

Case report on surgical intervention and outcomes of a 38-year-old female with Cervical fibroid and history of Atrial Septal Defect (A.S.D.) Closure

Minakshi Vaidya¹, Madhuri Khadatkar², Aniket Pathade³, Pragati Alnewar⁴

1] GNM 3rd year, Shalinitai Meghe College Of Nursing Salod (Hi) Wardha, Email:

minakshivaidya70@gmail.com

2] Nursing Tutor, Shalinitai Meghe College Of Nursing Salod (Hi) Wardha. Email:
madhurihadtkar2015@gmail.com, 8600641151

3] Research Consultant, Department of Research and Development, Jawaharlal Nehru Medical College,
Datta Meghe Institute of Medical Sciences, Wardha, aniketpathade@gmail.com

4] Department of Medical-Surgical Nursing, Smt. Radhikabai Meghe Memorial College of Nursing, Datta
Meghe Institute of Medical Sciences, Sawangi, Wardha, Maharashtra.

Abstract:

Introduction: Fibroids are abnormal growths in or near a woman's uterus. These tumours can become large, resulting in severe stomach pain and irregular periods. They may not induce any symptoms at all in some cases. Usually, the growths are benign or noncancerous. Fibroids are not recognized to have a cause.

The primary diagnosis, therapeutic intervention and outcomes: During a medical examination and laboratory test, the doctor diagnosed a cervical fibroid, and an ultrasound was performed. Antibiotics, analgesics, antipyretics, and surgical intervention (T.A.H. and salpingectomy) were administered, and the patient recovered before the onset of the primary complaint.

Therapeutic intervention: In this case, the patient was administered Inj. Pan 40mg B.D., Inj. Amikacin 500 mg B.D., Inj. Augmentin 1.2gm BD, Inj. Metro 1000 cc T.D.S., Inj. calmpose 10 mg HS, Inj. emset B.D. And the patient's surgical intervention was TAH+ salpingectomy.

Outcomes: The patient's health was stable. She had recovered from a cervical fibroid. Her main complaint was abdominal pain during menses and burning micturition.

Perspective from the nursing profession: Check vital signs and administer medication as directed by the physician. The patient was given a perineal wash. Keep track of your intake and outflow. Prepare the patient for T.A.H. + salpingectomy while also providing psychological assistance.

Conclusion: The patient was admitted to the tertiary care hospital with the primary symptom of abdominal pain during menses and burning micturition. The patient's diagnosis is determined by a physical examination, an abdominal ultrasound, a pelvic examination, and laboratory tests. Antibiotics, antipyretics, and analgesics are used medically, and TAH+ salpingectomy is performed surgically. After medical and surgical treatments, the patient recovers from abdominal pain and burning micturition.

Keywords: Uterine Fibroid, T.A.H., Salpingectomy, Hysteroscope.

Introduction:-

Fibroids are abnormal growths in or near the uterus of a woman. These tumours can become quite large, resulting in severe stomach pain and irregular periods. They may not induce any symptoms at all in some instances. The growths are usually benign or noncancerous. There is no known reason for fibroids. Uterine fibroids are tumours that form in or on the uterus's walls. Smooth muscle cells and connective tissue make up these cells. Fibroids can affect a person in a variety of ways. They can range in size from a single apple seed to a grapefruit (or sometimes even more significant than that).

Uterine fibroids are the most frequent uterine and female pelvic tumours and the most prevalent reason for hysterectomy. When a tumour occupies the entire pelvis or is pedunculated, the uterine or ovarian origin of the tumour is always a question. A cervical fibroid, particularly one with degenerative alterations, can be mistaken for an ovarian tumour, posing a clinical challenge. This instance is notable for its rarity and the difficulties in diagnosing it. (1)

The following are the most common uterine fibroids signs and symptoms in women who have them: Menstrual bleeding can be extremely painful. Menstrual cycles that last more than a week are "long menstrual cycles." Pelvic pressure or discomfort Having to urinate regularly, Have you been having problems emptying your bladder? Constipation, Leg pain or a backache are both possibilities. Fibroids are classified based on their location. Intramural

fibroids from within the muscle wall of the uterus. Submucosal fibroids intrude into the uterine cavity. Subserosal fibroids protrude from the uterus's surface. (2) Uterine fibroids have been linked to infertility. Some specialists advise that women experiencing infertility have their uterine fibroids investigated, with the possibility of removal if the tumours include a submucosal component. However, randomized controlled trials have found little evidence that myomectomy improves fertility. (3)

Cervical fibroids can affect the cervix's supravaginal or vaginal regions. Cervical fibroid comes in a variety of forms, each with its own set of symptoms. Supravaginal fibroids can be located in the centre of the pelvis, encompassing the entire cervical canal and displacing the uterus superiorly. They can also be unilateral or bilateral, intramural or subserosal, and in the pelvic region.

