

Successful pregnancy outcome following anticoagulant therapy in a 29-year-old patient with recurrent pregnancy loss initially attributed to uterine fibroids: A case report

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Abstract

Recurrent Pregnancy Loss (RPL) is a significant clinical challenge in reproductive medicine, often requiring comprehensive evaluation to determine the underlying etiology. While structural uterine abnormalities such as fibroids are commonly considered potential contributors, thrombophilia has emerged as a leading cause of spontaneous and missed abortions, particularly in cases without definitive anatomical explanations. We report the case of a 29-year-old woman with a six-year history of infertility and recurrent pregnancy loss, initially attributed to a myomatous uterus. Despite multiple attempts to conceive, the patient was unable to achieve a viable pregnancy. Comprehensive evaluation eventually revealed an underlying thrombophilic disorder, prompting initiation of targeted anticoagulant therapy. Following treatment, the patient conceived spontaneously. The pregnancy was closely monitored under continuous anticoagulation and progressed without major complications, culminating in a successful term delivery. Notably, multiple uterine fibroids were present throughout gestation but did not adversely affect pregnancy viability or progression.

This case underscores the importance of systematic etiological assessment in RPL and highlights thrombophilia as a clinically significant contributor to adverse reproductive outcomes. Early diagnosis and individualized management may substantially improve pregnancy outcomes and prevent unnecessary surgical interventions.

Keywords: Recurrent pregnancy loss; Thrombophilia; Uterine fibroids; Anticoagulant therapy; Infertility.

Introduction

Recurrent Pregnancy Loss (RPL), defined as two or more consecutive pregnancy losses, affects 1–3% of reproductive-aged women and represents a major source of physical and psychological morbidity. Etiologies include genetic, anatomical, hormonal, infectious, and immunologic factors. Uterine fibroids are

frequently implicated in adverse reproductive outcomes, yet their presence does not always account for repeated miscarriages.

Thrombophilia, both inherited and acquired, has increasingly been recognized as a critical factor in RPL. Early identification and management with anticoagulant therapy can significantly improve outcomes, particularly in women who have experienced multiple pregnancy losses without identifiable structural abnormalities. Herein, we describe a 29-year-old patient with a six-year history of infertility and recurrent pregnancy loss, initially misattributed to uterine fibroids, in whom targeted anticoagulant therapy facilitated a successful pregnancy.

Case Presentation

Patient history

- 29-year-old woman with a history of uterine myomas and multiple miscarriages over six years.
- Previous gynecological consultation misattributed pregnancy loss to fibroids; patient was advised to undergo myomectomy and evaluated for unnecessary cancer therapy.
- No thrombophilia screening had been performed until the current evaluation.

Investigations/analyses

Hematological and coagulation profile

- CBC, PT, aPTT: Normal
- Fibrinogen: Normal

Thrombophilia screening

- Factor V Leiden: Positive
- Prothrombin G20210A: Negative
- Antithrombin III: Normal
- Protein C and Protein S: Borderline low
- Lupus anticoagulant & anticardiolipin antibodies: Negative

Hormonal and reproductive assessment

- TSH, Free T4: Normal
- Anti-Müllerian Hormone (AMH): slightly decreased
- Progesterone therapy initiated during luteal phase

Imaging studies

- Ultrasound (transvaginal/abdominal): Multiple intramural uterine fibroids detected (largest 3.2 cm) (Figure 1: Uterine fibroids on ultrasound)
- Early intrauterine gestational sac identified post-conception (Figure 2: Early pregnancy adjacent to fibroids)

Other investigations

- Hysterosalpingography: Normal uterine cavity and patent fallopian tubes
- No other structural abnormalities identified

Management

- Targeted anticoagulant therapy initiated following thrombophilia diagnosis.
- Progesterone supplementation provided to support early pregnancy.
- Conservative management maintained; no surgical intervention (myomectomy or hysterectomy) performed.
- Pregnancy monitored with regular ultrasound and laboratory assessment.

Outcome

- Pregnancy progressed without major complications.
- Uterine fibroids remained stable and did not affect fetal development or pregnancy viability.
- Successful term delivery achieved.
- No thromboembolic events occurred during gestation.



Figure 1: Pre-pregnancy ultrasound showing uterine fibroids.

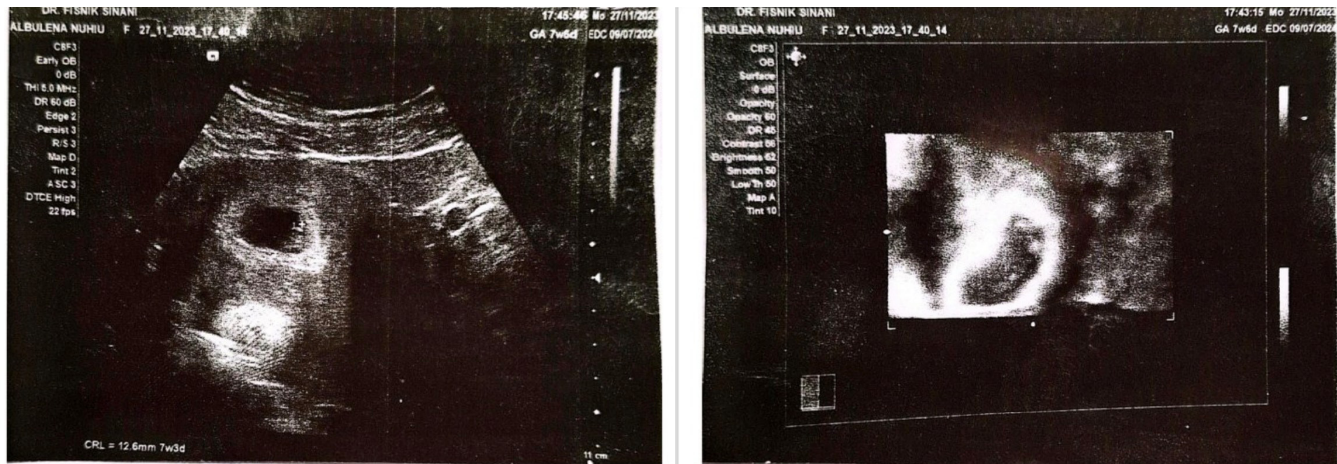


Figure 2: Early gestational ultrasound demonstrating viable intrauterine pregnancy adjacent to fibroids.

Discussion

This case emphasizes the importance of comprehensive etiological evaluation in RPL, particularly when structural abnormalities such as fibroids are present but may not be the primary cause of miscarriage. Misdiagnosis can lead to unnecessary surgical interventions without improving fertility outcomes. Thrombophilia, both inherited and acquired, is increasingly recognized as a leading cause of spontaneous and missed abortions. In this patient, Factor V Leiden mutation and borderline Protein C/S deficiency were likely the principal contributors to recurrent pregnancy loss. Targeted anticoagulant therapy facilitated a successful spontaneous conception despite persistent uterine fibroids.

Key lessons from this case:

1. Avoid attributing RPL solely to fibroids without thrombophilia screening.
2. Conservative management with pharmacologic support can lead to favorable obstetric outcomes.
3. Early identification and individualized treatment of thrombophilic disorders prevent unnecessary surgeries and optimize maternal-fetal prognosis.

Declarations

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