

## LEIOMYOMA OF ROUND LIGAMENT

by

S. BHALGOTRA,\* M.D.

S. VOHRA,\*\* M.D.

and

K. JAMWAL,\*\*\* M.B.,B.S.

Leiomyoma of round ligament is a very rare lesion. It is clinically misdiagnosed for fibroid uterus, intraligamentary fibromyoma and solid ovarian tumour. Watkin (1933) remarked that 50% cases of leiomyoma of round ligament were associated with fibromyoma of uterus. Due to rarity of the condition this case is presented.

### CASE REPORT:

Mrs. S., aged 45 years, was admitted on 31-1-1973 in Lady Hardinge Hospital with complaints of Lump in abdomen for 4 years and pain in lower abdomen for 2 years. The lump was of cricket ball size to start with and had gradually increased to present size. The pain was of dull character lasting for 2 to 4 hours and coming at interval of 20-30 days. There was no history of menstrual irregularity, urinary or bowel complaint.

Menstrual History: Menarche 14 years. Cycle 3-4/30, regular.

Obstetric History: married 30 years back 2 F.T.N.D. alive and healthy, last child birth 19 years back.

On examination she was of average built, well nourished middle aged woman, mildly anaemic, blood pressure 120/80 mm. Hg., Pulse 88/mt., regular, good volume, Temperature

\*S. Bhalgotra, Assistant Professor, Obst. & Gynaecology, Department, Govt. Medical College, Jammu Tawi.

\*\*S. Vohra, Senior Consultant, Obstetrician and Gynaecologist, Lady Hardinge Medical College, New Delhi.

\*\*\*K. Jamwal, M.B.,B.S., Post Graduate Student, A.I.I.M.S., New Delhi.

37°C. No significant lymphadenopathy. Heart and lungs were normal. On abdominal palpation, a mass was felt in suprapubic region 20 weeks size of uterine pregnancy. It was of firm consistency, non-tender and mobile. The percussion note over it was dull. On vaginal examination uterus was normal sized which was deviated to right side. Close to the uterus through left fornix a firm mass was felt which was continuous with the mass felt per abdomen.

### INVESTIGATIONS:

Hb. 10 gm%, DLC 8000/cumm, Urine, albumin and sugar nil, Blood urea 26 mgm%, blood sugar 100 mgm%, X-ray chest, normal and E.C.G. Normal.

### OPERATION:

Under general anaesthesia abdominal cavity was opened. A solid tumour of 16 cms x 17 cms (Fig. 1 & 2) in diameter arising from left round ligament about 1½" lateral to its uterine attachment was noticed. It was firm in consistency without adhesions. There were dilated veins over surface of tumour. There was seedling fibroid over anterior surface of body of uterus close to isthmic region. No other pathology was detected. Total abdominal hysterectomy with removal of fibroid of round ligament and bilateral salphingo-oophorectomy was performed. Postoperative period was uneventful.

### HISTOPATHOLOGY REPORT WAS AS FOLLOWS: Tumour structure of fibroleiomyomas.

### Discussion

The case under discussion is of intra-abdominal type. These are usually asymptomatic as in our case and are to

be differentiated from subserous uterine myomas and solid ovarian tumour.

These tumours are usually single and unilateral involving mostly right side. Taussig (1914) found 20 out of 37 cases. Breen and Neubecker (1962) 5 out of 6 cases and Baruah and Ranjan (1974) in his single case where right round ligament was involved. In our case it was left round ligament which was involved. Mayo and Schunke (1940) described in 7 of his 11 cases where tumour was found in the left side. The round ligament fibromyomas may be bilateral as described by Masani (1971). The largest intraabdominal tumour reported is of 30 lbs. measuring 46 cms. x 48 cms. Ward (1918). In this case tumour measured 16 cms. x 17 cms., whereas Baruah and Ranjan (1974) observed the tumour 15 cms. in diameter.

In our case there was associated fibromatous lesion of uterus, same was observed by Watkin (1933) in 50% of cases. Baruah and Ranjan (1974) observed fibromatous polyp in association with round ligament fibroid.

#### Summary

A case of leiomyoma of left round ligament is presented.

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See Figs. on Art Paper IX