If a woman becomes pregnant while suffering from these types of fibroids, she will need to have a caesarean section, especially if the fibroids are in the central cervical region. Because the fibroid's size may expand significantly during pregnancy, the abdominal incision should be made across the midline by shifting the lower portion high up. During pregnancy, patients may experience pressure feelings and pain. These are more common in women with large fibroids during the second and third trimesters of pregnancy. During caesarean sections, caution should be exercised. Hysterectomy is the most common treatment for these tumours in the future, especially for central cervical fibroids. Depending on the patient's symptoms, fertility desires, the location of the tumour, and any related uterine fibroids, uterine artery embolization and myomectomy may be performed. (4) The surgical removal of one or both fallopian tubes is known as salpingectomy. These tubes are used to transport an egg from an ovary to the uterus, where it can be fertilized. (5)

Extrascapular hysterectomy is another name for T.A.H. (total abdominal hysterectomy). This article explains the basic T.A.H. surgical procedure as it is taught to residents. T.A.H. is an essential operation that all gynaecologists must know. It entails the removal of both the uterus and the uterus's outer wall. T.A.H. can harm the ureter, the intestines, and the bladder, among other things. To avoid operating complications, it is necessary to follow the correct release layer method and ensure that "the uterus has been naturally evacuated." (6)

Timeline: The patient has complained for 2-3 months of pain in the abdomen in menses and burning micturition.

Patient information:

Patient-specific information: Following an Atrial Septal Defect (A.S.D.) Closure, the patient, a 38-year-old female, was admitted to the Tertiary Care Rural Hospital hospital with the primary complaint of abdominal pain during menses and burning micturition for the past 2-3 months. A physical examination, blood examination, U.S.G., and E.C.G. had previously been done and patient had history of A.S.D. which was managed by medicinal intervention.

Medical, family and psychological history : The patient was admitted to A.V. B.R. hospital with a medical and surgical history and a chief complaint of abdominal pain during menses and burning micturition for the past 2-3 months. The patient was given a medication tab. In 2005, Albendazole 500mg and A.S.D. The closure was completed. Another blood transfusion and thyroid history of the patient. The patient has no other illnesses such as diabetes, hypertension, or thyroid problems.

Family and psychological history: There is no family history or psychosocial history of hypertension, diabetes mellitus, or coronary artery disease in the family, psychosocial.

Relevant past investigation and outcomes: -In the past, the patient was diagnosed with A.S.D. after a physical examination, blood test, U.S.G., and E.C.G. The doctor devised a strategy for A.S.D. closure, which included the use of albendazole and medicinal intervention

Diagnostic assessment

Diagnostic tests:

1) **Blood tests:** Included complete blood count (C.B.C.) for anaemia, blood diseases, and thyroid

2) **C.T.- SCAN**

3) **Ultrasonography**

Diagnostic challenges: There were no diagnostic challenges noted.

Therapeutic Interventions:

The patient was given injections of Pan 40 mg B.D., Amikacin 500 mg B.D., Augmentin 1.2 gm B.D., Inj. Metro 1000 cc T.D.S., Inj calmpose 10 mg H.S. and Inj. emset B.D., as well as TAH+ salpingectomy surgery. Following the diagnostic evaluation, medical intervention, and surgical intervention, changes in drug administration were made, including tab. Augmentin 625 mg B.D., tab. Pan 40 mg B.D., tab. Metro 400 mg B.D., Tab. Chymoral forte TDS, tab.emset 4 mg BD, tab.limcee O.D.

Nursing perspective: Check vital signs and give medication as prescribed by the doctor. The perineal wash was administered to the patient. Keep note of how much you're taking in and how much you're giving out.

Follow up and outcomes: Patient health improved. All signs and symptoms, such as stomach pain during menses and burning micturition, have changed in the last 2-3 months.

Discussion:

Cervical fibroids can affect the supravaginal and vaginal parts of the cervix. Cervical fibroid can manifest itself in several ways, each with its own set of symptoms. Supravaginal fibroids can form in the pelvic centre, engulfing the entire cervical canal and pushing the uterus. They might be unilateral or bilateral, intramural or subserosal, and located in the pelvis. Uterine leiomyomas (also known as uterine fibroids) are benign tumours that form when the uterus' smooth muscle and connective tissue overgrow. Histologically, smooth muscle cells show monoclonal proliferation. The development of leiomyoma has a hereditary component (7). In assessing uteropelvic masses, M.R.I. is becoming increasingly important. Compared to computed tomography (C.T.), M.R.I. provides more accurate morphological soft-tissue information and can be beneficial pre-operatively in some circumstances, particularly in monitoring fibroid degeneration and diagnosing sarcomatous alterations (8-11). Ultrasonography (U.S.G.) is the first-line imaging evaluation in the suspicion of fibroids because of its excellent sensitivity and specificity. Ultrasound scans can be performed transracially (T.V.S.) or transabdominal (T.A.S.); both have advantages and limitations, but in most cases, transvaginal sonography is preferable to transabdominal sonography of pelvic illness. T.V.S. is more sensitive in detecting small leiomyomas and is more useful in patients with retroverted and retroflexed uteruses (12-16).

