

Pregnancy outcome post pneumonectomy in bronchiectasis: A case report

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ABSTRACT

Introduction: Bronchiectasis, a chronic condition characterized by permanent dilation of bronchi, is rarely encountered during pregnancy. Bronchiectasis when complicated by recurrent infection can lead to pneumonectomy. The absence of one lung coupled with the increased physiological demand of gestation and parturition can pose a significant risk. **Case Description:** This case report presents the management of a 32-year-old primigravida with bronchiectasis and a single lung, highlighting the successful multidisciplinary approach involving obstetrician, maternal fetal medicine specialist, pulmonologist, cardiologist, and intensivist. Ultimately, the patient underwent an assisted vaginal delivery and experienced a favourable recovery with no postpartum complications. **Discussion:** Pregnancy in patients with bronchiectasis and a history of pneumonectomy necessitates careful management and a multidisciplinary approach. This case report demonstrates the successful outcome of a pregnant patient with bronchiectasis and a single lung, emphasizing the significance of multidisciplinary approach to ensure optimal maternal and fetal well-being.

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Ultrasound-guided percutaneous microwave ablation of uterine fibroid – The way forward: A case report

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ABSTRACT

Introduction: Uterine fibroids are one of the common benign pelvic solid tumours which may cause heavy menstruation, dysmenorrhoea, and infertility. Common management options include hormonal treatment and surgery such as myomectomy and hysterectomy. Microwave ablation on the other hand is a minimally invasive procedure that has lesser complications and is used for other solid tumours besides the uterus such as the liver. **Case Description:** A 32-year-old lady, Para 1 was diagnosed as having uterine fibroid during pregnancy in 2022 measuring 7 cm. Post-delivery, the fibroid was increasing in size and the patient was symptomatic with heavy menstrual bleeding. CT abdomen and pelvis showed a fibroid measuring 10.6 x 10.3 cm. She was not keen on GnRH treatment or surgery as she was still breastfeeding and opted for a lesser invasive procedure. Laparoscopic microwave ablation was offered to her. The instruments and technology were provided by a certified manufacturer. The fibroid was ablated at 4 different areas for a total of 35 minutes. The patient was discharged home well the next day. Upon assessment 2 weeks post-procedure, the patient claimed abdominal distension was reducing and a scan showed a smaller fibroid size measuring 9 x 7 cm. **Discussion:** There was significant shrinkage of the fibroid observed over 3 to 6 months and up to 12 months postoperatively. Microwave ablation has a low rate of complications and bleeding can successfully be prevented by the use of the track ablation techniques. Although the superiority of MWA could not be established, it is a promising technique for treating uterine fibroids.