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Extra Uterine Postmenopausal Fibroid with Torsion

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Abstract: Extra uterine leiomyomas are rare and present greater diagnostic challenge. Here we present a case of a 65yr old postmenopausal woman with an adherent calcified pedunculated broad ligament fibroid with torsion who presented as pelvic pain. The case was successfully managed by adhesiolysis and excision of the broad ligament fibroid followed by pan hysterectomy.
Key words: Post menopausal, broad ligament fibroid, torsion.

I. Introduction

Leiomyoma is the most common benign tumor of smooth muscle arising from uterus and its supports. The incidence of fibroids is >80% by the age of 50yrs. They are most commonly intramural, subserosal, submucosal and cervical. Myomas and fibromyomas are not uncommon in the round, ovarian and broad ligaments[2], they are found in association with similar uterine tumours and their pathology and complications are the same as fibroids. Among the extrauterine fibroids, broad ligament fibroids are the most common to occur[3] although its overall incidence being rare. The incidence of broad ligament fibroid is <1%.

II. Case report

A 65yr old P2L2 post menopausal lady came with complaints of pain lower abdomen since 1month which was gradual in onset, intermittent and dull aching in nature, with no radiation. No history of bladder/bowel disturbance. No history of sudden weight loss/anorexia/fever. No history of bleeding per vaginum. No history of malignancy in the family.

On physical examination, patient was afebrile and hemodynamically stable. On per abdomen examination no palpable masses felt and anterior abdominal wall is obese. Tubectomy scar seen. No engorged veins or visible pulsations. On per speculum examination cervix and vagina appear healthy and pushed towards left. no abnormal discharge. On bimanual examination cervix was firm and deviated to left. Uterus was bulky, anteverted, exact size could not be made out and no forniceal fullness or forniceal tenderness.

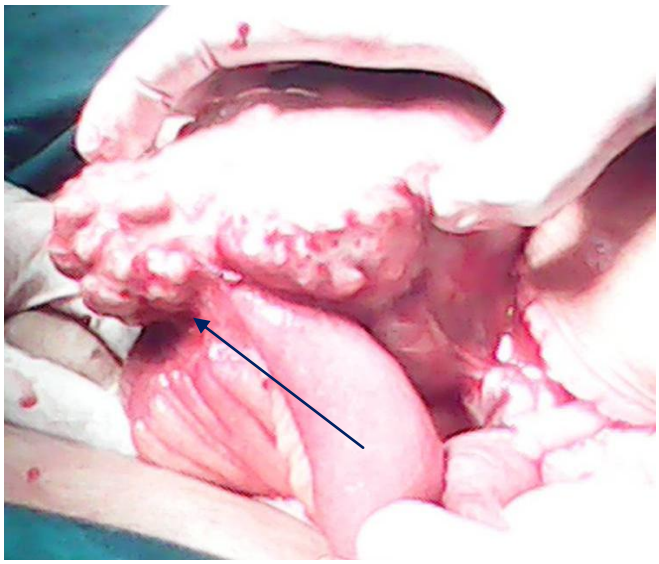
Patient was investigated thoroughly. Ultrasound revealed retroverted bulky uterus. Multiple intramural altered echo pattern noted in fundal, anterior and posterior myometrium with the largest measuring 1.6×1.0 cm in the anterior myometrium which is calcified. Both the ovaries are not visualized.

As in our case diagnostic reports were conclusive of multiple degenerated fibroids causing pelvic pain, we went on with elective laparotomy where we were surprised to find a large irregular mass of size 10×6 cm, hard in consistency, nodular with calcifications found behind the uterus probably arising from the right adnexae. Bulky uterus with multiple small seedling sub serosal fibroids is seen anterior and to the left of the mass. The mass was densely adhered posteriorly to the intestines. The adhesions were gently released and the mass intoto was removed along with the uterus and the ovaries. The mass along with omental bits were sent for frozen section. As the frozen section report was given as benign leiomyoma, patient underwent panhysterectomy.

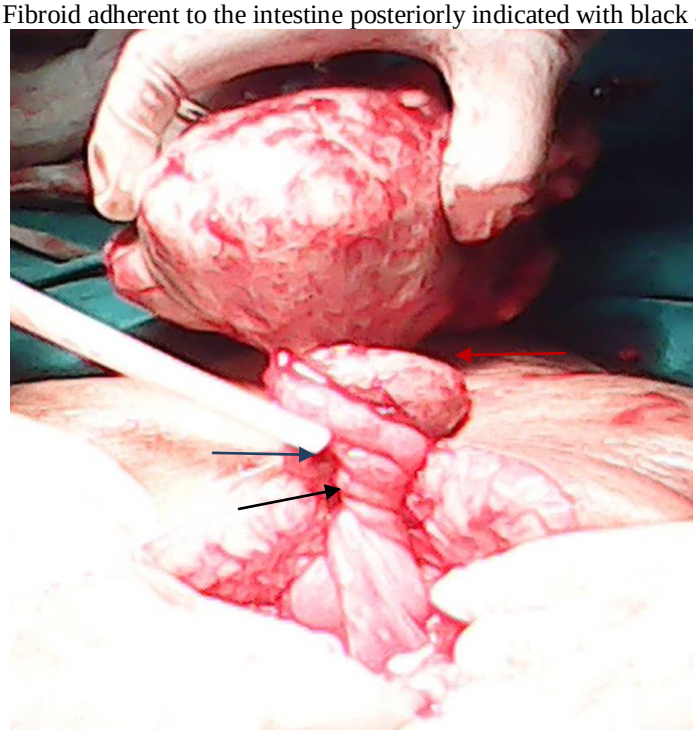
Intra operative findings: An irregular calcified mass of size 10×6cm seen arising from the right adnexae, densely adhered posteriorly to the intestines. The pedicle of the tumor was twisted 3times. Uterus was bulky with 1×1cm fibroid in the anterior myometrium and multiple seedling fibroids seen. Bilateral ovaries appeared healthy.

