

Case series of 3 ports laparoscopic myomectomy with contained endobag cold knife morcellation

Kah Pin Low

Department of Obstetrics & Gynaecology, Loh Guan Lye Specialists Centre, Georgetown, Penang, Malaysia

ABSTRACT

Introduction: Since US FDA issued a guidance statement 29 December 2020 on laparoscopic power morcellation favoring contained morcellation with fear of dispersment of incidental leiomyosarcoma, cost and operation time had increased on top of the cost of power morcellation. Here, I am using economical contained morcellation without power morcellation for laparoscopic myomectomy. **Objectives:** This case series aim to determine the feasibility and safety of 3 ports laparoscopic myomectomy with contained endobag cold knife morcellation. **Methods:** 3 ports laparoscopic myomectomy done in usual manner and specimen retrieval by morcellating fibroid(s) within endobag from 10 mm opening after removing umbilical ports. Ten such surgeries across 3 years from 1 May 2019 to 31 May 2022 was reviewed. Length of surgery, blood loss, size of largest fibroid(s) and complications of surgery were documented down. **Results:** Diameter of largest fibroid range from 5 cm to 11 cm (mean of 8.2 cm). Operation time ranges from 1 hour 50 minutes to 5 hours 10 minutes (mean 3 hours 28.5 minutes). Estimated blood loss ranges from 100 to 500 mls (mean 205 mls). No complications and prolonged hospitalization for all surgeries. **Conclusions:** 3 ports laparoscopic myomectomy with contained endobag cold knife morcellation is feasible, safe and economical.

A rare case of massive postpartum hemorrhage secondary to inner myometrial laceration following vaginal delivery: A case report

Nik Nur Hidayah Binti Ilias, Pang Suk Chin, Mudirah Binti Mohd Yusof, Ilyani Mohd Alias

Department of Obstetrics and Gynaecology, Hospital Kulim, Kedah, Malaysia

ABSTRACT

Introduction: Post-partum haemorrhage caused one-fifth of the total reported maternal deaths worldwide. The etiologies of post-partum haemorrhage vary. The rarely encountered cause of post-partum haemorrhage is inner myometrial laceration which is more difficult to diagnose. **Case Description:** A 29-year-old, Malay woman, primigravida at term with good controlled of Gestational Diabetes Mellitus underwent uncomplicated vaginal delivery. She gave birth to a 3,200 grams' male infant. She bled profusely after the delivery of placenta. An immediate systematic approach of massive post-partum haemorrhage ensued; however, she was unresponsive to medical therapy. No vaginal tears or retained placenta tissue was found. She went into hypovolaemic shock and disseminated intravascular coagulopathy state. During laparotomy, atonic uterus was not responsive to intramyometrial hemostate and bleeding continued. Bilateral internal iliac arteries ligation was done and proceeded with hysterectomy. She required transfusion of multiple blood products and recovered well after being nursed in Intensive Care Unit. Histopathological examination of her uterus revealed findings of a 35 mm laceration of lower uterine segment which appears hemorrhagic and edematous. **Discussion:** Following massive post-partum hemorrhage where all other causes have been excluded, inner myometrial laceration should be considered as one of the possible differential diagnoses. Prompt laparotomy and repair of the tear or peripartum hysterectomy is paramount to avert maternal mortality.