

A Case Report of large Subserosal Myoma

Roza Shahhosseini

MD, Obstetrics and Gynecology Department, Mazandaran University of Medical Sciences, Sari, Iran.

Abstract

Uterine leiomyomas are the most common benign tumors and usually are asymptomatic. This article is a report of a large myoma (approximately 12 × 12 × 21 cm). The subject was a 40-year-old woman with pelvic fracture. During the examination, a large mass was found in the pelvic. The patient was transferred to the operating room for further examination. During the surgery, an almost constant but stiff mass was found in hypogastrium that overextended to the umbilicus. For the last few months, the patient had some disorders such as constipation and oligomenorrhea but these disorders were not important and discomforting for the patient. Patient was clinically assumed to have ovarian tumor and referred for laparotomy. After the surgery, pathological examination showed that it was a subserosal Myoma.

Keywords: Subserosal Myoma, Pelvic Mass, Tumor

INTRODUCTION

leiomyomas are benign tumours of smooth muscle, taking origin in the myometrium. It is possible for these tumors to be inside the uterus in subserosal, intramuscosal, or submucosal forms as well as in the cervix, broad ligament, or on a base. They are usually multiple, and can range in size from a few millimetres to massive growths of 20cm diameter and more [1]. They may be detected by physical examination or hip imaging Asymptomatic masses may be present in 40-50 percent of women over 35 [2].

Women of all races are affected, but fibroids are commoner, and develop at an earlier age, in women of African origin, but the reason is still not clear. It seems that genetic factors play the main role [3]. These tumors have receptors of estrogen, progesterone, and gonadotropin-releasing hormone, and may grow under conditions such as pregnancy or consumption of high amounts of estrogen, and grow small after menopause or consumption of anti-estrogen or anti-progesterone medication [4]. Generally speaking, in %20 of the cases pregnancy leads to the growth of the tumor, in %20 percent makes it smaller, and in the other %60 percent has no effect on it [5,6]. The available oral contraceptives (low dosage) not only lead to the growth of the leiomyomas, but also may make it smaller. Moreover, the appearance of leiomyoma in smokers is less than non-smokers [2].

Uterine fibroids place a large economic burden both on the women who suffer from them, and on the health systems and societies in which they live [7-9].

Case presentation

Patient was a 40-year-old woman with knee and hip damage, and the right leg femur fracture caused by falling to the

ground a month before coming to the hospital. During the diagnostic investigation, in the patient's graph, a large mass was detected in the abdomen and hip areas (Figure 1).



Figure 1. Standing graph of the abdomen

Address for correspondence: Roza Shahhosseini, Valiye-asr highway, Mazandaran University of Medical Sciences, Sari, Mazandaran, Iran.
E-mail: dr.roza.shahhosseini@gmail.com

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How to cite this article: Shahhosseini, R. A Case Report of large Subserosal Myoma. Arch Pharma Pract 2020;11(S1):99-101.

The patient also stated that during the last few months she had constipation and menstrual disorder in the form of oligomenorrhea, but generally there was no discomforting symptoms making her come to the doctor. Physical examination revealed a large palpable, relatively mobile, non-tender mass in stiff and almost constant mass was felt in the hipogasttric region and the area below the navel. Laboratory test values were within normal limits. Ultrasonography showed a large, rounded, homogeneous, relatively hypochoic mass, measuring around 25cm (Figure 2).

