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## Case Report

# Dilemma in diagnosis of huge uterine fibroid: a case report

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## ABSTRACT

In this modern era, radiological and pathological investigations have made the diagnosis of gynecological diseases easier and reliable. However, in rare instances, very large masses may mask the actual diagnosis and may be mimicked by some other abdomino-gynecological diseases as well. Here, we have presented such a case in which large fibroid was appreciated only during the laparotomy. Multidisciplinary team approach and anticipation of such differentials may be helpful in such scenario.

**Keywords:** Degenerated leiomyoma, Myomectomy, Mucinous cystadenoma

## INTRODUCTION

Pathologies especially of uterine cavity constitute the majority of gynecological diseases. In this regard, fibroid of uterus presents one of the commonest masses and manifests with wide array of symptoms including menstrual abnormalities, pain in abdomen etc. Interestingly, larger fibroids may present with compressive symptoms including pelvic and leg pain, constipation, and urinary problems. Though with the help of modern investigating modalities it is easier to make a diagnosis before the surgical intervention, still in some cases, large size of masses may give false impression of some other abdomino-gynaecological abnormalities. Here, we have presented such a case in which a large fibroid was appreciated only at the time of laparotomy.

## CASE REPORT

An unmarried woman of 28 years presented in our hospital with pain in lower abdomen and decreased appetite for 4 months. There was no history of nausea, vomiting, loss of weight, distension of abdomen or lump and burning micturition. Menarche was at 13 years of age and no menstrual irregularity was reported. Patient denied any sexual activity or use of any associated medication including hormones. Her past medical and surgical history was not significant. Her general examination was within normal limits. Abdominal examination revealed a big abdominal lump arising from left pelvic region and reaching up to left hypochondrium region. There was mild tenderness in left hypochondrium over the mass and it was cystic in consistency. On further examination, it was moving in cranio-caudal direction but not sideways, lower margins could not be reached. Ultrasound abdomen was suggestive of huge right adnexal mass -25 x 25 cm probably ovarian cystadenoma. CT scan abdomen (Figure 1) revealed a large abdomino-pelvic mass likely ovarian mucinous-cystadenoma. Serum ca-125 was 41.9 IU/ml [normal range 0-35 IU/ml]. Serum β HCG was within normal limits. CT guided aspiration was also done, which verified serous cystadenoma. Other blood investigations were within normal limits. Patient was planned for laparotomy under general anesthesia. Abdomen was opened with vertical incision. On laparotomy, it was found that both the tubes and ovaries were normal, and there was a uterine fibroid arising posteriorly from the utero-cervical junction with multiple fibroids in uterus and broad ligament (Figure 2). Myomectomy was done with removal of all fibroids (Figure 3). There was a small cystic mass of 4 x 2 cm seen hanging from the left fallopian tube, which was also removed. Uterus and both

ovaries with adnexa were preserved. Blood loss was minimal. Post-operative course was uneventful and she was discharged in satisfactory condition. Histo-pathological examination confirmed the big mass as leiomyoma with degenerative changes and the small cyst was mucinous cyst. Post-operative follow up after one month and again at 6 months was found to be satisfactory. Sonography revealed normal uterus and ovaries.

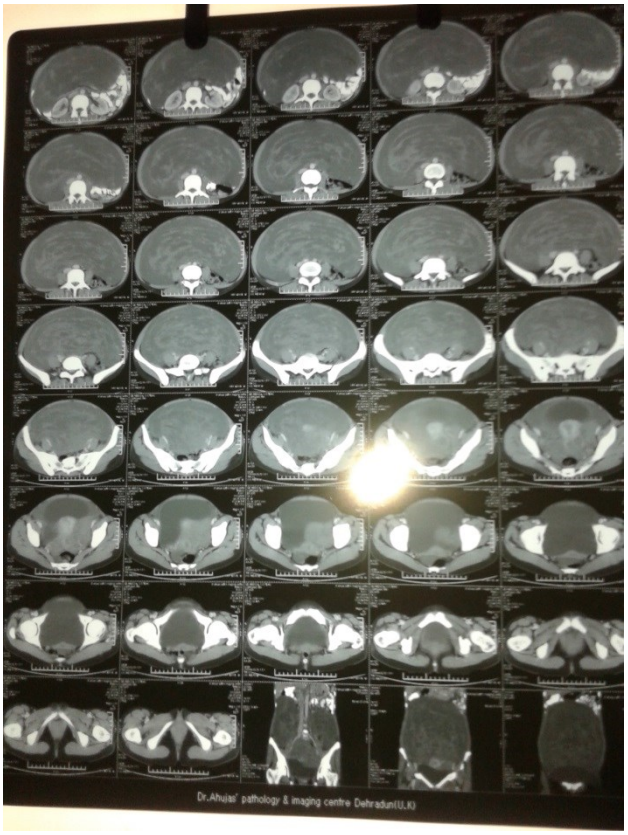


**Figure 1: CT scan showing mass.**

**Figure 2: Mass intraoperatively.**

**Figure 3: Large mass after removal.**

## DISCUSSION

The uterine fibroid is the most common tumor of the female pelvis in the reproductive age group and one of the commonest causes of hysterectomy.[1] Though exact etiopathogenesis is still unknown, these are benign tumors, made up of smooth muscle cells and represent hormonal interactions (estrogen/progesterone). Most often these tumors are asymptomatic and undiagnosed. The commoner symptomatology includes menstruation problems, pain in abdomen, urinary problems, constipation and bloating, pelvic and leg pain. For big fibroids, pressure symptoms supervene over bleeding problems. Our case presented with vague symptoms of pain in lower abdomen and loss of appetite whereas clinical examination pointed towards cystic mass. In addition, radiological diagnosis (USG and CT guided aspiration) also revealed ovarian cystic mass. Therefore, this patient was initially diagnosed as a mucinous ovarian tumor. However, laparotomy revealed the big fibroid tumor. Considering the age of the patient as well as the future pregnancy requirement, we performed myomectomy. This case represents that huge fibroid can also be mimicked by other abdomino-gynecological pathologies like leiomyosarcoma, broad ligament and vaginal fibroid.[2] In another case report, a large vaginal fibroid presented as ovarian tumor and could only be diagnosed at the time of laparotomy and following histopathological examination inspite of all pre-operative investigations including magnetic resonance imaging (MRI).[3] Ovarian tumors such as fibroma and Brenner's tumor have large fibrous component that can alter the signal intensity of MRI.[4,5] Therefore this article highlights a rare example of a case in which clinical, radiological as well as cytological examination could not reveal the exact diagnosis.

## CONCLUSION

Even large uterine fibroids may be misdiagnosed by the different modalities of investigations (clinical, USG, CT Scan, CT aspiration), one can still anticipate the rare

occurrences of these benign tumors. Better multidisciplinary approach and possibilities of differentials may be helpful in the diagnosis and management of such cases.

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