm), and the left wall (maximum diameter: 11.7 cm) of the uterus, respectively. All myomas were vacuolated inside as for suspected necrosis. The scan also showed other multiple myomas less than 3 cm in size. Vital signs were monitored (blood pressure 140/90 mmHg, maternal heart rate 124 bmp, SO2 94%, apyretic). Amniotic fluid was normal and fetal well-being was preserved. Thus, the patient was admitted to the High-Risk-Pregnancy Unit. When collecting the medical history, the first trimester ultrasound scan, performed at 11 weeks' gestation, revealed the presence of the same lesions with a size of 10.8 cm, 10.2 cm, and 6.14 cm, respectively.

Laboratory studies demonstrated rising inflammatory markers (C-reactive protein: 354 mg/L; WBC:  $16.92 \times 10^3 \mu L$ ).

Due to the persistence of the symptoms, despite of two days of analgesic, antispastic, and antibiotic therapy, after multidisciplinary discussion, and a thorough counseling to inform the parents of the surgical and postoperative risks connected with uterine surgery during the gestation, the patient underwent surgery. Laparotomy approach by longitudinal skin incision, considering the volume and the position of the myomas, was performed under general anesthesia. Three huge bulky subserous pedunculated myomas were evidenced, the largest located at the uterine fundus, with a maximum diameter of 15 cm and a torsion of its pedicle (Figure 1). Furthermore, intra-abdominal adhesions were found within



FIGURE 1: Myoma of the uterine fundus with evidence of torsion of its pedicle.

peritoneal cavity. Blunt dissection was undertaken to free the omentum and look for the appendix, which was normal. The three large myomas evidenced by ultrasound were removed and sent for pathologic examination. A pelvic drainage was left and removed 24 hours postoperatively. Pathology showed widespread phenomena of necrosis, especially in the myoma with torsion of its pedicle.

During the following nine days, the patient received antibiotics, low molecular heparin, and progesterone, and fetal heartbeat was checked daily. Considering the improvement in clinical condition, the patient was discharged with an indication to treatment with progesterone and low molecular heparin.

Three weeks later, at 21 weeks' gestation, the patient was admitted again due to abdominal pain. Obstetrical evaluation revealed cervical effacement and the transvaginal ultrasound scan showed a reduction of cervical length (18 mm), funneling, and sludge. An ultrasound scan was performed showing good fetal variables. Consequently, the therapy with progesterone was increased. The patient had a positive vaginal culture for *Staphylococcus haemolyticus*, urine culture was negative, and C-reactive protein resulted to be positive. Therefore, antibiotic therapy with macrolides was given, according to antibiogram result. A cervical cerclage was proposed to the patient, but she refused to undergo the procedure.

Hospitalization lasted for seven days; then the woman was discharged due to an improvement of her clinical condition. The patient underwent obstetric evaluation every two weeks until she presented in labor and delivered vaginally at 38 + 1 weeks' gestation a healthy female newborn of 2940 g, appropriate for gestational age according to national growth curves [9]. Apgar score was 9/10 at 1' and 5' respectively.

# 3. Data Source and Literature Search

To identify potentially eligible studies, we searched PubMed, Scopus, and Cochrane Library (all from inception to 16 March 2017). No language restrictions were initially applied. We used a combination of key words and text words represented by "myomectomy," "myoma," and "pregnancy."

Two reviewers (Annachiara Basso and Mariana Rita Catalano) independently screened the titles and abstracts of

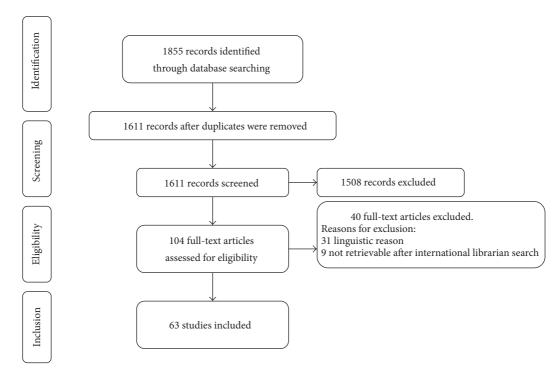


FIGURE 2: Study selection process.

records retrieved through database searches. Both reviewers recommended studies for the full-text review. The screen of full-text articles recommended by at least one reviewer was done independently by the same two reviewers and assessed for inclusion in the systematic review. Disagreements between reviewers were resolved by consensus. For all full-text manuscripts, reference lists were analyzed in order to find additional eligible studies.

