CASE OF GIANT SUBMUCOUS FIBROMYOMATOUS UTERUS

by

AMARJEET KAUR,* M.D.

A case of huge degenerating submucous fibromyoma uterus causing severe anaemia and menometrorrhagia in a multiparous, 55 years old woman is reported from Bokaro General Hospital.

CASE REPORT

Mrs. S. D., 55 years old emaciated woman was admitted as an emergency case on 10th August 1975 with the history of swelling of the abdomen for the last six years and irregular bleeding per vaginam 2 years prior to admission. She also complained of marked weakness and loss of appetite for the last 2 years. She had vague discomfort in the abdomen for the last one year.

Menstrual History: She did not attain menopause at the age of 55, rather she was having menometrorrhagia and excessive foul smelling discharge per vaginam.

Obstetric History: She had 9 uneventful deliveries with last child birth 9 years ago.

On Examination: A severely anaemic and emaciated woman was having slight orthopnaeia. Her blood pressure was 110/60 mm Hg. pluse—90/min, Temp.—37.0°C. She had enlarged non-toxic goitre present since adolescence. There was no lymphadenopathy. Breasts were atrophied. Heart and lungs revealed no abnormality.

Abdominal Examination: The abdomen was distended by a mass which was coming out of the pelvis and filling practically the whole abdomen. The mass was of uniform consistency, firm and non-tender with restricted mobility. There was no free fluid in the peritoneal cavity. Inguinal glands on both sides were just palpable.

Vaginal Examination: The external genitalia were normal. The cervix was taken up and was felt all around a mass which was lying in the endocervical canal and vagina of the size of the term fetal head. The mass was friable, necrotic and very foul smelling. There was slight bleeding per vaginam. There were no nodules felt in the vagina or pouch of Douglas. The uterus was enlarged, comparable to 34 weeks' size of gestation, firm and smooth to feel.

Rectal Examination: The rectal mucosa was free.

Diagnosis: A provisional diagnosis of fibromyoma uterus with infected submucous fibromyoma was made keeping the possibility of malignancy in mind because of huge tumour in an old woman.

Investigations: Her haemoglobin was 3.5 gm%; P.C.V.—17 mg%; T.L.C.—17,800/cmm; D.L.C.—P95%. L15% Blood Urea—20 mg%, Fasting blood sugar—116 mg%. E.S.R.—110 mm 1st hour and 162 mm 2nd hour; Blood group—A Rh positive; Vaginal swab: Growth of proteus sensitive to Chloromycetin; Urine Culture—Growth of klebsiella sensitive to furadantin. X-Ray Chest—Revealed no abnormality; X-ray Abdomen showed a big soft tissue mass in the abdomen. Intravenous pyelography revealed normally functioning both kidneys with no pressure effect on both the ureters and slight displacement of the bladder to the left. Surface biopsy of the tumour revealed no malignant change.

Treatment: Since it was not a malignant tumour, she was prepared for abdominal hysterectomy after correcting her severe anaemia with six units of blood transfusion and other supportive measures. Local infection of the tumour was eradicated with antiseptic douches and appropriate antibiotics. On 16th day, while waiting for the operation, she expelled two big size degenerated fibroids spontaneously weighing 2½ Kg. The size of the tumour per abdomen decreased from the xiphisternum levels to the umblical level. Due to this, she had marked symptomatic relief and left the hospital against medical advice. On great in-

*Sr. Specialist (Obst. & Gynaecology), Bokaro General Hospital, Bokaro Steel City 827 004, Distt. Dhanbad, (Bihar).

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sistance she came again after one and half months and laparotomy was done. The uterus was enlarged uniformally up to the level of umblicus, there were no adhesions with the surrounding viscera. Both the ovaries and tubes were normal. Total abdominal hysterectomy with bilateral salpingo-oophorectomy was done.

Post-operative period was uneventful except for slight superficial skin infection of the wound.

Cut section of the Uterus: Showed a submucous degenerating fibromyoma distending the whole uterine cavity with marked myohyperplasia. Weight of the tumour—1½ kg.

Microscopic report: Showed fibromyoma uterus with extensive necrotic change without malignant change of the cells.

Follow up: She is enjoying sound health in her village.

Discussion

For the first time, we have come across a submucous infected fibromyoma uterus weighing 4 Kgm. filling the whole abdomen in a woman of 55 having 9 children, though it is known that large tumours mostly arise in nulliparous patients. Little is known about the etiology of this tumour. All types of fibroids may become infected and this is especially true of submucous type. This patient expelled two big size degenerated fibroids weighing 2½ Kg. without much pain because cervix did not offer much resistance. There was no evidence of generalised septicaemia though locally the tumour was so very badly infected that the whole ward was stinking during her hospital stay. The necrosis of submucous fibromyoma uterus results from the interference with the blood supply as a result of thrombosis of the vessel of the pedicle due to infection.

This patient had menometrorrhagia at the age of 55 years due to this big tumour. Irregular bleeding per vaginam is the commonest symptom that indicates the necessity of treatment and results from dilatation and congestion of myometrial and endometrial venus plexuses caused by expanding tumour.

Sarcomatous change should be considered as it is apt to occur in large fibromyomatous uterus at a post menopausal age, but fortunately it was not there. Total hysterectomy is usually safe and satisfactory operation. The ovaries were removed as patient was in the postmenopausal age.

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