Research Paper Medical Science

A Case of Big Fibroid Uterus Mimicking Ovarian Malignancy

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ABSTRACT

A rare case big uterine fibroid mimicking ovarian malignancy in 32 year nulliparous woman. On history , examination and investigation it was diagnosed as large ovarian mass but later on laparotomy it was found as giant uterine myoma with cystic degeneration.

KEYWORDS giant uterine fibroid , cystic degeneration

INTODUCTION

Fibroids are benign tumors of smooth muscle cells of myometrium and are remarkably common. Fibroids varies from microscopic to giant size, among which giant myomas are rare. We are reporting an unusual presentation of large cystic degeneration of uterine fibroid mimicking ovarian malignancy.

CASE REPORT:

A 32 year old nulliparous woman of north east India reported to our outpatient department of obstetric and gynaecology of Sir Sunder Lal Hospital, BHU ; with pain in abdomen and swelling in abdomen for 3-4 months. The patient was apparently asymptomatic 4 year back then she developed pain and swelling in lower abdomen which was gradually increasing in size with a rapid increase in size for past three months. She had associated pain in abdomen which was dull aching in nature , continuous type, mildly relieved on medication . The patient was also known case of heart disease : tetralogy of fallot , a congenital cyanotic heart diease, repair done in 2011 and was on ecosprin. On investigation she found to be a case of hypothyroidism and was on thyrox (50) since three months.

She was married since 10 year and diagnosed as a case of primary infertility due to uterine mass but was not operated previously due to cardiac unfitness so she adopted a child. Later cardiac surgery was done in 2011 (Blalock Taussig shunt). She had deranged pulmonary function test so we took high risk consent for surgery.

Her menstrual cycle was irregular since 3-4 months with cycle duration of 6-7 days with decreased flow occurring at interval of 25-28 days. She had decreased appetite since 3-4 months and lost weight significantly.

On examination patient was thin built , pallor was absent , her vitals were normal. Her chest ,cardiac system was normal. On abdominal examination , there was huge ovoid mass (30x18cm) occupying whole abdomen arising from pelvis with variegated consistency, smooth non tender resembling as a gravid uterus of 36 week size. All borders could be easily made out except lower margin which could not be reached.

On per speculum examination cervix was nulliparous , normal looking. On per vaginal examination all fornices were full .

Computed tomography (CT) scan findings were suggestive of a large(27 x 17 x 15 cm) mucinous cystadenoma of right adnexa with extension; pleural ; peritoneal deposits ; lymphadenopathy with minimal ascites.

CA-125 was 69 ng/mL (0-35 ng/mL). Her haemoglobin was 18. 4 with features of polycythemia. Her ECG was abnormal (inverted T waves, right axis deviation) as she was a case of heart disease also . Blood group A+ , urea=29 , creatinine = 0.9, LFT within normal limit , TSH = 5.89 , blood sugar fasting =89.4 mg/dl

Intraoperatively, midline vertical skin incision given from level of ASIS upto subcostal margin to deliver out the mass from intrabdomen . After delivery of mass , it was visualised carefuly , both ovaries , fallopian tubes and round ligament , the mass is of 36 weeks' size and was found arising from the uterus , not from adnexa , unlike CT scan report. The mass was variegated ,ovoid in shape with smooth surface. Both fallopian tubes and ovaries were normal. There was small ovarian hemorrhagic cyst associated in left ovary of size around 4*5 cm. On giving incision on mass anteriorly , a gush of dark coloured blood spurted out around 1000 ml. There were no omental or liver deposition . Subtotal hysterectomy was done along with mass by applying clamps first at bilateral tubes and round ligament and secondly on bilateral uterine vessels. There were no lymphnode enlargement. Left side ovarian cystectomy(5*4 cm) was done . After securing hemostasis abdomen was closed in layers.

The cut section of mass showed multiple degenerated cystic , necrotic and hemorrhagic area.The specimen sent for histo-

path examination.

Later histopathology of specimen reported huge uterine leiomyoma with multiple cystic degenerated areas. There was no evidence of malignancy.

