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A LARGE PSEUDO BROAD LIGAMENT FIBROID – A CASE REPORT

Obstetrics & Gynaecology

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ABSTRACT

Fibroids are most common benign tumors of the uterus, mostly situated in the body of the uterus. Rarely, arising from extrauterine sites with broad ligament fibroids being uncommon. In present case A 42-year-old female, nulliparous who presented with menorrhagia and pain in abdomen, was referred from district hospital as fibroid with menorrhagia. On abdominal examination 20-week size mass was present. Enucleation of mass done followed by total abdominal hysterectomy with bilateral salpingo oophorectomy and careful evaluation of ureteric course was done throughout the surgery to avoid its injury. This case is being reported for its rare incidence, diagnostic dilemma and surgical challenge.

KEYWORDS

fibroid, menorrhagia, enucleation, total abdominal hysterectomy, bilateral salpingo-oophorectomy

INTRODUCTION

Uterine fibroids are the most common benign tumors in female that grows from the smooth muscle cells of the uterus. Such tumors occur in nearly half of women over the age of 35 years, with increased prevalence during the reproductive phase due to hormone stimulated growth(1).As the majority of women with myomas remain asymptomatic(2).symptomatic women most likely suffer from abnormal uterine bleeding as well as dysmenorrhea.

Other frequent symptoms include dyspareunia or chronic acyclic pelvic pain(3). Myomas can cause compression related symptoms such as dyspnea, frequent urination, bowel complaints. Fibroid affect fertility(4).

They may compromise reproductive functions, possibly contributing to subfertility, early pregnancy loss and later pregnancy complications such as pain, preterm labour, malpresentation, increase need for caesarean section and postpartum haemorrhage.

I. Case Report

A 42-year-old nulliparous woman was referred to our hospital from District hospital as fibroid with menorrhagia. Exploratory laparotomy was done in District hospital but further procedure abandoned because of big size of fibroid (12*10 cm) in broad ligament. In view of possibility of damage to ureter and bladder during surgery, patient was referred to higher centre.

Patient had history of menorrhagia and severe pain in lower abdomen since 1year, with history of weakness, fatigue since 1 month, history of loss of appetite, and loss of weight. She was married for 12 year, divorcee since 10 years. Patient gives history of irregular menses and heavy menstrual bleeding since 1 year with soakage of 10 pads per day and history of passage of clots. Menses lasting for 8 – 10 day. Patient received 3-pint PRC in previous hospital before exploration.On examination patient was vitally stable, she was pale, per abdominal examination 18-to-20-week size mass was present. Suture site healthy.

Baseline investigation were sent.CT was done to find relation of ureter with fibroid suggestive of sub serosal uterine fibroid arising from lateral wall of uterus and course of ureter is very close to fibroid. Patient posted for elective exploration.

On exploration there was huge mass in left adnexa that looked like broad ligament fibroid. left side broad ligament was opened and fibroid was enucleated by inserting myoma screw and finger dissection. It was removed in toto along with uterus posterior layer of broad ligament was examined and no damage to ureter was found. Intaoperative 1 pint PRC received. Post operative period was uneventful she was discharge on day 10 after suture removal.

II. DISCUSSION

Occasionally fibroids become adherent to surrounding structures like broad ligament, omentum and develop an auxiliary blood supply and lose their original attachment to the uterus. Clinically sub serosal and broad ligament fibroid may manifest as extrauterine masses that compress the urethra, bladder neck or ureter producing symptoms of varying degree of urinary outflow obstruction or secondary hydroureteronephrosis. Because of location and size of this fibroid surgery was challenging especially since surrounding organs like ureter , intestine and urinary bladder may be at risk.

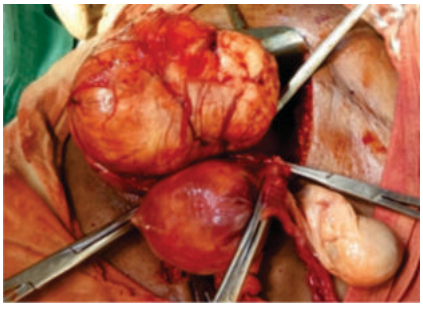

Fig. 1 xyz

III. CONCLUSION

Huge sub serosal fibroid arising from left lateral wall of uterus distorting the pelvic anatomy and presenting as huge broadligament fibroid. May pose difficulty in differentiating it with broad ligament fibroid. During surgery , one should be careful about the ureter course and surrounding organs.

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