

Giant Broad Ligament Leiomyoma in Postmenopausal Lady: A Rare Case Presentation

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ABSTRACT

Giant broad ligament leiomyomas are rare in postmenopausal age group. However we had one such case of giant

broad ligament leiomyoma in postmenopausal lady. This case is reported for its rarity, and its diagnostic difficulties.

Key Words: Broad ligament leiomyoma, Postmenopausal age group

INTRODUCTION

Fibroid is the commonest neoplasm of the uterus. It is composed of smooth muscle and with variable amount of fibrous connective tissue. It is the commonest of all pelvic tumours and it may be intramural, interstitial, subserous and subperitoneal. It can cause variety of complications like degenerations, necrosis, sarcomatous change, torsion, hemorrhage and sometimes polycythemia. In addition to this, it can also cause pressure symptoms depending upon location and size of the tumour. Sometimes, it can arise from the round ligament, vagina, vulva, on broad ligament and also can undergo torsion [1]. Unusual forms of fibroid include intravenous and intraperitoneal leiomyomatosis. Fibroids are usually associated with conditions where there is increase in oestrogen like evidenced by endometrial hyperplasia, DUB, Metropathia haemorrhagica, Endometrial Ca etc. Fibroids increase during pregnancy and with oral pills while they decrease with progesterone and after menopause due to decrease in GnRh.

CASE REPORT

A 68-years-old woman came to our OPD on 18th October 2008, with complaints of mass per abdomen since 2 years, and mass per vagina since 1 year. She had her menopause 15 years back. She was P₃ L₁.

She was moderately built and nourished. On general physical examination, her cardiovascular and respiratory system were found to be normal. Her abdomen was distended upto 32weeks size. The mass was intra abdominal mobile, non tender, mixed consistency (firm and cystic), with smooth

surface, measuring 37x32x19 cm. There was no free fluid in the abdomen.

Pelvic examination revealed 3rd degree uterovaginal prolapse with cystocele and rectocele. The uterus was atrophic and felt posterior to the mass.

Her routine lab investigations were within normal limits. USG showed a massive space occupying lesion arising from adnexal region, with solid & semisolid consistency at center and septate cystic periphery. A probable diagnosis of benign ovarian tumor was made and was posted for laparotomy.

Per-operative findings showed atrophic uterus, right ovary was atrophic. On the left-side, there was a cyst measuring 10x9cms near the fimbrial end (probably fimbrial cyst or ovarian cyst). Huge extra uterine mass measuring 37x32x19cms was present on the left side of uterus. It was cystic in nature and weighed 10.5kg.

Total abdominal hysterectomy with bilateral salpingo ophorectomy, with excision of mass was done. Abdominal sacropexy and posterior perineorrhaphy was done for prolapse.

Histopathological report showed that the tumor was a benign leiomyoma from broad ligament with extensive cystic degeneration. The tumor was composed of spindle cells having elongated truncated nucleus arranged in interlacing fascicles with occasional ill formed whorls separated by fibro vascular tissue. There was extensive cystic degeneration with necrosis. Microscopic findings of uterus, fallopian tube and right side ovary were normal, while on left side there was serous cystadenoma of the ovary.

DISCUSSION

Usually mammoth tumors are ovarian in origin. Most common is pseudomucinous cyst of the ovary. Broad ligament leiomyomas have the potential to grow to giant size [3,5]. Broad ligament Fibroid when huge mimic ovarian tumors. This produces difficulty in diagnosis and thereby in treatment. When there is a doubt about the origin of the mass by abdominal scan, it is better to do vaginal scan which may show visual separation of the uterus and the mass. MRI is very useful in differentiating ovarian tumor and fibroid, especially in case of broad ligament fibroid as it may be associated with Pseudo-Meig syndrome [2]. It is rare to get a leiomyoma of giant size in a postmenopausal lady. Postmenopausal age of the patient, giant size of the tumor and extensive cystic degeneration, made the diagnosis difficult and hence a rare case.

Degenerative changes are seen in fibroids, as the age advances, due to decreased blood supply which may lead to cystic degeneration later on [3].

An increased pressure in the abdomen, due to huge fibroids at the fundus, cervical fibroids or submucousal fibroids, can pull the uterus downwards and cause uterine prolapse. Cervical

fibroids may sometimes mimic prolapse [4]. In the present case there was genuine prolapse of the uterus.

CONCLUSION

Broad ligament leiomyomas though rare can occur in postmenopausal age group. Degeneration is due to inadequate blood supply. The type of degenerative changes depends on degree and rapidity of onset of vascular insufficiency. Giant fibroids because of their mammoth size and varied consistency make the diagnosis difficult in postmenopausal ladies.

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