#### 4. Results

The electronic database search provided a total of 1855 results. After duplicate exclusion, there were 1611 citations left. Of these, 1508 were not relevant to the review based on title and abstract screening. 103 studies were considered for full-text assessment, of which 40 were excluded for the following reasons: we could not translate 31 articles, while nine papers could not be retrieved even after international librarian search.

Overall, 63 [3–6, 10–67] articles were incorporated for further assessment. The study selection process is shown in Figure 2. The main characteristics of the selected studies are included in Table 1.

#### 5. Discussion

Our review included 197 women undergoing myomectomy during pregnancy. The procedure was successful in 184 women, while in the remaining 13 cases a miscarriage or fetal demise happened after the myomectomy.

In 14 cases, a laparoscopic approach was chosen; in one case there was a vaginal surgery, while all the other cases for which the surgical information was available underwent laparotomy. These data confirm that the most used surgical intervention for myomas during pregnancy is the laparotomy route.

Maternal outcomes were favorable after myomectomy, with only two episodes of hemoperitoneum [33, 67], one uterine abscess [39], and only one woman requiring perioperative blood transfusion [61].

Moreover, the analysis of all reports was limited by two factors: (1) the heterogeneity of diagnostic information as well as descriptive data connected to operation and pathology examination which did not allow clear categorization of the pathology preoperatively and postoperatively and (2) the large amount of missing or unreported data.

### 6. Conclusion

Myomectomy is a feasible procedure if performed during pregnancy. Candidates need to be chosen carefully among those with symptomatic myomas, since abdominal surgery during pregnancy can be associated with an increased risk for the development of the great obstetrical syndromes, especially preterm labor and delivery.

# **Disclosure**

This paper has been presented in part at the 19th National Congress of the Italian Society of Perinatal Medicine (Società

TABLE 1: Characteristics of the relevant studies.

De Carolis et al.,		( weeks)					(Apgar, birthweight, pH)
2001		13 23 19 17 19 10 10 10 10 13	1.07	8 40 40 112 6 6 8 8 8 13 16 16 16	SS	39 38 38 38 41 39 40 38 39 nd 39 39 39 39 39 39 39	8/8, 3150 g 8/8, 2670 g 8/9, 3080 g 8/9, 3060 g 9/9, 2970 g 7/9, 3180 g 9/10, 2780 g 9/10, 2780 g 9/10, 3170 g 9/10, 3100 g
Domenici et al.,       1         2014       Michalas et al.,         1995       1	16	16	LPT	20	S S	38	8/9 - 3250 g 2800 g
Danzer et al., 2001 1  Lozza et al., 2011 1	12	12	LPT	10	CS	37	9/10, 3235 g; 9/10, 2810 g 9/9, 2280 g
	8 8 pu pu pu	25 22 18 20 16	LPT LPT LPT LPT LPT TQ1	12 13 10 12 15 20	S S S S S	38.6 +/- 1.1 38.6 +/- 1.1 38.6 +/- 1.1 38.6 +/- 1.1 38.6 +/- 1.1 38.6 +/- 1.1	3600 g 10, 3200 g 9, 3400 g 10, 3600 g 8, 3100 g 9, 2800 c
Hasbargen et al.,       1         2002       1         Umezurike and       1         Feyi-Waboso, 2005       1         Usifo et al., 2007       1         Suwandinata et al.,       1         2009       1	18 19 13 nd	13 18 18	LPT LPT LPT LPT LPT	32 32 17 nd	CS C	38 38 37 37 37	8/9, 2495 g 8/10, 3500 g 3990 g 8/9, 2950 g

TABLE 1: Continued.

