

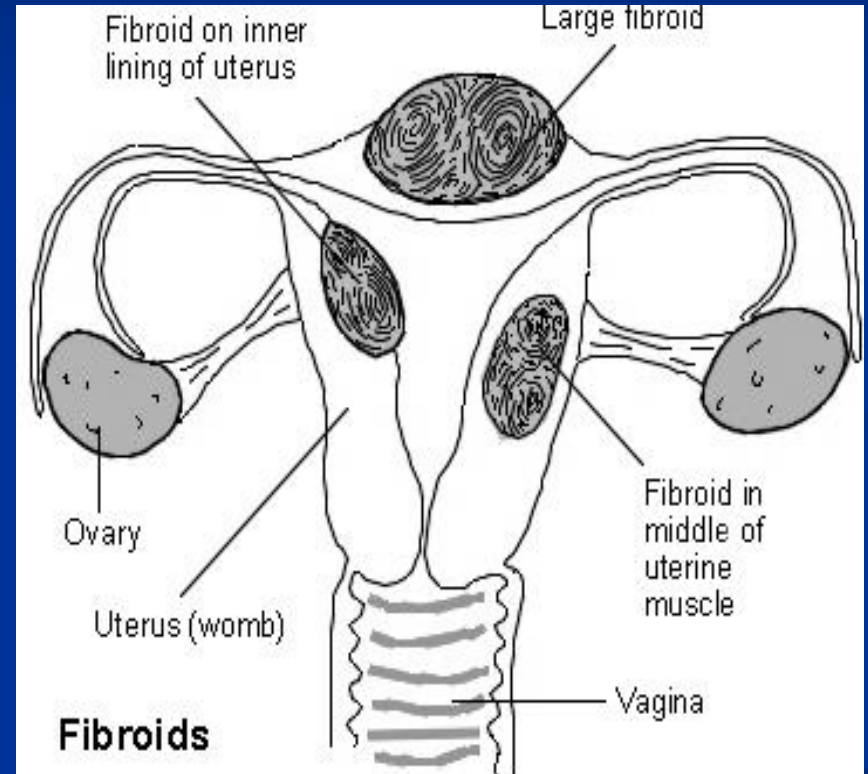


# Gynecologic Tumors With Pregnancy

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# Leiomyoma

- About 1% in pregnant women
- It is formed of fibers and muscle of uterus and can be submucous, interstitial, or subserous



# Fibroid with Pregnancy

- **Effect on Pregnancy**
- \* **Abortion...** increase with submucous
- \* **Incarceration** of RVF gravid uterus (posterior wall)
- \* **Ectopic pregnancy** if pressing on the tube
- \* **Preterm labor**
- \* **Pressure symptoms** ...increase size of uterus above expected date
- Large abdominal tumor may cause abdominal discomfort, dyspnea, palpitation
- Pelvic tumor may increase pressure on bladder, rectum and pelvic veins
- \***Malpresentation**
- \* **non-engagement of presenting part**
- \* **Placenta Praevia** due to interference with implantation of fertilized ovum in the upper segment
- \* **Acute abdomen** ...-Red degeneration
- -torsion of pedunculated subserous fibroid
- -hemorrhage from ruptured surface vein

# Fibroid with Pregnancy

- **Effect on Labor**
- **Uterine Atony...** due to mechanical interference with uterine contractions :
  - - Prolonged labor
  - - retained placenta
  - - Postpartum Hemorrhage
- Submucous fibroid increase incidence of placenta accreta and retained placenta
- **Obstructed labor:**
  - - cervical fibroid
  - -subserous fibroid impacted in the pelvis below the presenting part

# Fibroid with pregnancy

- **Effect on Puerperium**
- \* Subinvolution
- \* Secondary Post partum hemorrhage (submucous or fibroid polyp)
- \* Inversion of the uterus may be caused by fundal submucous fibroid
- \* Increased incidence of puerperal sepsis due to infection of traumatized tumor and interference with drainage of uterus

# Effect of pregnancy on Fibroid

- Increase size of fibroid due to hypertrophy and increased vascularity
- Softness of the tumor due to interstitial edema....flattening of fibroid and may become indistinct
- Subserous tumor may be readily palpated as the uterus enlarges and on occasion may be mistaken for fetal parts
- Submucous and fibroid polyp are more prone to infection specially in puerperium and after abortion
- Red degeneration is common leading to subacute or acute abdomen
- Torsion of pedunculated subserous fibroid is common in puerperium when there is rapid involution of uterus and laxity of abdominal wall leading to increased mobility of intra-abdominal organs

