



## Dilemma in diagnosis of giant uterine fibroid: Case Report

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### ABSTRACT

A fibroid is most common benign uterine neoplasm with the prevalence of 20%-30% in the females of reproductive age and more than 40% of females above 40 years of age. Uterine leiomyomas can mimic ovarian carcinoma, as patients present with an abdominal mass and ascites; besides, pleural effusion and leiomyoma can lead to pseudo-Meigs' syndrome. The accurate diagnosis cannot be made until surgery. Our case presented with complaint of abdominal pain, abdominal distension, clinical examination pointed towards ovarian mass. Radiological diagnosis (USG, CT Scan, MRI) also has confusing features of ovarian or uterine origin. However elective laparotomy revealed the giant fibroid tumor.

**Keywords:** fibroid, giant leiomyoma, ovarian tumor, cystic degeneration.

### INTRODUCTION

The prevalence of ultrasound-identified tumors ranged from 4 percent in females 20 to 30 years of age to 11 to 18 percent in females 30 to 40 years of age and 33 percent in females 40 to 60 years of age (1). The most common presenting symptom is heavy menstrual bleeding, which can lead to anemia, and fatigue and painful periods (2). It can be misdiagnosed as uterine sarcoma or ovarian malignancy. The treatment options vary from expectant management of small and asymptomatic fibroids to surgical therapy especially in case of giant ones (3). Here, we have got bestowed such a case with in which a giant fibroid was appreciated solely at the time of surgery.

### CASE REPORT

A 44 year old multiparous woman from a rural background presented with complaint of abdominal distension for about three months. She had no history of any medical illness or any surgical procedure. Her

menstrual cycle was normal. Her vital signs were all within normal limits. Abdominal examination revealed a large abdominopelvic mass of about 36 weeks size, which was nontender, hard in consistency, irregular surface, well defined margin, restricted mobility, lower margin not reachable and which was dull on percussion. On bimanual examination huge firm central mass that filled the entire pelvis and abdomen, however Uterus could not be felt separately from mass. Abdominal ultrasonography testified the presence of single giant ill defined heterogeneous mass in the abdominopelvic cavity with mild right pleural effusion and mild ascites. CECT revealed minimal ascites, large mass? Fibroid? uterus? Ovarian mass. MRI shows huge variegated signal intensity soft tissue mass predominantly centered in pelvic abdominal cavity.

Her routine hematological, microbiological ovarian tumor markers and PAP smear were within normal

limits .Because of the dimensions of the mass lesion and suspicious of an ovarian malignancy or uterine malignancy, our patient planned for exploratory laparotomy. Laparotomy revealed a giant mass of size 25x22x18cm arising from anterior surface of uterus occupying the whole abdominal cavity. Bilateral tubes and ovaries normal. Total abdominal hysterectomy with bilateral salpingoophrectomy was done and The specimen was sent for histopathological examination.On the Gross