				TABLE I. COMMINGO.	ontained:			
	Number of	Gestational age	Gestational age at		Fibroid maximim		Gestational age at	Neonatal
Reference	patients	at diagnosis (weeks)	myomectomy (weeks)	Type of surgery	volume (cm)	Mode of delivery		Outcome (Apgar, birthweight, pH)
Bhatla et al., 2009	1	∞	19	LPT	28	VD	38	2740 g
Leite et al., 2009	1	1st trimester	17	LPT	10	CS	39	9/10, 3315 g
Isabu et al., 2010	1	14	14	LPT	pu	CS	37	2700 g
Leach et al., 2011	1	11	11	LPT	14	CS	40	9/9, 4356 g
Doerga- Bachasingh et al., 2012	1	6	10	LPT	15	CS	37	pu
Jhalta et al., 2016	1	13	13	LPT	16	VD	39	8/10, 3000 g
Kosmidis et al., 2015	1	10	10	The	&	pu	pu	pu
Saccardi et al., 2015	1	6	15	LPS	24	CS	41	4460 g, 7.2
Obara et al., 2014	-1	9	13	VAG	9	VD	40	2775 g
Currie et al., 2013	П	11	11	The	8	pu	pu	pu
Kobayashi et al., 2013	1	21	21	LPT	8	CS	37	2730 g
		&	19	LPS	11	CS	39	3150 g
MacCiò et al., 2012	3	20	20	LPS	10	VD	40	3310 g
		20	20	LPS	pu	CS	39	3050g
Shafiee et al., 2012	1	15	21	TPS	15	CS	38	pu
Ardovino et al., 2011	1	14	14	TPS	9	VD	40	3216 g
Müller Vranjes et al.	1	14	18	LPT	35	CS	33	10/10, 1750 g, 7.28
Son et al., 2011	1	18	18	LPS	6	VD	39	3740g
Kasum 2010	1	15	15	LPT	6	VD	38	pu
Fanfani et al., 2010	1	25	25	LPS	6	VD	40	2950 g
Adeyemi et al., 2007	1	19	19	LPT	30	VD	39	7/10, 3500 g
Okonkwo and Udigwe, 2007	1	19	24	LPT	pu	CS	pu	pu
Dracea and Codreanu, 2006	1	12	13	LPT	24	VD	pu	pu
Melgrati et al., 2005	1	24	24	LPS	7	VD	39	6/6

TABLE 1: Continued.