Post operative period was uneventful and patient was discharged on day 8

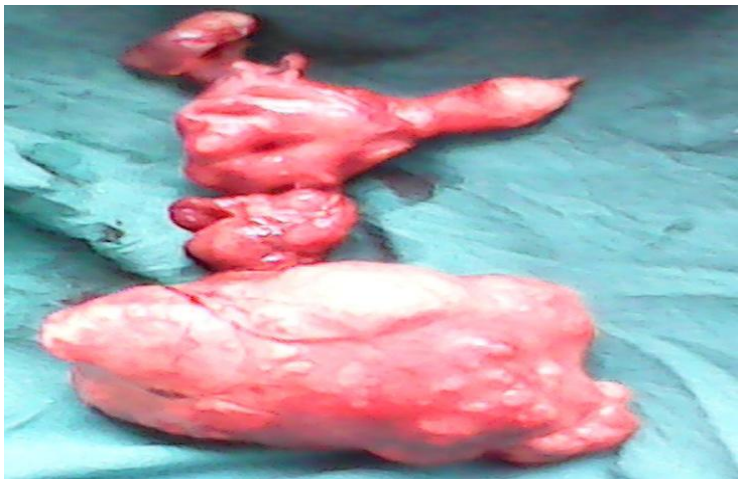
HISTOPATHOLOGY REPORT: Uterus with chronic cervicitis, cystic atrophy of endometrium and corpora albicanta of both the ovaries and calcified leiomyoma of broad ligament.



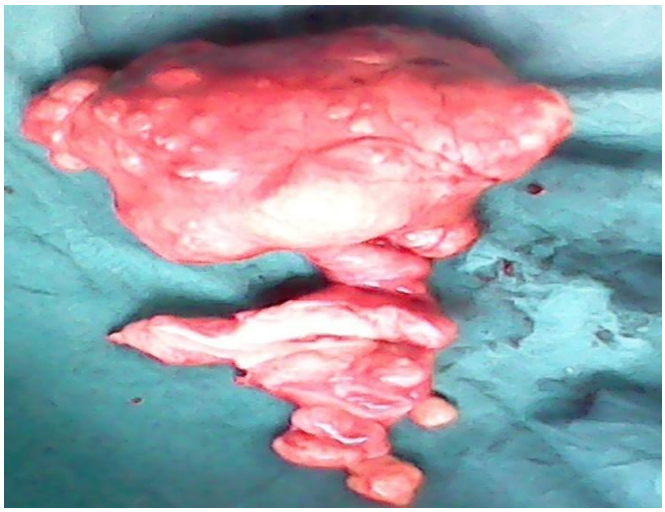
Pic 1: Fibroid adherent to the intestine posteriorly indicated with black arrow.



Pic 2: Pedicle twisted three times indicated with arrows.



Pic 3: Specimen showing broad ligament fibroid with uterus & ovaries



Pic 4: Specimen showing cut section of uterus with multiple intramural fibroids.

III. Discussion

Fibroids are innocuous estrogen dependent benign tumours occurring in the uterus. In a large majority of patients, fibroids are asymptomatic, being diagnosed incidentally on USG. Only 20% to 50% of women with myoma are symptomatic[1] .

A broad ligament leiomyoma is an extrauterine leiomyoma that arises from broad ligament (often by a stalk) and is sometimes considered as a variation in terms of location for a uterine leiomyoma. While in most cases these are asymptomatic, patients may present with pelvic pain or a palpable pelvic/abdominal mass. Pelvic pain may be as a result of pressure effect on adjacent organs or a complicating torsion.

This patient who was postmenopausal had a pedunculated calcified broad ligament fibroid which had undergone torsion causing pelvic pain (her presenting symptom). A similar case report has also been reported by Gowri et al for its rarity and diagnostic difficulties[5]. Most common degenerative changes in a postmenopausal fibroid are calcareous degeneration and sarcomatous degeneration**.** Calcareous changes in the leiomyomas are considered to be due to inadequate blood supply and depends on the degree and rapidity of the onset of vascular insufficient changes. The fibroid in our report had undergone calcific degeneration. Bose et al have also reported a similar case of calcified broad ligament fibroid[4]. There is no particular relationship between any symptom or group of symptoms and the incidence of degenerative changes.

IV. Conclusion

The above description of twisted degenerated broad ligament fibroid in a post menopausal lady is a rare case and needs more studies to know the incidence of such fibroid in this particular age group.

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