



## FALLOPIAN TUBE LEIOMYOMA

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**ABSTRACT** **Introduction:** The word leio means smooth & myoma means a tumour involving muscle cells. Leiomyomas are tumours of smooth muscle. Uterine Leiomyomas are the most common type. High levels of estrogen receptors in the myometrium of leiomyoma is involved in pathogenesis. Fallopian tube leiomyoma is a rare entity. **Case Report:** A 41-year-old presented with increased frequency and heavy uterine bleeding from past one year. Preliminary investigation shows Adenomyosis. The patient underwent a TAH with bilateral salpingectomy and right oophorectomy. Post operatively specimen was sent for histopathological examination. Uterus, cervix with bilateral tubes and right ovary was received for histopathological examination. **Conclusion:** Fallopian tube leiomyomas which are asymptomatic are a finding during a surgical procedure or on autopsy.

**KEYWORDS :** fallopian tube, fibroid

## INTRODUCTION

Fallopian tube leiomyoma is an extremely rare entity. Both uterus and fallopian tube are derived from the müllerian duct. However, leiomyoma is far more frequent in uterus. Estrogen or progesterone regulate morphological and functional changes of myometrium in a female menstrual cycle. The fallopian tube musculature shows no growth changes in menstruation or even in pregnancy. While most tubal leiomyoma are asymptomatic, few complications can be torsion, enlargement, degenerative changes and ectopic pregnancy. [3]

## Case Presentation

A 41 year Para 3 patient came to the obstetrics & gynaecology department with a complaint of abnormal menstrual bleeding. Her cycles lasted for 8 -12 days/28-30 days with clots. There was no dysmenorrhea. On examination, abdomen was soft, uterus was anteverted (10–12-week size), bilateral fornix free, cervical os was closed and vaginal bleeding present. Patient was a known case of hypertension, hypothyroidism, and nephrotic syndrome. Ultrasound findings of lower abdomen were suggestive of adenomyosis. A TAH with right Salpingectomy with left salphingoophorectomy was done. Post operatively Specimen was sent for histopathological examination.

## Gross Examination

Uterus along with cervix is measuring 9x8x5 cm, cervix measuring 2.5x 3x 2.7 cm Endomyometrial thickness varies from 2 to 2.8cm. Right fallopian tube measuring 6 x 0.5 cm, lumen was patent. On cut section a tiny firm 0.5 cm? fibroid was identified in the wall of right fallopian tube. Left ovary is measuring 1.5x 1x 0.5 cm, on cut section single cyst is seen measuring 0.5 x 0.5 cm. Left fallopian tube measuring 4 x 0.8 cm.

## Microscopic Examination

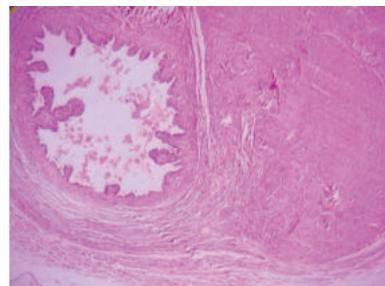
H&E-stained sections shows:  
Endometrium – Pseudodecidual change.  
Cervix – Chronic cervicitis with squamous metaplasia  
Right fallopian tube - Leiomyoma  
Left fallopian tube - Unremarkable.

## DISCUSSION

Origin of the fallopian tube leiomyoma is myosalpinx or the smooth muscle cells of the vessels supplying the tubes. Isthmus is the most common site, while ampulla the second most common. No identifiable risk factors are found per say. Women of age more than 35 years were found to be affected. These are a rare entity, still ultrasonography can be helpful in the diagnosis and definitive diagnosis can be done by laparotomy.[4]



**Fig 1 Gross Appearance Of Fallopian Tube Leiomyoma**



**Fig 2 Microscopic View Of Fallopian Tube Leiomyoma At 20x Magnification.**

## CONCLUSION

Leiomyoma are tumours benign in nature usually found in uterus, though vagina and ovaries can also be affected. Fallopian tubes are least to be affected. Nulliparity, increasing age and sex steroids related menstrual cycle changes can be regarded as some risk, but still largely aetiology is unknown. While looking for any adnexal mass leiomyoma should be kept into consideration.[5]

**Conflict Of Interests:** The author declares no conflict of interest.

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