1	Reference	Number of patients	Gestational age at diagnosis (weeks)	Gestational age at myomectomy (weeks)	Type of surgery	Fibroid maximum volume (cm)	Mode of delivery	Gestational age at delivery	Neonatal outcome (Apgar, birthweight, pH)
te al., 2003	Sentilhes et al.,	1	17	17	LPS	ſΩ	CS		3530g
1			pu	16	LPT	pu	CS	37	3340 g
Harmonia   Harmonia			pu	15	LPT	pu	CS	39	3600 g
13   nd   16   1PT   nd   CS   Fetal demise at 15 weeks   1			pu	19	LPT	pu	CS	37	2970 g
13   nd   15   1PT   nd   CS   Febla demise at 15 weeks   nd   15   nd   nd   CS   SS   SS   SS   SS   SS   SS   S			pu	16	LPT	pu	CS	36	3000g
1			pu	15	LPT	pu		tal demise at 15 weeks	ò
13			pu	15	LPT	pu	CS	37	2740 g
Heat	Lolis et al., 2003	13	pu	16	LPT	pu	CS	38	3180 g
No. of the control			pu	16	LPT	pu	CS	39	3515 g
Mathematical Part			pu	16	LPT	pu	CS	39	3190 g
2         Ind         17         IPT         nd         CS         38           1         Ind         16         IPT         nd         CS         38           2         Ind         15         IPT         22         CS         32           1         22         22         12         CS         35           1         22         22         12         17         40           1         12         22         20         IPT         24         VD         40           1         12         15         IPT         24         VD         40         40           1         12         18         IPT         20         CS         54         40           1         11         17         18         IPT         A0         A0         A0         A0           1         12         12         IPT         A0			pu	19	LPT	pu	CS	38	2920 g
a         nd         16         LPT         nd         CS         38           1         Before         15         LPT         22         29         35           1         22         22         LPT         24         VD         40           1         1         20         20         LPT         24         VD         40           1         1         20         20         LPT         24         VD         40           1         1         1         1         1         1         40         40           1         1         1         1         1         1         40         40           1         1         1         1         1         40         40         40           1         1         1         1         1         40         40         40           1         1         1         1         1         40         40         40           1         1         1         1         1         1         40         40           1         1         1         1         1         40         40         40			pu	17	LPT	pu	CS	38	3520 g
2         I pregnancy         15         LPI         nd         CS         29           1         pregnancy         25         LPI         22         CS         35           1         20         20         LPT         24         VD         40           1         1         12         15         LPT         24         VD         40           1         1         12         18         1PT         24         VD         40           1         1         12         1         LPT         24         VD         40           1         1         1         1         1         VD         40         40           1         1         1         1         VD         Petal demise 19 weeks         37           1         1         1         1         1         VD         VD         40           1         1         1         1         1         VD         VD         40           1         1         1         1         1         VD         VD         40           1         2         2         1         LPT         nd         VD			pu	16	LPT	pu	CS	38	3000 g
2         1         pregnancy         25         LPT         22         VD         35           1         22         22         LPT         32         VD         23           1         22         20         LPT         24         VD         40           1         1         20         20         LPT         20         CS         57           1         1         12         18         LPT         20         CS         57         40           1         1         1         1         1         1         1         40			nd	cl	LPI	nd	S	67	1606 g
1   22   22   LPT   32   VD   23     1   120   20   LPT   24   VD   40     1   12   15   LPT   20   CS   37     1   12   18   18   LPS   7   VD   24     1   18   18   LPS   7   VD   24     1   18   18   LPT   nd   VD   40     1   21   21   LPT   nd   VD   40     1   22   25   LPT   nd   VD   Fetal demise at 25 weeks     1   Before   9   LPT   nd   VD   40     1   Before   9   LPT   nd   VD   40     1   20   20   LPT   nd   VD   40     1   20   20   LPT   nd   VD   40     1   20   20   LPT   nd   ND   40     1   30   20   LPT   10   ND   40     1   30   20   LPT   14   ND   40     1   30   40   ND   40     1   40   Before   18   LPT   18   VD   40     1   50   LPT   18   18   VD   40     1   6   18   LPT   18   5   VD   40     1   7   10   10   10   10     1   8   nd   nd   LPT   5   VD   40     1   10   10   10   10     1   10   10	Donnez et al., 2002	1	Before pregnancy	25	LPT	22	CS	35	2280 g
1   20   20   LPT   24   VD   40     1   12   15   LPT   20   CS   37     1   18   18   LPT   24   CS   Fetal demise 19 weeks     1   18   18   LPT   24   CS   Fetal demise 19 weeks     1   21   21   LPT   nd   VD   40     1   3   22   25   LPT   nd   VD   Fetal demise at 25 weeks     1   3   22   25   LPT   nd   VD   Fetal demise at 25 weeks     1   4   15   LPT   nd   VD   A0     1   pregnancy   9   LPT   nd   VD   A0     1   pregnancy   9   LPT   nd   VD   A0     1   20   20   LPT   10   VD   A0     1   3   nd   <26   nd   nd   LPT   5   VD   A0     40   A0   A0     6   nd   nd   LPT   5   VD   A0     7   nd   nd   LPT   5   VD   A0     8   nd   nd   LPT   5   VD   A0     9   nd   nd   LPT   5   VD   A0     1   10   10   10   10   TD     1   10   10   10   10   10     1   10   10	Williamson, 1908	1	22	22	LPT	32	VD	23	Neonatal death
1   12   15   15   15   15   17   20   CS   Fetal demise 19 weeks   18   1.0	Stewart, 1906	1	20	20	LPT	24	VD	40	pu
1   17   18   1PT   24   Fetal demise 19 weeks   18   1PS   7   VD   24     1   18   18   1PS   7   VD   24     1   21   21   1PT   nd   VD   40     1   3   22   25   1PT   nd   VD   40     1   20   20   1PT   nd   VD   40     1   20   21   1PT   nd   VD   VD   40     1   20   21   1PT   nd   VD   VD   40     1   20   21   1PT   nd   VD   VD   40     1   20   21   1PT   nd   NG   40     1   3   A1   A1   A1   A1     1   3   nd   25   nd   nd   A1     1   3   nd   25   nd   NG   A1     4   40   A1   A1     5   ND   A1   A1     6   nd   nd   1PT   5   VD   A1     7   nd   nd   1PT   5   VD   A1     8   nd   nd   1PT   5   VD   A1     9   nd   nd   1PT   5   VD   A1     1   10   1   1PT   5   ND   A1     1   1   1   1   1   1     1   1	Wittich et al., 2000	1	12	15	LPT	20	CS	37	9/9, 3275 g
