Additional surgical procedures on the uterus, as caesarean myomectomy, was relatively considered contraindicated for many years. Nevertheless, this sentence was not based on evidences, but rather on conjectural experiences, which discouraged caesarean myomectomies with the exception of small pedunculated fibroids. The more recent medical literature, however, indicates that caesarean myomectomies are probably safer if performed for justified indications, by experienced surgeons and by using meticulous tissue handling techniques who avoid serious or life-threatening complications. There is benefit of one surgery, rather then two operations, as only one scar is produced. These situations are a challenge to the obstetrician and carry a legal dilemma because the patients need to be adequately informed, prior to surgery, as regarding size and location of myomas during CS, and the possible complications to which a concomitant enucleation may lead. Even if any operation to be successful always needs of adequate patient preparation, of careful surgical planning and of correct intra and postoperative management of complications. After the development of well detailed technique, the intracapsular myomectomy, successfully performed during laparoscopy in non pregnant women with single or multiple fibroids, authors decided to study their methods of myomas removal during CS, exploring its outcomes.

During the years 2005-2011, our international research group, prospectively, evaluated the surgical outcome of intracapsular myomectomy during CS, in University affiliated Hospitals, by a prospective case-control study on 68 patients who underwent intracapsular cesarean myomectomy, compared with a control group of 72 patients with myomatosic pregnant uterus who underwent cesarean section without myomectomy. Since obstetricians often confronted with fibroids while performing CS and face the dilemma of how they should be managed, considering the cost-benefit of our study, we affirmed that intracapsular cesarean myomectomy procedure can be performed with some confidence, without affecting adversely the postoperative course and clinical outcomes.