CASE REPORT

Mammoth Fibroid Uterus - An Interesting Case Report

Abida Ahmad¹, M.D., Altaf G. Haji², M.S., Cimona L. Saldanha³, M.D., Masarat Jan, M.D., Sheikh Irshad Ahmad, M.D.

¹Professor, Department of Gyn. & Obst. ²Associate Professor, Department of Surgical Oncology,

³Assistant Professor, Professor, Department of Gyn. & Obst. SKIMS, Soura, Srinagar

ABSTRACT

Fibroids are a common malady in the category of benign tumours of the uterus. Symptoms range from none to menorrhagia and pelvic pain to neurological deficits¹. We have here an interesting case of a young woman who presented to us with a giant fibroid of the uterus and surprisingly was asymptomatic. She was operated on and a 6 kg tumour was removed. She did well post operatively. JMS 2013; 16(2):95-96

Key words: Leiomyoma, fibroid uterus, endometriomas, MRI.

CASE REPORT

A 30 year old educated Kashmiri woman presented to us with infertility. She had no other complaints. She was married for 10 months and her menstrual cycles were regular, with moderate flow and no dysmenorrhoea. She had no problems with urination or defecation.

On examination, the patient was healthy looking and vitals were within normal limits. A large abdominal mass was palpated per abdomen. It was irregular to feel and non-tender and approximately 36 weeks gravid uterine size. Pelvic examination was negative for any abnormality.

An ultrasound examination revealed a mass in the abdomen measuring 152mm X 134mm X 157mm and 1674ml volume with internal echoes. Uterine outline and ovaries not delineated.

MRI evaluation revealed abdomino-pelvic solid mass lesion likely to be a large leiomyoma with concomitant signs of pelvic endometriosis and bilateral endometritotic cysts.

An exploratory laparotomy was performed and a large fibroid was seen on left upper part of the uterus with irregular consistency and had a broad vascular pedicle. The lesion was friable and vascular. It was approximately

30cmX30cmX20cm and weighed 6kgs.

There were multiple small fimbrial Rt. Ovarian cysts and the Lt.

Abdominal Swelling Prior To Surgery

MRI Picture Of The Mass

Correspondence

Dr. Abida Ahmad, M.D.

Professor, Department of Gyn. & Obs. SKIMS, Soura
email: abida.ahmad@skims.ac.in

Ovary was polycystic. There was no ascites. Liver, spleen and pelvis was free. There were small endometriotic deposits on in the Pouch-of-Douglas. The large mass was excised and a left sided salpingoophorectomy was done. One of the deposits was excised and sent for histopathology. Histopathology revealed fibroid cellular pattern and the deposit was confirmed endometriosis.

Huge Pedunculated Fibroid

DISCUSSION

Uterine leiomyomas are rare before the age of 20 but are to be found in approximately 20 percent of women over 20 years of age and in 40 percent of women over 40^{2,3}. The exact reason of fibroid formation is not clearly known, but molecular studies have revealed that each fibroid is unicellular in origin and about 40% have chromosomal abnormalities that are tumour specific and non- random, that may affect growth rates.⁴ Conditions frequently associated with fibroids are follicular cysts of the ovary, endometrial hyperplasia, endometrial polyps, endometrial carcinoma and endometriosis⁵. This tumour usually develops before menopause and is found mostly in African women⁶. Patients present with subfertility or infertility,

menstrual symptoms or pressure symptoms. This young patient was virtually asymptomatic and was diagnosed with her condition when she came to us as complaining of not conceiving after being married for 10 months. Such a tumour of huge proportions and concomitant endometriosis has been silent and merciful to the patient, something that is rare.

REFERENCES

1. M. O. N. Ibe, JE Nnebo; *Chronic epilepsy in uterine leiomyoma controlled by myomectomy*. NMJ: 2010 (51): 4: 182-3.
2. 7th edition. Kumar P.; Malhotra N. Jeffcoate's, Principles of gynaecology.
3. Lurie S, Piper I, Woliovitch I, Glezerman M.; *Age-related prevalence of sonographically confirmed uterine myomas*. J Obstet Gynaecol. 2005; 25:424.
4. Hodge JC, Morton CC.; *Genetic heterogeneity among uterine leiomyomata: insights into malignant progression*. Hum Mol Genet. 2007; 16R7-R13.
5. *Management of Anovulatory Bleeding*. ACOG 2008 Compendium of Selected Publications Vol II: Practice Bulletins. March 2000(14):1049-1056. Clinical Management Guidelines for Obstetrician-Gynecologists.
6. Baird DD, Dunson DB, Hill MC, Cousins D, Schectman JM.; *High cumulative incidence of uterine leiomyoma in black and white women: ultrasound evidence*. Am J Obstet Gynecol. 2003 Jan; 188(1):100-7.