1   18   18   19   1.05   1.0   1.	Majid et al., 1997	1	17	18	LPT	24		etal demise 19 weeks	
1   21   21   LPT	Algara et al., 2015	1	18	18	TPS	7	VD	24	pu
1   3   16   16   14   17   10   10   10   10   10   10   10	Lockyer, 1914	1	21	21	LPT	pu	VD	40	2300 g
3   22   25   LPT   nd   ND   Fetal demise at 25 weeks	1		16	16	LPT	pu		40	3630 g
14   15   LPT   nd   VD   40     1   Refore   9   LPT   nd   VD   40     2   20   20   LPT   nd   ND   24     1   20   21   LPT   nd   ND   40     1   20   21   LPT   nd   ND   40     1   20   21   LPT   nd   ND   40     1   30   02   LPT   10   ND   40     13   nd   (26   nd   nd   14   ND   40     14   ND   (17   14   14   ND   40     15   LPT   5   ND   40     16   ND   LPT   5   ND   40     17   10   12   LPT   5   ND   40     18   nd   nd   LPT   5   ND   40     19   nd   nd   LPT   5   ND   40     10   10   LPT   5   ND   40     10   10   10   LPT   5   ND   40     11   10   10   LPT   5   ND   40     12   12   12   12   12     13   nd   nd   LPT   5   ND   40     14   15   15   12   12     15   16   17   18   ND   40     16   17   18   ND   ND   40     17   18   ND   ND   ND   ND   ND     18   18   ND   ND   ND   ND   ND     19   18   ND   ND   ND   ND   ND     10   10   10   10   10   ND   ND   ND     10   10   10   10   10   ND   ND     11   10   10   10   10   ND   ND   ND     12   12   12   12   ND   ND   ND     13   14   ND   ND   ND   ND   ND     14   ND   ND   ND   ND   ND   ND     15   ND   ND   ND   ND   ND   ND     16   ND   ND   ND   ND   ND   ND     17   ND   ND   ND   ND   ND   ND     18   ND   ND   ND   ND   ND   ND     19   ND   ND   ND   ND   ND   ND     10   ND   ND   ND   ND   ND   ND     10   ND   ND   ND   ND   ND   ND     11   ND   ND   ND   ND   ND   ND   ND	von Hoffmann, 1911	3	22	25	LPT	pu		tal demise at 25 weeks	
1         Before pregnancy         9         LPT         nd         VD         40           2         20         20         LPT         nd         VD         24           1         20         21         LPT         nd         VD         40           1         20         21         LPT         nd         A0         40           1         20         20         LPT         7         nd         40           13         nd         nd         N.G         40 (8), preterm > 32 (5)         32 (5)           13         nd         LPT         18         VD         40           14         N.G         10 (8), preterm > 32 (5)         32 (5)         32 (5)           15         LPT         18         VD         40         40           16         nd         1.PT         5         VD         40           16         nd         1.PT         5         VD         40           17         nd         1.PT         5         VD         40           1         nd         1.PT         5         VD         40           1         nd         1.PT			14	15	LPT	pu	VD	40	pu
2         20         20         LPT         nd         nd         nd         24           1         20         21         LPT         10         VD         40           1         20         21         LPT         7         nd         40           13         nd         12         nd         nd         nd         40           13         LPT         18         VD         40         40           14         nd         12         14         40         40           15         LPT         5         VD         40         40           16         nd         LPT         5         VD         40           17         10         12         12         14         40         40           18         nd         ND         40         40         40         40         40           10         nd         LPT         5         VD         40         40         40           11         nd         nd         LPT         5         VD         40         40           11         nd         nd         LPT         10         10	Andrews, 1910	1	Before pregnancy	6	LPT	pu	VD	40	pu
2 16 16 1.PT nd VD 24  1 20 21 LPT 10 VD 40  1 1 20 20 21 LPT 7 nd nd  13 nd <26 nd nd N.G 40(8), preterm>  14 nd nd nd LPT 5 VD 40  15 nd nd LPT 5 VD 40  16 nd nd LPT 5 ND 40  17 nd nd nd LPT 5 ND 40  18 nd nd LPT 5 ND 40  19 nd nd LPT 5 ND 40  10 nd nd nd LPT 5 ND 70  10 nd nd nd nd LPT 7 ND 70  10 nd nd nd nd LPT 7 ND 70  10 nd	0001	,	20	20	LPT	pu	pu	pu	pu
1         20         21         LPT         10         VD         40           1         20         20         LPT         7         nd         nd         40 (8), preterm > 32 (5)           13         nd         13         LPT         18         VD         40         40           nd         nd         nd         LPT         5         VD         40         40           nd         nd         nd         LPT         5         VD         40         40           nd         nd         nd         nd         nd         nd         nd         nd	3way11e, 1900	7	16	16	LPT	pu	VD	24	pu
1   20   20   LPT   7   nd   nd   nd     13   nd   <26   nd   nd   N.G   40 (8), preterm > 32 (5)     14   VD   40     15   LPT   14   Fetal demise 15 weeks     1	Doran, 1906	1	20	21	LPT	10	VD	40	pu
13   nd   <26   nd   nd   N.G   40 (8), preterm > 32 (5)   32 (5	Evans, 1899	1	20	20	LPT	7	pu	pu	pu
nd         13         LPT         18         VD         40           nd         15         LPT         5         VD         40           8         nd         nd         LPT         5         VD         40           nd         nd         LPT         5         ND         40           nd         nd         LPT         5         ND         40	Exacoustòs and Rosati, 1993	13	pu	<26	pu	pu	N.G	40 (8), preterm > 32 (5)	pu
nd         15         LPT         14         Fetal demise 15 weeks           nd         nd         LPT         5         VD         40           n         nd         LPT         5         nd         nd           n         n         n         n         n         n			pu	13	LPT	18	VD	40	pu
8 nd nd LPT 5 VD 40 8 nd nd LPT 5 VD 40 1PT 5 VD 40 10 nd LPT 5 VD 40 1 1 10 10 17 1 19T 21 1 1 10 10 12 1 19T 21			pu	15	LPT	14	1	etal demise 15 weeks	
8 nd nd LPT 5 VD 40  8 nd nd LPT 5 VD 40  1 nd nd LPT 5 VD 40  1 nd nd LPT 5 nd nd  1 nd 10 10 12 12 12 12 12 12 12 12 12 12 12 12 12			pu	pu	LPT	5	VD	40	pu
nd nd LPT 5 VD 40  nd nd LPT 5 VD 40  nd nd LPT 5 nd 40  nd nd LPT 5 nd nd  1 10 10 12 1PT 31	Burton et al. 1989	œ	pu	pu	LPT	5	VD	40	pu
nd nd LPT 5 VD 40  nd nd LPT 5 VD 40  nd nd LPT 5 nd nd  1 10 12 1PT 5 7		)	pu	pu	LPT	5	VD	40	pu
nd nd LPT 5 VD 40 nd nd LPT 5 nd nd 1 10 12 1PT 27			pu	pu	LPT	5	VD	40	pu
1 10 12 1PT "A VD 27			pu Pu	pu Fu	LPT	יט ה	Q۸	40 53	pu
	Rella et al., 1980	-	10	12	LPT	pu	VD	27	Neonatal death

