

Case Report

Abnormal Contour Huge Uterine Fibroids

Ahmed P¹, Farid GM², Ishague T³, Siddiqua A⁴

Abstract

Uterine fibroids represent the most common large solid benign tumor of the female genital tract. This 35 years old lady, mother of one child represented to our clinic with a history of progressive abdominal swelling that had rapidly increased in the last two years. There were associated abdominal pain, easy fatigability, heavy menstrual loss and prolong secondary subfertility of about ten years. On examination abdomen was enlarged and the mass measuring about 25cm from xiphisternum, firm, irregular and fairly mobile. Pelvic ultrasound scan revealed features of huge multiple uterine fibroids and the size of the largest one was about 20x25cm, moderate bilateral hydro-nephrosis. Intraoperative findings were moderate pelvic adhesions, huge multiple fibroids and the largest measuring about 18x20cm. Total abdominal hysterectomy with preservation of both ovaries were done. Histopathological report confirmed benign leiomyoma with no evidence of malignancy.

1. Corresponding Author: Dr. Parveen Ahmed
Senior Consultant, Department of Gyn and Obs
Narayangong General Hospital.
2. Dr. GM Farid
Senior Consultant, Department of Anesthesia
Narayangong General Hospital.
3. Dr. Tanveen Ishague
M. S. Student, Department of Epidemiology
John Hopkins University, USA
4. Dr. Ayesha Siddiqua
Medical Officer, Department of Gyn and Obs
Narayangong General Hospital.

Introduction

Uterine fibroids are the most common benign tumors that develop in the muscular walls of the uterus and are common in women of African origin¹. Fibroids affect 20-50% of women of reproductive age². The aetiology of uterine fibroids is unclear. Nulliparity, hereditary, black race, obesity, polycystic ovarian syndrome, hypertension and diabetes mellitus are associated with increased risk of uterine fibroids³. Fibroids may present with menstrual dysfunction, pain, pressure related symptoms, sub-fertility and pregnancy related problems^{5, 4}. Uterine fibroids may recur after myomectomy with a period incidence of 1 to 58.8%. Large uterine fibroids are common in our

environments; however it is uncommon for recurrent uterine fibroids to grow to a large without seeking intervention.

Case Report

This 35 year old lady presented to our clinic with a five year history of progressive abdominal swelling that had rapidly increased in the last 2 years. There were associated abdominal pains, easy fatigability and heavy menstrual loss but no history of post coital bleeding. Her menarche was at the age of 15 years with a regular cycle. She is mother of one child and had history of prolong secondary sub-fertility of about 10 years. General examination revealed a middle aged woman, moderately pale. The Abdomen was enlarged and a mass measuring about 25cm from the pubis to xiphisternum. It was firm, irregular and fairly mobile. Pelvic examination was unremarkable. A provisional diagnosis of recurrent symptomatic uterine fibroids was made. Pelvic ultrasound scan revealed features suggestive of huge multiple uterine fibroids and the size of the largest one was about 20x25cm, moderate bilateral hydronephrosis. Intravenous urography showed right renal pelvis diverticulation and incomplete right ureteric obstruction presumably due to an intraluminal filling defects. Full blood count revealed haemoglobin of 8g/l. She was transfused two units of blood and counseled for total abdominal hysterectomy. Intraoperative findings were moderate pelvic adhesions, huge multiple fibroids and the largest measuring about 18x22cm. Fallopian tubes and ovaries were normal. Careful adhesiolysis and total abdominal hysterectomy with preservation ovaries was done. She had two more units of blood. She made a good post-operative recovery and was reviewed 6 weeks at gynaecology clinic, with no complaints. Her haemoglobin was 11 g/l and histopathological result confirmed benign leiomyoma with no evidence of malignancy.

