



LARGE BROAD LIGAMENT LEIOMYOMA CAUSING MALPRESENTATION IN PREGNANCY

Obstetrics & Gynaecology

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ABSTRACT

A 25-year-old Primigravida with 39 weeks of gestational age presented to the outpatient department with complaints of backache. Previous ultrasonography at 13 weeks of gestational age revealed a large broad ligament fibroid with degenerative changes of size 9 x 6 cm and at 20 weeks of gestation and a large 9 x 14 cm fibroid located in left adnexa occupying left iliac fossa. On physical examination, a full-term gravid uterus, relaxed with fetus in oblique lie. Obstetric ultrasonography revealed a single live fetus of 37 weeks gestational age with oblique lie. She was taken up for the elective caesarean section. Baby weighing 2.75 kg was delivered with APGAR 7,8,9. Uterus along with the fibroid were exteriorized. A large left side pseudo broad ligament fibroid attached to the lateral wall of size 25x15x15 cm was seen. Uterine closure was done, and pedicle of the broad ligament fibroid was clamped, and myomectomy done. Patient had an uneventful postoperative period. Broad ligament myomas are rare, with an incidence of approximately 1%. In this case it was pseudo broad ligament fibroid causing oblique lie of the fetus. Myomectomy may be planned during the caesarean section.

KEYWORDS

INTRODUCTION

Uterine Fibroids (Leiomyomas) represent the most common form of benign mesenchymal disease of female genital tract. Clinical studies report an incidence of 25-30 % of the female population of childbearing age¹. Broad ligament myomas are the most common extrauterine myomas, they are rare, with an incidence of approximately 1%. As a diagnostic criterion, true broad ligament leiomyoma must be completely separated from and in no way connected with either the uterus or the ovary. Pseudo broad ligament myomas are usually subserous leiomyomas attached by a stalk to the lateral wall of the uterus. Although in most cases broad ligament leiomyomas are asymptomatic, they may present pelvic pain or a palpable pelvic/ abdominal mass or malpresentations or labour abnormalities².

Case Report

A 25-year-old Primigravida with 39 weeks of gestational age presented to the outpatient department with complaints of backache. She did not have any pressure symptoms. She had regular menses prior to pregnancy. Previous ultrasonography at 13 weeks of gestational age revealed a large broad ligament fibroid with degenerative changes of size 9 x 6 cm and at 20 weeks of gestation and a large 9 x 14 cm fibroid located in left adnexa occupying left iliac fossa. On physical examination, a full-term gravid uterus, relaxed with fetus in oblique lie and normal fetal heart rate pattern. Obstetric ultrasonography revealed a single live fetus of 37 weeks gestational age with oblique lie, normal fetal heart activity and normal liquor volume. Per vaginal examination showed un-dilated and un-effaced cervix. Her blood hemoglobin concentration was 8.8 g/dL. All other laboratory analysis were within normal limits. Blood was arranged pre-operatively. Estimated fetal birth weight was 2950 gm.

The patient was posed for elective Caesarean section after explaining all the high risks. Baby weighing 2.75 kg was delivered with APGAR 7,8,9. Placenta was delivered completely. Uterus along with the fibroid were exteriorized. A large left side pseudo broad ligament fibroid attached to the lateral wall of size 25x15x15 cm was seen. Uterine closure was done and fibroid clamped followed by Myomectomy. Abdomen closed in layers. The specimen was sent for formal histopathology. Results of histopathological examination confirmed the diagnosis of a benign fibroid of the uterus.

DISCUSSION

The treatment algorithm for Uterine Leiomyomas depends on the patient's age and family planning goals as well as the tumor size and symptomatology. Asymptomatic leiomyomas can be kept under observation with regular evaluation to eliminate the possibility of malignant transformation.³ Trial of labor is given unless myomas clearly obstruct the birth canal. If Caesarean delivery is indicated, uterine malrotation should be excluded. The time of Caesarean delivery is individualized between 37-38 weeks of gestation.

can be employed when appropriate. Myomectomy is a common procedure performed in young women with symptomatic leiomyomas, desiring fertility and with less recurrence rate. Myomectomy during the cesarean section can be carried out with precautions. In this case, it was a pseudo-broad ligament fibroid causing oblique lie of the fetus. Cervical or large broad ligament fibroids may cause obstructed labour. Myomectomy may be planned during the caesarean section. Myoma embolization is relatively contraindicated in women who plan future pregnancies, even if, embolization doesn't harm ovarian reserve.



Fig 1-Photograph Showing Large Lateral Wall Fibroid at Caesarean Section

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Surgical treatment such as myomectomy, myolysis and hysterectomy