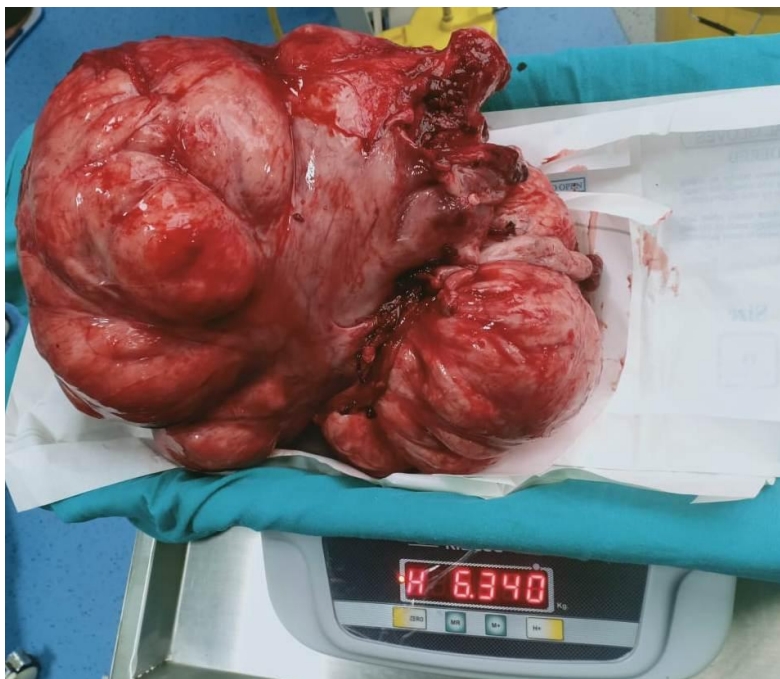
examination of the specimen received measured 25x22x18 cm with weighed 6.34 kg. On cut section was whorled grey white area,no hemorrhage or necrosis noted. Microscopic examination revealed features of leiomyoma with cystic degeneration .Intraoperative period was uneventful. Post operative hemoglobin was 7.8 g/dl One unit PRBC was transfused in post operative day 2. Patient discharged under satisfactory condition on post operative day 6. Patient is doing fine in 1 year of follow up.



**figure 1,2: CT scan(axial and sagittal section) showing large soft tissue density lesion noted in pelvic cavity.**



**Figure 3: Intraoperative appearance of uterus with large leiomyomas.**



**Figure 4: Post operative specimen showing large leiomyomas with uterus.**

## DISCUSSION

In India one of the commonest causes of hysterectomy in reproductive age group is uterine leiomyoma (4). Huge uterine fibroids are uncommon benign neoplasm and are those which more than 17 cm or dimension 33x28x22 cm or weight more than 11.4 kg (5). The huge fibroid frequently causes abnormal menstrual cycle, pelvic pain and pressure effects on urinary bladder, ureters, lungs and other adjacent organs leading to further complications like lower-limb thrombosis as well as renal insufficiency and can even leads to respiratory failure (6). Uterine leiomyomas can mimic ovarian carcinoma, can lead to pseudo-Meigs' syndrome (7). The initial investigation for examination of the female pelvis is usually Ultrasonography. Typically, leiomyomas appears as well-defined, solid masses with similar echogenicity to the myometrium, but sometimes may be hypoechoic and a whorled appearance. Degenerative fibroids which may have a heterogenous appearance, with solid cystic components, on colour Doppler fibroid shows peripheral vascularity (8). For the characterization of pelvic masses CT scan is not the preferable investigation of choice. The common finding of leiomyoma on CT scan is a bulky uterus, irregular uterus or a mass in continuity with the uterus.

Degenerate fibroids may appear as heterogeneous areas and may contain areas of low fluid attenuation (12). Now a day's MRI is the preferred modality for accurately identifying pelvic masses than USG due to its more sensitivity in detecting uterine leiomyomas (9). Fibroids as small as 5 mm in diameter can easily be detected on MRI. Subserosal, intramural and submucosal fibroids can be easily differentiated with the help of MRI (10). Approximately 4% of fibroids shows Cystic degeneration usually occurs after hyaline degeneration. It usually results in low-signal intensity on T1W images and high-signal intensity on T2W images (10). Abdominal hysterectomy is, however, the most beneficial surgical procedure for huge uterine fibroids, but when huge pedunculated fibroid, or when fertility is an issue, uterine-sparing surgical intervention should be considered (11). In Our case Radiological diagnosis (USG, CT Scan, MRI) has confusing features of ovarian or uterine origin. However elective laparotomy revealed the giant fibroid tumor, considering age and parity of patient we performed total abdominal hysterectomy and bilateral salpingoophorectomy.

## CONCLUSION

Giant uterine fibroid may mimic ovarian mass clinically and radiologically, however the confirm diagnosis is made by surgery and histopathology.

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