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BOWEL NECROSIS DUE TO UTERINE FIBROIDS: -FIRST REPORTED CASE-

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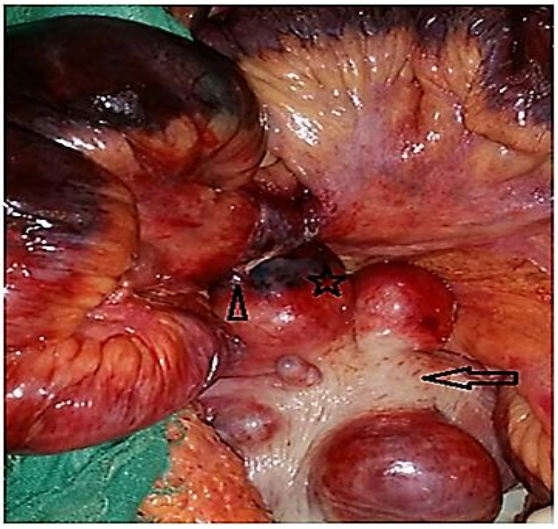
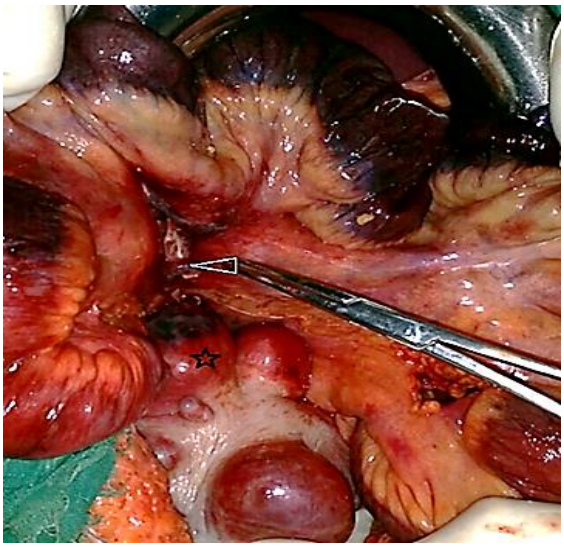
A 37-year-old patient, with history of repeated miscarriages, referred to emergency for occlusive syndrome in pregnancy of 22 weeks. The onset of symptoms dates back to 5 days with diffuse abdominal pain, vomiting, bloating and no passing gas. The examination found a conscious patient, a 160-rate tachycardia, a stable blood pressure, a painful and tympanic abdomen. Abdominal ultrasound revealed bowel distension, a myomatous uterus and non-progressive pregnancy. Abdominal CT found small bowel distension and ischemia, peritoneal fluid and no transition-size zone. C-reactive protein was 102.

The patient was operated after expulsion of a stillborn. Surgical findings were: small bowel distension, necrosis of the terminal ileum, polymyomatous uterus and an inflammatory bridle between a large necrotic fibroid and the underside of the mesentery of the ileal loops. The surgical exploration eliminate other etiologies of obstruction. We performed an ileo- caecal resection of 60cm and a double stomy. The postoperative course was simple after 48hours intensive care. Continuity restoration was performed a month later.

The literature is full of papers explaining fibroids complications, but we didn't find such a clinical presentation. Obstructive bowel over-distension results in parietal ischemia. Considering the absence of transition-size zone we can suggest that a progressive increase in uterine volume induced a compression or traction on the mesentery attached to the necrotic fibroid leading to necrosis of the corresponding territory**.**

Keywords: Bridle, bowel obstruction, necrosis, pregnancy, uterine fibroid.





Figures: Necrotic fibroid (star), polymyomatous uterus (arrow) and inflamatory bridle (arrowhead).