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Torsion of A Subserous Leiomyoma in Pregnancy

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ABSTRACT

Uterine leiomyomas are benign smooth muscle tumours of the myometrium. Clinically apparent in approximately 25 percent of reproductive aged women and noted on pathologic exam in approximately 80 percent of surgically excised uteri. Although usually asymptomatic, acute torsion causing severe abdominal pain is a rare complication and can be a surgical emergency. We present this case report of a patient with acute abdomen who turned out to be a case of a pedunculated leiomyoma.

KEYWORDS leiomyoma, torsion, pregnancy.

Introduction

Uterine leiomyomas are benign smooth muscle tumours of the myometrium. clinically apparent in approximately 25 percent of reproductive aged women and noted on pathologic exam in approximately 80 percent of surgically excised uteri.[1] Although usually asymptomatic, acute torsion causing severe abdominal pain is a rare complication and can be a surgical emergency when associated with infarction, necrosis, ischemic gangrene or peritonitis.[2,3] We present this case report of a patient with acute abdomen in 2nd trimester, with a clinical picture of ovarian torsion, later diagnosed to have a torsion of a pedunculated subserous leiomyoma

Case report

24 yr old gravida2 para1 living 1 with 20weeks pregnancy with previous LSCS, presented with acute lower abdominal pain since 4hrs, for which she was admitted.

On admission, general condition was fair, but she was restless, in acute pain. Vitals were otherwise stable, pulse being 96/min and BP 100/70. On per abdomen, uterus was 20weeks size, fhs+ relaxed. However there was guarding in the right iliac fossa. Os was closed on per vaginam examination. Urgent USG was done, suggestive of 20weeks pregnancy with right ovarian torsion, with whirlpool sign positive. Patient was posted for emergency exploratory laparotomy With patient under spinal anaesthesia with preoperative tocolysis. Pfannensteil incision was taken. Abdomen opened in layers. In situ: ?torsion of fallopian tube / ?torsion of ovary of 8x 8 cms. About 2 turns of the pedicle seen.Left ovary looked otherwise normal. The base of pedicle clamped, cut transfixed and ligated with vicryl no 1.and specimen sent for histopathological examination. Another pedunculated small myoma of 3x3 cms seen in the right adenexa which was removed by clamping the base of the pedicle Hemostasis checked. Abdomen closed.

Patient followed up after discharge with histopathology report. Report suggestive of leiomyoma uterus.

Patient had no other ANC complication and delivered vaginally a healty female 2.5 kgs at term.

Discussion

Leiomyoma uteri are common benign genital neoplasia among women of late reproductive age. Mostly they are asymptomatic. Among those having symptoms, abnormal uterine bleeding and pelvic pressure symptoms are common presenting features. Less common indications for treatment include infertility and abdominal distension. Acute onset severe abdominal pain is an unusual presenting complaint. When present, pain is usually related to complications involving the myoma including red degeneration, infection, process of expulsion of a submucous pedunculated myoma, uterine torsion, compression of myoma between the uterus and sacrum or

torsion of a pedunculated subserous myoma.Standard gynecologic textbooks frequently mention torsion of pedunculatedsubserousmyoma as one of the causes of myoma related acute abdomen

Literature search on the topic however does not yield many specific case reports of this myoma related complication or it's presenting features.[4]

This patient was posted for exploration on clinical findings and usg suggestive of ovarian torsion. The acute pain in abdomen is caused by sudden onset ischaemia in the vascular pedicle.

The differential diagnosis for this pain includes ovarian or adnexal torsion, ovarian tumor, and necrotic infarction of a leiomyoma and, less commonly, leiomyoma torsion.[5]Transvaginal ultrasound can identify a lesion lateral to the uterus however a definitive diagnosis cannot be made and the pedicle is often too thin for identification with this imaging technique. MRI is considered the best imaging modality for uterine leiomyoma when ultrasound is inconclusive. But however, in our case the ovaries seemed healthy and there was a separately visualised mass which had undergone torsion, clinically some adnexa. The final diagnosis was made only after histopathological confirmation of that mass being a subserous leiomyoma. In conclusion, although this complication is extremely rare in pregnancy, it must nevertheless be taken into consideration in the differential diagnosis of abdominal pain. Timely management is vital as the condition of patient may rapidly deteriorate and patient may land up in shock, disseminated intravascular coagulation, septicemia, and death.

Images:
Image 1-

Torsion of the myoma pedicle

Image 2

Specimen that looked like an ovarian torsion.

REFERENCES

1. Cramer S, Patel A. The frequency of uterine leiomyomas. Am J Clin Pathol. 1990;94:435–8. | 2. Gupta S, Manyonda I. Acute complications of fibroids. Best Pract Res Clin Obstet Gynaecol. 2009;23:609–17. | 3.Tsai Y, Yeats S, Jeng C, Chen S. Torsion of a uterine leiomyoma. Taiwan J Obstet Gynecol. 2006;45:333–5. | 4. Gayma A, Tilahun S. Torsion of pedunculated subserous myoma—a rare cause of acute abdomen. Ethiop Med J. 2007;45:203–7. | 5. Vandermeer FQ, Wong-You-Cheong JJ. Imaging of acute pelvic pain. Clin | Obstet Gynecol. 2009;52:2–20.