Successful huge myomectomy during Cesarean delivery with a bicornuate uterus: a case report.

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Introduction
High-risk surgery, poor uterine contraction and risks of hemorrhage requiring hysterectomy, unexpected uterine ruptures are undesirable outcomes. However, focusing more on the positive outcomes of cesarean myomectomy, A case of successful cesarean myomectomy in a patient with a huge myoma and bicornuate uterus.

Result
A 38-year-old woman, parity 0-0-0-0, at 36 weeks 2 days of gestation, with a known bicornuate uterus was admitted at St. Mary’s Hospital with labor pain. An emergency cesarean section was performed and a male viable baby weighing 2240g was delivered with transverse presentation on the right uterine cavity. The Apgar scores were 5 and 8 at 1 and 5 minutes, respectively. The uterus was closed according to the standard protocol, and the 16.0 x 13.0 cm sized (543.0 gm) huge intramural myoma in the anterior body was removed. During surgery, the blood loss volume was 1 L, and the postoperative day 3 hemoglobulin level was 11.7 g/dL, with stable vital signs.

Conclusion
Thus, we performed a huge myomectomy for a uterine malformation. Huge myomectomy during caesarean delivery with a bicornuate uterus can be considered with attending obstetricians with >10 years of experience.