TABLE 1: Continued.

								-
Reference	Number of patients	Gestational age at diagnosis (weeks)	Gestational age at myomectomy (weeks)	Type of surgery	Fibroid maximum volume (cm)	Mode of delivery	Gestational age at delivery	Neonatal outcome (Apgar, birthweight, pH)
Pelosi et al., 1995		13	15	LPS	9	CS	39	pu
Pelissier-Komorek et al., 2012	1	10	13	LPT	22	VD	35	2280 g
Mollica et al., 1996	18	8–17	10-19	LPT	>10	CS (17), VD (1)	pu	>7 (18), >2500 g (17), <2500 g (1)
Febo et al., 1997	3	pu	12–19	LPT	N.G.	CS (2), abortion (1)	37-38	pu
Bonito et al., 2007	τO	pu	9–15	LPT	3.5–14.5	CS (2), VD (3)	38.2	9 +/- 0.83, 3200-4072 g
Vázquez Camacho et al., 2009	1	7	16	LPT	6.2	VD	40	6/6
Makar et al., 1989		12	17	LPT	13,500 g	CS	38	9/9,3950 g
Horno Liria, 1962	1	16	16	LPT	pu	VD	40	3600 g
Alanis et al., 2008	1	7	12	LPT	30	VD	38	2330 g
		8	8	LPT	pu	pu	pu	pu
		8	8	LPT	pu	pu	pu	pu
		∞	&	$\Gamma$	pu		Miscarriage at 9 weeks	
		24	24	LPT	pu	1	Fetal demise at 25 weeks	
		∞	∞	LPT	pu		Miscarriage at 8 weeks	
		16	16	LPT	pu	pu	pu	pu
		∞	∞	LPT	pu	pu	pu	pu
		8	&	$\Gamma$	pu	pu	pu	pu
		12	12	$\Gamma$ DT	pu	1	Fetal demise at 14 weeks	
		20	20	$\Gamma$ DT	pu	pu	pu	pu
		16	16	LPT	pu	pu	pu	pu
		20	20	LPT	pu	pu	pu	pu
		20	20	LPT	pu	pu	pu	pu
Ardizzone, 1955	27	12	12	LPT	pu	pu	pu	pu
		12	12	LPT	pu	1	Fetal demise at 13 weeks	
		8	8	$\Gamma$ PT	pu	pu	pu	pu
		8	8	LPT	pu	pu	pu	pu
		12	12	LPT	pu	1	Fetal demise at 13 weeks	
		12	12	LPT	pu	pu	pu	pu
		16	16	LPT	pu		Fetal demise at 17 weeks	
		8	8	LPT	pu	pu	pu	pu
		12	12	LPT	pu	pu	pu	pu
		12	12	LPT	pu	pu	pu	pu
		12	12	LPT	pu	pu	pu	pu
		8	8	LPT	pu	pu	pu	pu
		12	12	LPT	pu		Fetal demise at 12 weeks	,
		12	12	LPT	pu	pu	pu	pu

