

Failed medical termination at second trimester due to a massive uterine fibroid: A rare case requiring surgical myomectomy for fetal bone extraction

Siti Munirah H, Victoria Ivy P, Ravinderjit K

Department of Obstetrics and Gynaecology, Hospital Pulau Pinang, Malaysia

ABSTRACT

Introduction: Termination of pregnancy (TOP) for fetal anomalies is typically managed medically in the second trimester. However, large uterine fibroids can distort uterine anatomy, complicating medical evacuation. **Case Description:** We report a rare case of a 38-year-old Gravida 2 Para 1 woman who underwent TOP at 21 weeks' gestation for holoprosencephaly, with a massive right broad ligament and cervical fibroid and a prior caesarean section. Medical therapy using Cervagem (five cycles) and misoprostol (one cycle) led to placental expulsion, but fetal bones were retained. A month later, hysteroscopy and ultrasound-guided evacuation revealed fetal bone fragments embedded within the endometrial cavity. Retrieval was difficult due to severe anatomical distortion and limited cervical access. Multiple courses of antibiotic coverage were given. The patient later received a single dose of subcutaneous Zoladex 3.6 mg and underwent elective laparotomy myomectomy three months post-TOP. Intraoperatively, a right broad ligament fibroid measuring 20 × 15 cm was identified, extending into the right lateral cervix, with fetal bones embedded within the fibroid. The fibroid was excised, the uterus preserved, and recovery was uneventful. **Discussion:** Although rare, surgical myomectomy may be required following failed medical TOP when fibroids cause significant distortion of the uterine anatomy, hindering fetal expulsion. In such cases, the risk of infection must be carefully weighed against the timing and feasibility of surgical intervention. Multidisciplinary planning is essential for safe and effective management.