Primary prevention of cesarean section in women with a uterine scar after myomectomy.

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Subjects: 115 pregnant and women in labor after a myomectomy, 60 patients after the transferred miomectomy

Methods: morphometry, study of the microcirculation, leukocyte cytogram in scar; the ultrasonic study of scar, myometrium.

Results: Laparoscopic myomectomy with bed coagulation has the chaotic arrangement of fibers and extensive gemorragiya in hem. The vascular component was presented by a large number of vessels with sclerosis walls. There is an increase of all leukocytes, especially neutrophils, erythrocytes. The border between miometrium and a hem after a laparoscopic miomectomy with coagulation a bed was visually presented by large vessels with sclerosis walls, hemorrhages, a set of small vessels similar granulations.

From 68 women with the hem, which conducting natural childbirth at 35 was carried out (51,5%) occurred a spontaneous labor. Repeated operation of Cesarean section is carried out 33 women (48,5%). The menacing rupture of a uterus while women in labor after a laparoscopic miomectomy with coagulation have bed in 33,3% served in structure of indications to the emergency abdominal labor at women with an restoration of a bed the 2nd synthetic seam only in 18,2% and 15,4% of cases respectively 1-2 groups the reason.

Conclusion: For reproductive age woman it’s necessary to carry out a laparotomic miomectomy or a laparoscopic miomectomy, but with obligatory extracorporal a bed restoration a seam. If the surgeon doesn’t own a technique of laparoscopic suture, to carry out only a classical laparotomic operation. Coagulation of a bed is inadmissible, as during pregnancy the risk of a rupture of a uterus is high.