

Giant Uterine Leiomyoma, Management and Outcome: A Case Report

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Abstract: Uterine leiomyomas are most common gynaecological benign tumors, arising from smooth muscle cells of the myometrium. A 42 year old woman came with complaints of abdominal distension and pelvic pain since last 6 month. Patient underwent TAH with BSO. Fibroid measured 51*46*28 cm in size and weighed 18 kg. Giant uterine myomas are very rare and can often create a diagnostic dilemma and therapeutic challenge owing to their size, non-specific clinical presentation and degenerations. Therefore, this entity should always be kept in mind while dealing with patients with giant abdominopelvic tumors.

Keywords: Giant Uterine Leiomyoma, Rare, degeneration, Benign

1. Introduction

Fibroids are benign, monoclonal tumors of the smooth muscle cells of the myometrium. The incidence increases with age. Mostly they are asymptomatic and can be managed expectantly, but sometimes they present with abnormal bleeding, pelvic pain and urinary symptoms. Sonography is the most readily available and least costly imaging technique to differentiate fibroids from other pelvic pathology. However MRI permits more precise evaluation of the number, size and position of fibroids.

2. Case Report

A 42-year-old P3L3 woman presented to casualty with the complaints of abdominal distension, lower abdominal and pelvic pain since last 6 months. On general examination, her vitals were normal. On abdominal examination, her abdomen was circumferentially distended upto 36 weeks with abdominopelvic mass palpable which was non-tender, firm in consistency and dull on percussion. On bimanual examination, fornices were full and a very large, firm, non mobile, central mass filled the entire pelvis and abdomen. USG Abdomen confirmed the presence of a huge heterogeneous soft tissue mass arising from the pelvis and occupying almost the entire abdomen, the uterus was poorly visualized. CECT(A+P) revealed a large solid-cystic mass in the pelvis extending into the abdominal cavity. The mass appeared to be arising from the uterus. The right ovary and fallopian tube were normal, however the left sided adnexa was not visible. The lymph nodes were not enlarged. Her routine hematological, microbiological and other biochemical tests including serum CA 125 levels and pap smear were within normal limits. Considering the size of the mass and suspicion of a uterine or an ovarian malignancy, the patient underwent laparotomy. On exploration, E/O giant lobulated mass occupying whole of the abdomen was found to be arising from uterine fundus, with flimsy adhesions with other abdominal organs, uterus was atrophic. She underwent a total abdominal hysterectomy and bilateral salpingo-oophorectomy. On gross examination, a total hysterectomy specimen was received measuring 51x46x28 cm in size. External surface is lobulated with few congested blood vessels. Cut section is grey white, firm with focal areas of

myxoid change. It weighed 18 kg. HPE Report was s/o Leiomyoma with hyalinization and focal areas of bizarre nuclei. B/L ovaries and fallopian tubes were unremarkable. After the surgical procedure the patient was hospitalized for 10 days and the postoperative period was uneventful. Her symptoms resolved and there were no fresh complaints on 2 month follow-up.



Figure 1: Preoperative picture of giant abdominopelvic mass



Figure 2: Postoperative picture



Figure 3: Excised Specimen measuring 51*46*28 cm

3. Discussion

Giant uterine leiomyomas are uncommon benign neoplasms and are those which weigh more than 11.4 kg or have a diameter which is more than 17 cm or dimension 33x28x22 cm. In literature, till date less than 100 cases of giant uterine myomas have been documented worldwide. The largest uterine fibroid ever reported weighed 63.3 kg, which was removed postmortem in 1888. On the other hand, the largest one ever removed from a patient who survived the procedure weighed 45.4 kg.

The uterine fibroids have an unremarkable potential to grow to an incredible extreme size before disabling the patient or producing appreciable symptoms.

Furthermore, on enlargement, uterine fibroids undergo different types of degeneration such as hyaline, cystic, myxoid or red degeneration and dystrophic calcification.

Hyaline degeneration is most common (60% cases of leiomyomas) while cystic degeneration occurs in 4% of such cases.¹ These degenerations arise due to the inadequate blood supply and seem to depend on the degree and rapidity of the onset of vascular insufficiency.

USG is usually the initial tool for diagnosis of uterine myoma. Diagnostic accuracy for USG and MRI are 73% and 100% respectively. The computed tomography scan is useful tool to diagnose cases of fibroids with necrosis complication and malignant transformation.

The treatment of uterine fibroids may involve one of the following approaches or a combination thereof: expectant management, surgical management, medical management and selective uterine artery embolization. The chosen approach should be individualized for every patient. Nowadays a surgical management is the most frequent preferred. But it is important to treat women with large leiomyomas in high specialized gynecological or oncological surgery departments.

4. Conclusion

Uterine leiomyomas are one of the most common entities encountered in routine gynaecological practice; however, the giant uterine myomas are very rare and can often create a diagnostic dilemma and therapeutic challenge owing to their size, non-specific clinical presentation and degenerations.

Giant uterine leiomyoma with cystic degeneration are exceedingly rare and can be mistaken for ovarian or retroperitoneal cysts and neoplastic tumor. Therefore, this entity should always be kept in mind while dealing with patients with giant abdominopelvic tumors. Ultrasound stays as the initial screening tool for its diagnosis, but most of them are usually diagnosed on laparotomy followed by histopathological examination. Nevertheless, the treatment approach for every patient should be individualized and appropriate multidisciplinary approach with meticulous patient pre and postoperative care is essential for a better outcome in such patients.

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