MISOPROSTOL INDUCING NECROSIS OF LARGE UTERINE FIBROID IN A CASE OF MISSED MISCARRIAGE COMPLICATING MANAGEMENT: A CASE REPORT

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Background

Misoprostol is a synthetic prostaglandin E1 analogue used in the treatment of stomach ulcers, post partum haemorrhage, miscarriage, and induction of labour. It is used in conjunction with Mifepristone or Methotrexate for medical management of miscarriage. Misoprostol's side effects include diarrhoea, nausea, cardiovascular conditions, and abdominal pain (1). Misoprostol and mifepristone has not previously been reported to induce necrosis of fibroid.

Case

43 year old female, Obstetric history: G8P3M3T1. 1st birth via emergency caesarean section (CS) for failure to progress, 2nd birth with ventouse, 3b tear, shoulder dystocia, and post partum haemorrhage (PPH) 500-1000mL, 3rd birth via elective CS with known fibroid and PPH of 1500mL. 1 termination of pregnancy for Trisomy 18 and 3 uncomplicated miscarriages.
Past medical history: uterine fibroid and psoriasis. Otherwise well.
Presented initially with missed miscarriage at 8 weeks gestation on USS. After 1 month of failed expectant management, medical management was instituted with Mifepristone followed by Misoprostol 48 hours later.
Clinical presentation 72 hours after the administration of Misoprostol: Presented with a notably tender 18 week size uterus and copious grey vaginal discharge. USS confirmed retain product of conception (RPOC) with fibroid in right adnexal region. After receiving antibiotics for a septic miscarriage, she was taken for surgical evacuation. The dilatation and curettage (D+C) was abandoned due to inability to access the uterine cavity secondary to a large necrotic mass presumed to be a prolapsed fibroid with no identifiable cervix. This caused an obvious management dilemma with patient subsequently choosing a total laparoscopic hysterectomy with bilateral salpingectomy. Findings at hysterectomy were large anterior low fibroid with cystic degeneration and invasion into the vesicovaginal space and left parametrium. A second irregular fibroid was prolapsing through the cervical os which was dilated and effaced. Histopathology showed leiomyoma with hyaline necrosis with a small site of POC.

Where was the fibroid?

- 8 week USS - left 12 x 10 x 9cm submucosal fibroid with internal calcification.
- At time of septic M/C – USS with RPOC measuring 10 x 6 x 11cm and a heterogeneous lesion in right adnexal region (178mL) corresponding to known uterine subserosal fibroid.
- At D+C – fibroid prolapsing through cervix
- USS after D+C (figure 1+2) – estimated volume 1.3L with large uterine fibroid arising from anterior surface of the uterus measuring 14 x 10 x 13cm. A heterogeneous endometrial collection likely representing RPOC

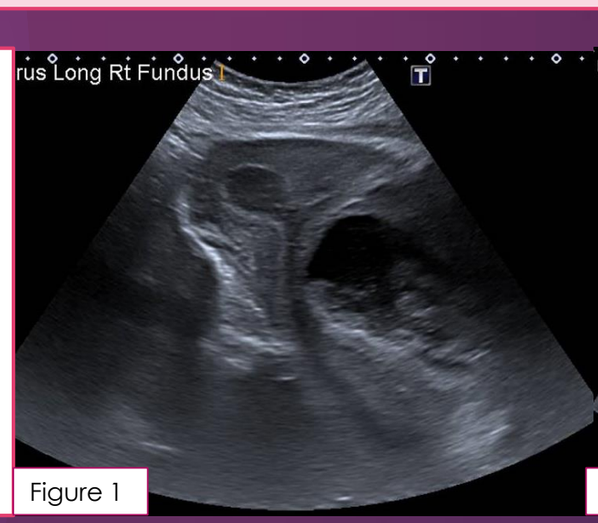

Figure 1

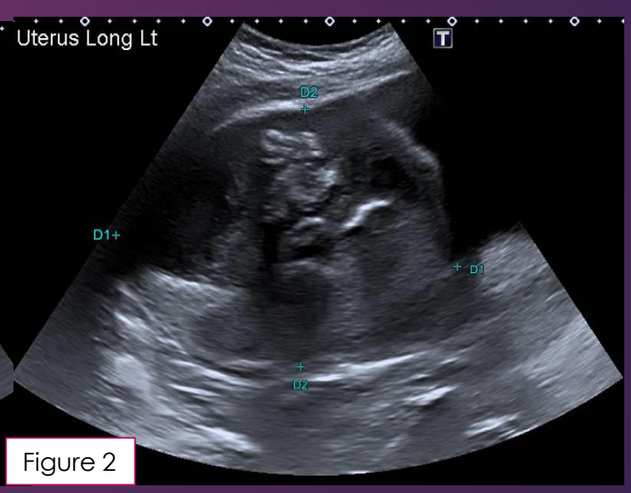

Figure 2

Discussion

- There are no other cases describing misoprostol or mifepristone inducing necrosis of fibroids. Fibroid necrosis has been associated with uterine artery embolisation. Misoprostol was the likely cause of necrosis given symptoms started 2-3 hours after ingestion.
- Accurate USS reports were crucial during this case to guide management. None of the USS's reported the fibroid in the lower uterine segment which then prolapsed through the cervix causing the D+C to be abandoned. The USS's report regarding the amount of RPOC was also incorrect when compared to histopathology being only a small 20mm area of tissue. The USS was likely commenting on the necrosed fibroid mistaken for RPOC.

1. Australian Medical Handbook.