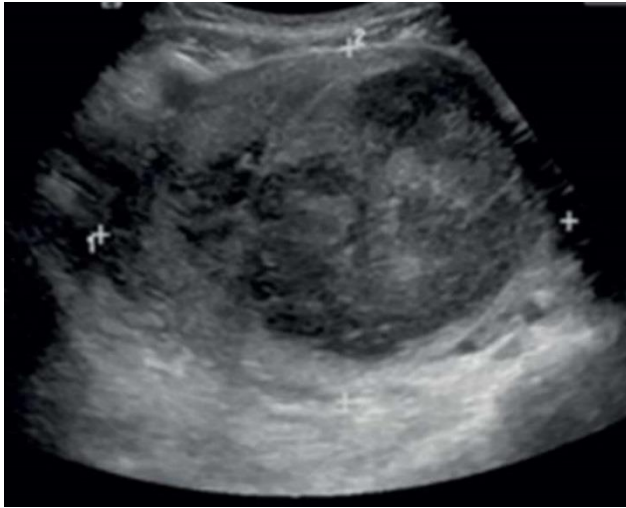


Figure 2. Ultrasonography of pelvis

Color Doppler US detected minimal vascular flow within the mass. Contrast-enhanced helical CT of the abdomen demonstrated a well-circumscribed, heterogeneously but vividly enhancing mass in the left lower abdominal quadrant (Figure 3). The mass was in close relationship – but with intact interface – with the left psoas muscle and contrast-filled bowel loops. The uterus was enlarged with a deformed uterine contour consistent with leiomyomatous uterus. The patient's vital signs and tests were normal and the patient was posted for exploratory laparotomy.



Figure 3. Abdomen and hip CT scan

In the operating room, after prep and drep, above and below the navel was cut open with midline incision. Investigating the inside of the abdomen, a large mass with a base was observed which originated in the uterus, occupied all the hip space, and was extended to the bottom of the liver. Investigating the other organs including the liver, no lesion was found. There was no paraaortic, mesenteric, and hip lymphadenopathy. The mentioned mass was resected from the base (Figure 4). Homeostasis was controlled and the operation was finished.



Figure 4. Mass after the resection

DISCUSSION

Asymptomatic leiomyomas can be present in 40-50 percent of women over 35 and can lead to a range of symptoms from unnatural hemorrhage to feeling of pressure in the hip [1]. In Korea, Sang-wook et al. [5] reported uterine leiomyoma in a 31 year old woman who came to the doctor with frequent urination and extreme hemorrhage. Through clinical examinations and MRI, two leiomyomas (anterior 63 centimeters and posterior 138 centimeters) were diagnosed. The leiomyomas were treated in two stages through the MRgFUS method. In Boston, Leite et al. [7] reported a uterine leiomyoma in a 35 year old woman who came to the doctor following extreme hemorrhage during menstruation and secondary infertility. After the examination and through hysterosalpingography and sonography, a myoma with the dimensions of 3.19-3-2.25 centimeters was detected. The patient went under myomectomy surgery and the myoma was completely removed. Moreover, Jakiel et al. [8] reported myoma in a patient with a 10-year history of infertility. The patient had also experienced operation for ovarian cyst on the left side. Hysteroscopic methods indicated the presence of a cyst sized 1.5-2 centimeters and a myoma sized 6 centimeters. The patient was put under laparotomy, and afterwards, the woman become pregnant and childbirth was done through caesarian in the 38th week of pregnancy. Marjolijn et al. [9] also reported the presence of a myoma in a 19-year-old nulliparous woman who came to the doctor following unnatural vagina hemorrhage and irregular menstruation.

Furthermore, examining uterus and hip, a mass of about 5 centimeters protruding toward the cervix was also detected. The patient undergone laparotomy and during the pathological examinations, the mass was identified as a myoma. Leiomyomas can undergo various types of degeneration as they enlarge. These include hyaline or myxoid degeneration, cystic degeneration, dystrophic calcification, and red degeneration ^[10, 11]. Among them, hyalinization is the most common type of degeneration, occurring in up to 60% of cases ^[12]. Rarely, uterine leiomyoma may undergo malignant degeneration to become a sarcoma. The incidence of malignant degeneration is less than 1.0% and has been estimated to be as low as 0.2% ^[13].

Consent

The authors confirm that informed written consent was received from the patient for publication of the manuscript and figures.

Competing interests:

The authors declare that they have no competing interests.

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