If a woman becomes pregnant while suffering from these types of fibroids, she will require a caesarean section, mainly if the fibroids are located in the central cervical region. The abdominal incision should be performed across the midline since the fibroid's size may increase significantly during pregnancy, moving the lower section high up. During pregnancy, patients may experience pressure feelings and pain. These are particularly common in women with significant fibroid throughout the second and third trimesters of pregnancy. During caesarean sections, caution should be exercised. In the future, a hysterectomy will be the most prevalent treatment for these tumours, particularly for central cervical fibroids. Uterine artery embolization and myomectomy may be performed depending on the patient's symptoms, fertility goals, tumour location, and any accompanying uterine fibroids.

Conclusion:

Cervical fibroids are tough for gynaecologists to treat because they are so close to the ureter and bladder. The management of such situations demands a thorough examination. According to this case report, women with sessile cervical fibroids can be treated conservatively before, during, and after delivery. Myomectomy can be postponed after delivery since the fibroids reduce in size, making vaginal removal easier. Cervical length measurement should be used to track future pregnancies.

References:

1. Neeru Goel and Shikha Seth An unusual case of cervical fibroid masquerading as ovarian tumour *J Midlife Health*. 2016 Jul-Sep; 7(3): 144–146.
2. News from Mayo Clinic Mayo Clinic Minute: Know your uterine fibroid Feb. 24, 2022, 05:00 p.m. CDT
3. MARIA SYL D. DE LA CRUZ, MD, and E.D.W.A.R.D. M. BUCHANAN, MD, Sidney Kimmel Medical College at Thomas Jefferson University, Uterine Fibroids: Diagnosis and Treatment 2017 Jan 15;95(2):100-107.
4. Remon Keriakoset.all Management of Cervical Fibroid during the Reproductive Period more Academic Editor: B. Piura Published 15 Sep 2013
5. Carolyn Kay, M.D. — Written by Rachel Nall, M.S.N., CRNA ,What to know about salpingectomy Medically reviewed by on November 28, 2019
6. Yuji Hiramatsu, MD, PhD Basic Standard Procedure of Abdominal Hysterectomy: Part 1 ,*Surg J (N Y)*. 2019 Jun; 5(Suppl 1): S2–S10. Published online 2019 Mar 7.
7. Philip A Thomason, MD; Chief Editor: Eugene C Lin, MD Uterine Leiomyoma (Fibroid) Imaging Updated: Dec 27, 2021
8. Helen Kaganov Alex Ades Uterine fibroids: Investigation and current management trends Volume 45, Issue 10, October 2016
9. AlbenzdWoźniak and SławomirWoźniakPrzMenopauzalny. Ultrasonography of uterine leiomyomas 2017 Dec; 16(4): 113–117. Published online 2017 Dec 30.
10. Daga, Shreya, Rashmi Walke, Pallavi R. Bhakaney, . Vishnuvardhan, Ruhi Kumbhare, and Moli Jain. “Effectual Physiotherapy Treatment in a 16 Year Old Case of Atrial Septal Defect- A Single Case Study.” *Journal of Pharmaceutical Research International*, December 14, 2021, 161–65. <https://doi.org/10.9734/jpri/2021/v33i57B34041>

11. Joshi, M.P., Taksande, A.M., Meshram, R., 2020. Intracranial Brain Abscess in a Child with Cyanotic Congenital Heart Disease. *JOURNAL OF EVOLUTION OF MEDICAL AND DENTAL SCIENCES-JEMDS* 9, 3767–3769. <https://doi.org/10.14260/jemds/2020/826>
12. Taksande, Amar, and Patel Zeeshan Jameel. “Critical Congenital Heart Disease in Neonates: A Review Article.” *Current Pediatric Reviews* 17, no. 2 (August 23, 2021): 120–26. <https://doi.org/10.2174/1573396317666210219162515>.
13. Khandekar, A., Dangre-Mudey, G., 2019. Tackling Rheumatic Heart Disease: Prevalence and Antibigram of *Streptococcus pyogenes* in Cases of Paediatric Pharyngitis. *JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH* 13. <https://doi.org/10.7860/JCDR/2019/38486.12626>
14. Andhale, A., Acharya, S., Pratapa, S.K., Hulkoti, V., 2020d. An unusual case of acute heart failure in a body builder: Case Report. *MEDICAL SCIENCE* 24, 1744–1748.
15. Anjankar, A.P., Lambe, S.D., Lambe, K.S., 2020a. Diagnostic and Prognostic Value of N-Terminal Brain Natriuretic Peptide in Patients of Heart Failure. *JOURNAL OF EVOLUTION OF MEDICAL AND DENTAL SCIENCES-JEMDS* 9, 2176–2180. <https://doi.org/10.14260/jemds/2020/474>
16. Chiwhane, A., Burchundi, S., Manakshe, G., Kulkarni, H., 2020. Incremental Prognostic Value of Anemia in Acute Coronary Syndrome from A Rural Hospital in India. *GLOBAL HEART* 15. <https://doi.org/10.5334/gh.52>.