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Parasitic Huge Leiomyoma: An Uncommon Entity

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ABSTRACT

Leiomyomas are commonly encountered in woman of reproductive age group. Parasitic leiomyomas are uncommon variant of uterine leiomyomas. We are presenting a rare case of large parasitic leiomyoma in the peritoneal cavity of 38yrs woman from India with degenerative changes and deriving its blood supply from omentum. Majority of uterine leiomyomas are confidently diagnosed clinically and sonographically. However, large, degenerated or atypical tumours-like parasitic leiomyoma as in our case- may be a diagnostic challenge

KEYWORDS :

Introduction:
Leiomyomas are the commonest uterine neoplasms in the women of reproductive age group [1],[2].They are composed of smooth muscle and fibrous tissue and are benign in nature [1]. Based on their location within the uterine wall, leiomyomas are classified into submucosal, intramural/myometrial or subserosal leiomyomas. The latter may be pedunculated and may undergo various pathological changes to pose diagnostic dilemmas.

Here we present a rare case of large parasitic leiomyoma undergoing degeneration in the peritoneal cavity deriving its blood supply from omentum.

Case Report:
A 38 years old woman from India presented in our outpatient clinic with lump and pain in abdomen which progressively increased for past one month. Her menstrual cycles were normal. Her general clinical state was normal except for pallor. On abdomenipelvic examination a lump of 28 weeks uterine size was palpable. The Transabdominal ultrasonography revealed 16.8 x 9 x18.8 cm mass of mixed echogenicity attached to fundus of uterus extending upto right subhepatic space. The patient was anemic with Hb 8 gm%. Two units of blood were transfused and the patient was planned for exploratory laparotomy. Laparotomy revealed huge fibroid of 26.4 × 16 × 12 cms with degenerative changes in the abdominal cavity extending upto subhepatic space [Fig 1]. The fibroid had its auxillary blood supply from omentum. The vessels supplying the fibroid were tortuous and dilated with maximum diameter of upto 4 cm [Fig.2]. Fibroid had a very small attachment to the fundus of uterus. Fibroid was removed [Fig 3]. The histopathological report showed leiomyoma with degenerative changes [Fig 4]. The postoperative period was uneventful and patient was discharged on postoperative day seven.

Discussion:
Uterine myomas occur in approximately 25% of reproductive aged women and are noted on pathological examination in approximately 80% of surgically excised uterine specimens [3], [4].

The presentations of most cases of fibroids are usually straightforward making diagnosis and management easy. However, when they undergo various kinds of pathological changes they pose both diagnostic and management difficulties. This article presents a rare case of a large degenerated parasitic leomyoma in the peritoneal cavity deriving its blood supply from the omentum and attached to a normal looking uterus by a narrow avascular stalk. Ultrasound and physical examination did not help with the diagnosis. It was at laparatomy that the diagnosis was made and later confirmed by histopathological examination.

The subset of parasitic myomas is rare, with few reported cases in the literature. Although first described by Kelly and Cullen in 1909, as "myoma that have for some reason become partially or almost completely detached from the uterus and receive their main blood supply from another source", the cause, natural history, and pathologic basis of parasitic myomas are still not clearly understood [5]. The conventional thinking is that parasitic myomas are a rare variant of pedunculated subserosal myomas. It has been suggested that if a pedunculated subserosal myoma develops a long stalk and becomes what is termed a "wandering or migrating leiomyoma" [6] such a tumor can then grow on and adhere to surrounding structures such as omentum or broad ligament and develop an auxiliary blood supply. In this way, a parasitic myoma is formed when a wandering myoma loose its uterine blood supply and becomes attached and fed from a non-uterine source. Recently another theory has evolved which suggests "iatrogenic" parasitic myomas may be caused by the seeding of portions of fibroid during morcellation at the time of myomectomy and hysterectomy [7].

A large, degenerated or atypical parasitic myoma-like in our case may be a diagnostic challenge.

Conclusion:
Parasitic myomas are rare form of uterine myomas and pose diagnostic challenges.

Consent
The authors confirm that informed written consent was received from the patient for publication of the manuscript and figures.

Competing interests
The authors declare that they have no competing interests.

Fig1. A Huge parasitic fibroid on laparotomy

Fig. 2 Dilated and tortuous feeding vessels from omentum

Fig. 3 Excised myoma with dilated feeding vessels

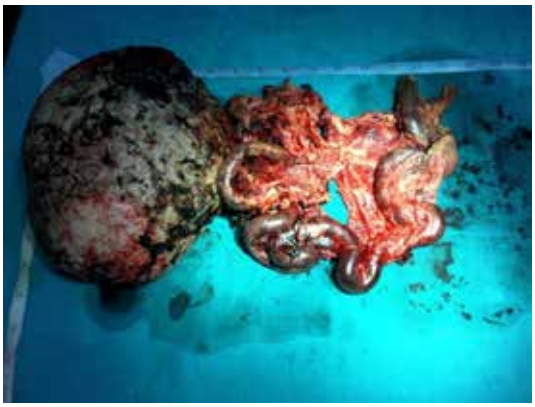
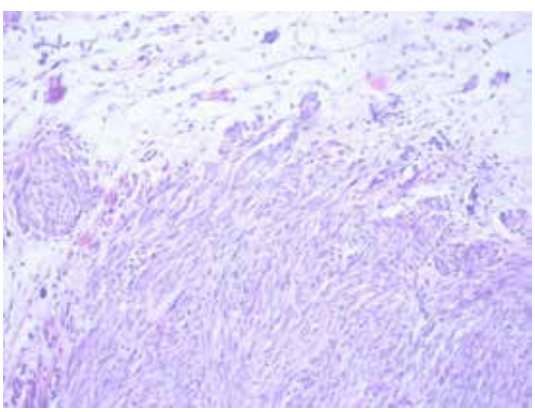


Fig.4 Histopathology showing leiomyoma with degenerative changes



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