DISCUSSION:

Uterine myomas are common among pelvic masses and usually presents in reproductive age group with symptoms like abnormal uterine bleeding , pelvic pain , urinary symptoms. Fibroids usually grow slow unlikely in our case report where it had rapid progression resembling as a malignant mass. The CT scan report gave confusing picture of ovarian mass due to degenerative areas in uterine fibroid but during perop both ovaries were found separate from this large mass. Uterus could not be conserved as mass can't be delineated from uterus , hence hysterectomy done after taking consent. The enormous increase of myoma is less likely which had outgrown the blood supply causing various degeneration of fibroid. A second diagnosis thought to be uterine sarcoma as there was history of rapid growth with loss of weight and appetite. Hence the management of fibroids depends upon age , size, type of fibroid , symptoms , desire for fertility , proximity to menopause.

CONCLUSION:

Uterine fibroids with degenerative changes should be kept as a differential diagnosis of mucinous cystadenoma of ovary. High cost of MRI is a limitation for definitive diagnosis of ovarian and uterine masses so other differential diagnosis should always be kept in mind . The atypical appearances of myomas that follow degenerative changes can cause confusion in diagnosis. Leiomyomas have been misdiagnosed as adenomyosis, hematometra, uterine sarcoma and ovarian masses. Though , fibroid can be treated by expectant , medical , surgical management and uterine artey embolization but surgery is definitive management of giant fibroids.

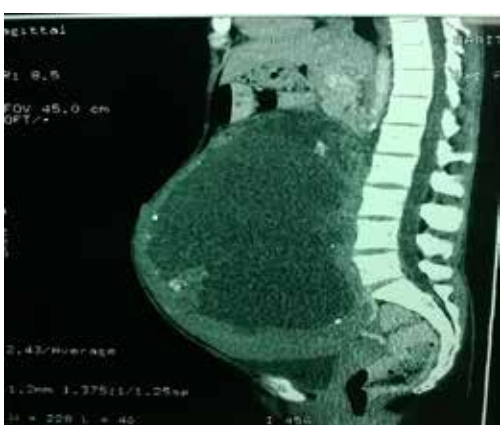

Figure 1: CT scan report suggested large mucinous cystadenoma of right ovary.

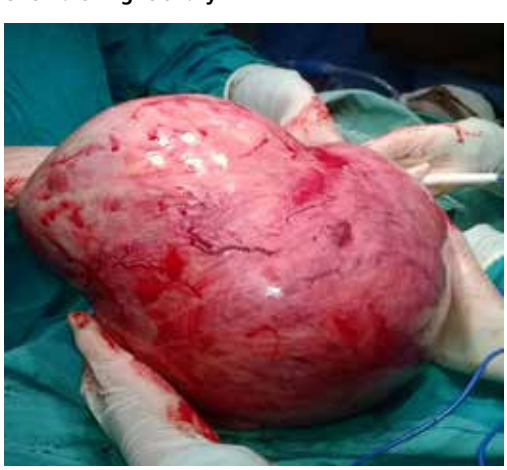

Figure 2 : A large uterine fibroid of size 25 x 18 cm

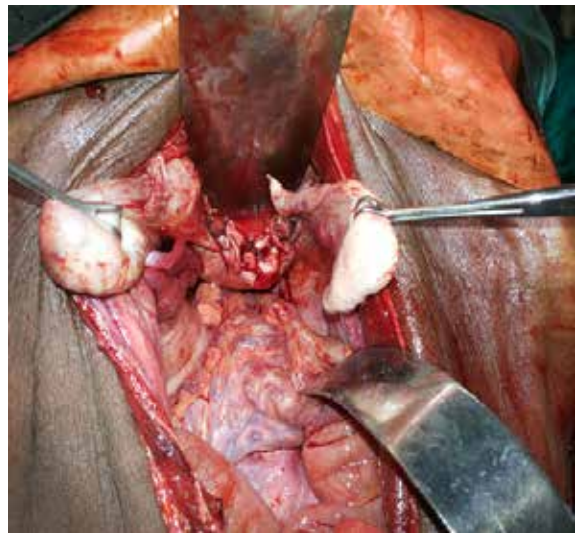

Figure 3 : Bilateral ovaries after total hysterectomy

Figure 4 : large fibroid along with uterus showing cystic degenerative area and hemorrhagic area.

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