# Management

- Follow-up
- Red degeneration with abdominal pain:
  - -bed rest
  - -reassurance
  - -analgesics
- Torsion of subserous fibroid: surgery and removal of the stalk with fibroid ...no other interferences
- Caesarean section if fibroid causing obstruction to labor ..no interference with fibroid to avoid excessive bleeding and re-evaluate after 6 weeks
- Caesarean hysterectomy may be indicated with multiple fibroids in patient completed her family



# Cancer cervix and Pregnancy

- The incidence of CIN varies but it is generally between 1% to 8% of abnormal cytology.
- Invasive cancer is the most common solid tumor during pregnancy
- Fortunately its incidence is 0.2% to 0.9% of all pregnancies..1.4% of all cases of cancer cervix

# Cancer Cx. with pregnancy

- Symptoms
- Usually asymptomatic, detected during routine Pap smear
- Vaginal bleeding and discharge may be mistaken for pregnancy complications
- Pelvic pain..less frequent

# Cervical Screening During Pregnancy

- Cervical cancer peaks between age 30 to 49 years
- The mean age of pregnant women with invasive cervical cancer 31.8y.
- Significant numbers diagnosed in 2nd or 3rd trimester
- Efficacy and safety of screening is well-documented

# Diagnosis during pregnancy

- Colposcopy is safe and well tolerated and should be used to evaluate abnormal Pap smear
- Any suspicious lesion should be biopsed
- the overall risk of biopsy-related complications is approximately 0.6% usually mild bleeding .

# Diagnosis during pregnancy (cont.)

- Cervical conization during pregnancy..crucial in diagnosis and staging of MIC.
- Complications...Hemorrhage 2-13%
- Fetal loss 17%-50%, <10% in 2nd,3<sup>rd</sup>
- \*PMRM \*Preterm labor \*infection, laceration and stenosis \* Fetal Salvage 89-95%

# Workup during pregnancy

- Physical examination
- cervical biopsy
- conization
- chest x-ray with abdominal shield
- since about 83% of cases are stage I cystoscopy and proctoscopy are eliminated.also I.V.U and Enema.

# Treatment of CIN during pregnancy

- No indications for immediate treatment of cases with CIN during pregnancy
- Pap smear and colposcopy every trimester
- Vaginal Delivery with higher rate of regression at 6-week examination compared to Caesarean delivery
- Definitive treatment...6 weeks postpartum

# Treatment of invasive cancer during pregnancy

- Invasive cancer during pregnancy is curable
- Treatment is clear in the 1st and 3rd trimester but less clear in the 2nd trimester
- the two modalities used are surgery or Radiotherapy as in non-pregnant

# T.T during pregnancy (cont)

- First trimester(1-12weeks)
- Fetal salvage is not feasible in women receiving treatment for invasive cancer
- The maternal risk from delaying therapy until fetal maturity is excessive
- Surgery with the fetus in situ



# T.T during pregnancy (cont)

- Second trimester (13-25weeks)
- The period of greater uncertainty
- Fetal salvage is exceedingly rare with high neonatal mortality rate
- Delaying therapy for several weeks may subject the mother to the theoretical risk of disease progression

# Summary of t.t Delays

Author	N.	Stage	Delays	outcome
Monk et al (1992)	3	IB	Mean 24wk	DOD
Duggan et al (1993)	8	IA-IB	Mean 20.6w	NED
Sorosky et al (1996)	8	I	Mean 15.6w	NED

# T.T 2nd trimester

- If patient elects to interrupt pregnancy.. The same as in 1st trimester
- If not ..define a target gestational age for fetal delivery
- Monitor by U/S..and MRI for tumor extension
- Documented lung maturity

# 3rd trimester Treatment

- Wait for few weeks till fetal maturity then apply definitive therapy
- Surgery in 89% may be coordinated with fetal delivery and completed as a 1-stage operation.
- If R.T..external beam immediately after delivery followed by intracavitary radiation

# Effect of Mode of Delivery

Author	C.S	%surviv al	vaginal	%survival
Creasman et al(1970)	9	89 %	15	87 %
Lee et al (1981)	12	90 %	11	89 %
Nisker et al (1983)	14	64 %	17	65 %
Van Der Vang et al (1995)	28	78 %	16	67 %

# Ovarian tumors with pregnancy

- Incidence 1:1000 pregnancy
- Benign tumors are common e.g. luteal cyst and Dermoid cyst
- Malignant tumors 5%
- Ovarian malignancy has no effect on pregnancy and pregnancy has no effect on prognosis of ovarian cancer
- Benign cyst may undergo torsion causing acute abdomen commonly in puerperium

# Ovarian Tumors with pregnancy

- Management of benign tumor
- First trimester....observe and follow-up with ultrasound till second trimester (to reduce risk of abortion) and then removal through laparotomy
- Second trimester....laparotomy
- Third trimester.. Caesarean section and removal of tumor
- Malignant tumors ...treated as non-pregnant i.e. surgical staging and cytoreductive surgery