

Caecal Leiomyoma in Ruptured Tubal Ectopic Pregnancy: A Rare Case Report

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Abstract: Background: Gastrointestinal leiomyomas are smooth muscle tumors arising from the muscularis mucosae, muscularis propriae and possibly from smooth muscle of the vessel wall in the bowel. They are also known to be slow growing tumors predominantly seen in men and mean age of detection is 62 years. Though they are known to occur in the entire gastrointestinal tract, esophagus is reported as the most common site. Colonic leiomyomas are uncommon with a reported incidence of 3% of all the gastrointestinal leiomyomas. In the large intestine, recto - sigmoid and descending colon is the most common sites of origin. Case Scenario And Operative Intervention: We are describing a case of a 39 year old female, gravida 8 para 6 having history of tubal ligation done 10 years ago presented as hemoperitoneum with no history of trauma. Radiological investigations were suggestive of Ruptured ectopic pregnancy. Intraoperatively there was evidence of right ruptured tubal ectopic pregnancy with cecal mass. Bilateral salphigectomy with excision of cecal mass, Terminal ileum with ileoascending anastomosis was done. Outcome was favourable. Histopathology was suggestive of caecal leiomyoma. Conclusion: Leiomyomas are usually solitary tumors and rarely multiple lesions can present as leiomyomatosis syndrome. Location of the lesion may be intraluminal, intramural, or extra - luminal. Leiomyomas can be asymptomatic and can be detected during routine colonoscopy. When symptomatic, the symptoms range from abdominal pain, altered bowel habit and bleeding. Large leiomyomas are also known to cause compressive and obstructive symptoms based on location. Management include laparoscopic resection. Massive bleeding and giant tumors causing compression are some of the clinical scenarios necessitating bowel resection which were also described in literature.

Keywords: Cecal leiomyoma, ruptured ectopic, pregnancy

1. Introduction

- 1) Leiomyoma is a group of Gastrointestinal Stromal tumours (GIST) arising from muscularis propria along the entire length of the gut, most commonly in esophagus or stomach (65%), followed by the small intestine (23%), with only 3% in the colon [1]. Leiomyomas are slow - growing tumors, which have a male predominance with a mean age of presentation of 62 years. [1]
- 2) They are usually asymptomatic in nature and, if symptomatic, may present as pain in the abdomen, intestinal obstruction, or bleeding. In some cases, leiomyoma can cause free perforation leading to peritonitis. [1]
- 3) GIST occurring during pregnancy is extremely rare. Out of the few cases reported, they were symptomatic in second half of pregnancy. Early diagnosis is important for optimal management. [2]

2. Clinical Presentation

- 1) Chief complaints: A 40 year old female patient came to surgery casualty with chief complaints of sudden onset abdominal pain since one day with absent menses since 6 weeks
- 2) On examination: The patient had tachycardia (pulse 120 bpm) with pallor, with per abdomen findings as

tenderness in right & left iliac region with generalised guarding without rigidity/distension.

- 3) Menstrual history: LMP - 6 weeks back

Obstretic history:

- She was Gravida 8 parity 6
- Tubal Ligation done 10 years back
- Investigations:
- UPT positive
- USG was s/o moderate to gross hemoperitoneum secondary to right ruptured tubal ectopic pregnancy.

Parameter	07-03-2022	12-03-2022
HB	8.6	10.1
TLC	7200	4000
PLT	1.1	1.36
PCV	24	30

There was Intraoperative evidence 500 ml blood & 350 gm of clot with Right sided ruptured tubal ectopic.

Also there was evidence of 10x 8 cm globular, mobile, intraluminal cecal mass

The Cecal mass was mobile, hard in consistency partially lumen – occluding Caecal. The overlying Serosa was smooth and there was No evidence of any mass anywhere else in abdomen, nodule or tubercles. There was no e/o bowel adhesions or lymphadenopathy or metastasis.



Cecal mass



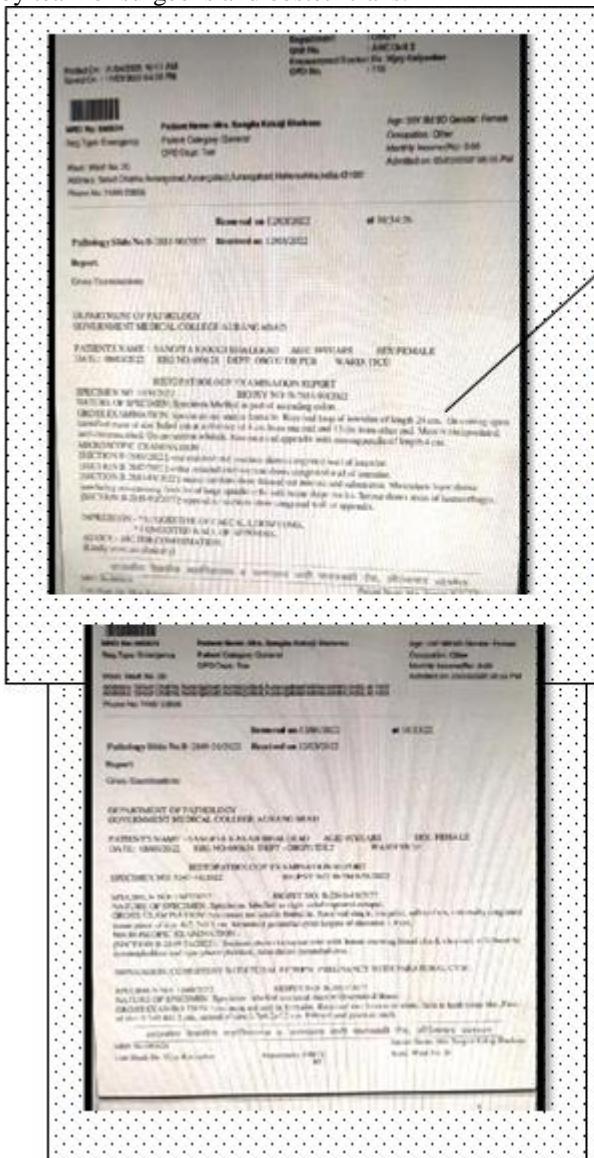
Ectopic tubal pregnancy showing fetus in situ

Intervention:

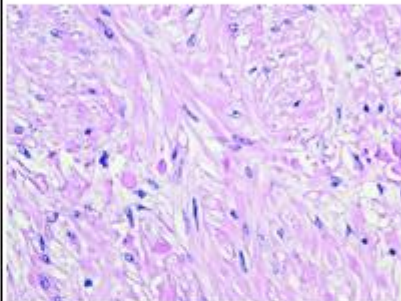
Bilateral salpingectomy was done followed by resection of cecal mass followed by ileo - ascending anastomosis was done by team of surgeons and obstetricians.

Histopathology:

HPE report was suggestive of cecal leiomyoma and right sided tubal ectopic pregnancy.



Muscularis mucosa shows interlacing criss-crossing fascicles of large spindle cells with baton shaped nuclei.



3. Discussion

Stromal or mesenchymal neoplasms affecting the gastrointestinal tract are relatively rare lesions i. e 1% of primary GI cancers; rarely observed in the colon (only 3% of GI leiomyoma) (3). They could occur in every part of the colon; however, they are more commonly detected in the sigmoid portion. In this case leiomyoma was in the cecum, i. e., unusual. First line treatment is complete surgical resection (4) However in this case the cecal leiomyoma was an incidental intraoperative finding, removed through exploratory laparotomy.

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