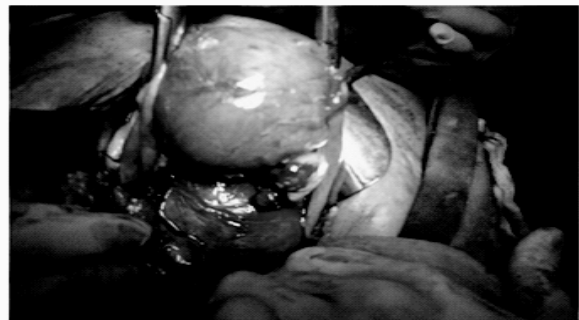


Fig- I: A large intramural Leiomyoma before removal

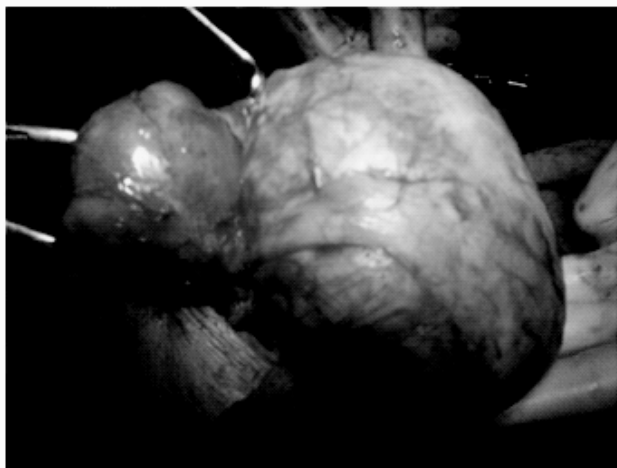


Fig- II: A large intramural Leiomyoma after removal

Discussion

Uterine fibroids represent the most common large solid benign tumor of the female genital tract in our environment. The average uterine size at present is ± 15 9.7weeks⁷. Our patient presented with a uterine size of 25 weeks, which is an uncommon occurrence in this community. In a review of uterine fibroid from south western Nigeria, out of the one thousand two hundred and fifty nine cases, only 4% presented with a uterine size of more than 20 weeks⁷. The delay in presentation is probably due to strong desire of our female folk for a pregnancy and aversion for surgery⁸. Mymectomy has been the traditional surgery for the tumor though unsuccessful mymoectomy may result in hysterectomy⁹. The size of the fibroid in our patient made us counsel her primarily for hysterectomy despite her strong desire for pregnancy as mymectomy in her could be threatened her

severe intraoperative complications. For smaller tumors laparoscopic myomectomy is done in centers with necessary equipment and expertise. Laparoscopic bipolar coagulation of uterine vessels has been reported⁷. Interventional radiology have place in management of large fibroids. This case highlights the problem of dealing with difficult cases in under-resourced environment. We are aware other treatment options are available in many well resources centers.

References

1. Goodwin SC, Spicer JB, Worthington-Kirsch R. Uterine artery embolization for treatment of Leiomyomate: long term outcomes form the fibroids registry. *Obstet Gynaecol.* 2008;111 (1):22-33.
2. Verkauf BS. Myomectomy for fertility enhancement and preservation. *Fertil Steril.* 1992;58:1-15.
3. Okolo S. Incidence, actiology and epidemiology of uterine fibroids. *Best Pract Res Clin Obstet Gynaecol.* 2008; 22 (4):571-588.
4. McIlveen M, LI TC. Myomectomy: a review of surgical technique. *Human Fertil.* 2005;8(1):27-33.
5. Ande ABA, Ehigiegba AE, Umeora OIJ. Repeat myomectomy at caesarean section. *Archy Gynaecol Obstet.* 2004;270:296-298.
6. Okogbo FO, Ezechi OC. Loto OM. Uterine Leiomyoma in South Western Nigeria: a clinical study of presentation and management outcome. *Afr Health Sci.* 2011;11 (2):271-278.
7. Abasiattai AM, Utuk AM, Udoma EJ. A five year review of uterine fibroid at the university of Uyo Teaching