TABLE 1: Continued.

		Costational	Costotional					Neonatal
Doforonco	Number of	oestational age	Number of diamonic management	Trace of current	Fibroid maximum	Mode of delivery	Gestational age at	outcome
Neielelle	patients	at diagnosis (wagic)	myonnectonny (wagic)	type of surgery	volume (cm)	ivioue of defivery	delivery	(Apgar,
		(weeks)	(weeks)					birthweight, pH)
		pu	12	LPT	pu	VD	40	pu
		pu	12	LPT	pu	VD	40	pu
		pu	8	LPT	pu	VD	40	pu
		pu	8	LPT	pu	VD	40	pu
		pu	16	LPT	pu	VD	38	pu
		pu	8	LPT	pu	VD	40	pu
		pu	12	LPT	pu	VD	38	pu
Cozzi 1967	71	pu	8	LPT	pu	VD	40	pu
C0221, 1707	OT	pu	16	LPT	pu	VD	40	pu
		pu	20	LPT	pu	VD	36	pu
		pu	8	LPT	pu	VD	40	pu
		pu	12	LPT	pu	VD	40	pu
		pu	12	LPT	pu	VD	40	pu
		pu	12	LPT	pu	VD	40	pu
		pu	16	LPT	pu	VD	40	pu
		pu	∞	LPT	pu	VD	40	pu
Rochet et al., 1964	14	pu	pu	LPT	10	pu	pu	pu
Sciannameo et al., 1996	1	20	20	LPT	4	pu	pu	pu

1996 and, not determined; CS, cesarean section; VD, vaginal delivery; LPT, laparotomy; LPS, laparoscopy; VAG, vaginal surgery.

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#### **Conflicts of Interest**

The authors declare that there are no conflicts of interest.

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