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AN INTERESTING CASE REPORT OF TORSION OF A HUGE ROUND LIGAMENT FIBROID

Surgery

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ABSTRACT

Round ligament leiomyoma is a very rare location .Overall incidence of round ligament fibroid is very rare .Diagnosing the round ligament fibroid preoperatively is difficult as it imitates like a subserous fibroid or an ovarian cysts . We present a case of 42 yrs P2L2 regularly menstruating women complaining of pain abdomen since 2 days associated with bloating and belching ,reduced apetite no history of dysmennorhoea ,she was severely pallor with Hb of 4.5 gms % ,on abdominal examination showed a mass of 24 weeks pregnant uterus size occupying the hypogastric , umbilical , right iliac fossa, and partially left iliac fossa ,tender ,no local rise of temperature ,on USG and MRI diagnosed with adnexal mass ,with peripheral omental adhesion,MRI suggested a large left adnexal mass with reduced vascularity , with bowel and peritoneal adhesions .Laparotomy was posted after stabilizing the vitals with 3 units of blood transfusion ,an FCM 1500mg, intraoperatively right side round ligament fibroid with 2 turns of tosion in clock wise direction , with flimsy bowel and omental adhesions noticed and released round ligament fibroid was excised with Total abdominal hysterectomy was done due to coexistent uterine fibroids.

KEYWORDS

Fibroid, Round ligament, Hysterectomy

INTRODUCTION:

Round ligament starts from the uterus, passes laterally to the lateral pelvic wall goes through the internal inguinal ring ends on the labia majora .Incidence of round ligament fibroid is not known .usually occurs in premenopausal women .Round ligament fibroids can be located in various regions along the course of insertion ,abdominal , inguinal , vulvar (1).Ours is one such case where the fibroid of huge size, abdominal in location with torsion .

CASE REPORT:

A 42 yrs P2L2, regularly menstruating women complaining of sudden onset of pain abdomen with since two days subsided with medication ,with bloating and belching and decreased apetite .no history of fever ,vomiting ,bowel or bladder distrurbances .She was severely pale ,on abdominal examination a tender ,mass of 18 x20 cm occupying the hypogastric ,umbilical ,right iliac and part of the right lumbar region , regular , no local rise of temperature , USG and MRI showed huge adnexal mass of 20X15cm on right side.

3 units of blood transfusion with 1500mg of Ferrous carboxy maltose with aminoacid infusion to improve the general condition . On laparotomy, a round ligament fibroid of size 20 x 20 cm arising from the right side extracted from the abdominal cavity by using myoma screw pedicle of fibroid had 2 twists in clock wise rotation ,with flimsy bowel and omental adhesions released by blunt dissection , uterus was 10 x 8cm with anterior fibroids of 4 and 3 cm present ..Intraoperatively one unit of blood transfusion . Round ligament fibroid was excised and proceeded with total abdominal hysterectomy .Uneventful post operative recovery. HPE of the fibroid and the uterus is as Benign leiomyoma of round ligament normal uterus with anterior wall leiomyoma .

DISCUSSION:

Fibroids occur in 20-40% of women in reproductive age and 11-19% in perimenopausal age (2). Most of them are uterine fibroids less common are other variants with least being round ligament fibroid .Leiomyoma of the round ligament occurs predominantly in premenopausal and middle aged women (3) . 50% of round ligament fibroids are asscociated with uterine fibroids .most commonly arise from the extraperitoneal end of round ligament more commonly situated on the right side (4,5). The growth of fibroid is estrogen dependent in a study by Rajeshwari conducted in Bombay ,reported 30% of their study subjects with symptomatic fibroids had metrorhagia (6) ,Shaguftas study in Pakistan women in Peshawar reported incidence of fibroids to be 78.9% where 75% presented with menorhagia and anemia (7). Presence of round ligament fibroid is rare and torsion is still more rarest .Direction of torsion is in my case was towards clock wise direction and two turns ,according to study on adnexal torsion suggested clockwise torsion was more common in either side adnexal tumors (8) .

Usage of Ultrasound and MRI will improve the diagnosis of fibroid or adnexal mass but precise diagnosis of round ligament fibroid is surgical intraoperative diagnosis . Surgical excision of the tumor is the treatment option

CONCLUSION: Rarest of the type of fibroid is round ligament fibroid .It is mostly asymptomatic with no menstrual problems unless associated with uterine fibroids .The histopathology is not different from the uterine fibroids ,USG and MRI will help us and also guide us in planning the need for involving multidisciplinary care during surgery .Torsion of the fibroid can be because of the pedicle mostly in clock wise direction .Surgical exploration and excision is the treatment option for confirmatory diagnosis and symptomatic relief .

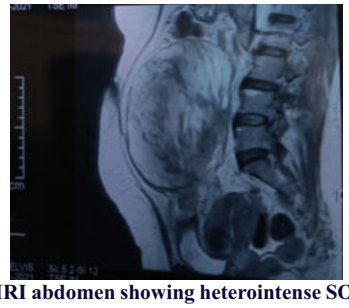

Figure 1: MRI abdomen showing heterointense SOL arising from uterus

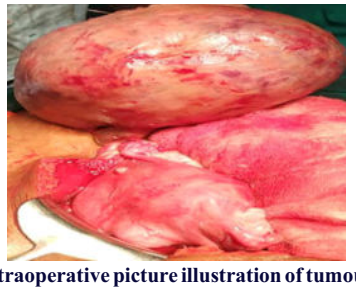

Figure 2: Intraoperative picture illustration of tumour

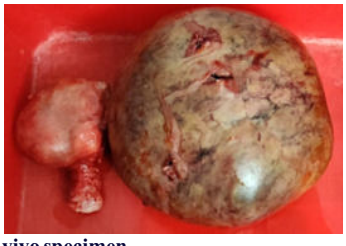

Figure 3: Ex vivo specimen

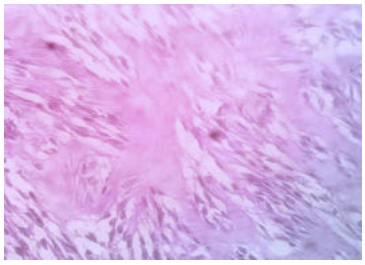

Figure 4: Histopathology showing benign leiomyoma and stroma

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