MASSIVE ASCITES WITH FIBROMYOMA OF THE UTERUS

by

KUMUD P. TAMASKAR, F.R.C.S. (Edn.), F.R.C.S. (Glas.), F.I.C.S.

In 1937-39 Meigs drew attention to the association of fibroma of ovary not only with ascites but with hydrothorax. It is believed that hydrothorax results from the passage of ascitic fluid through the transdiaphragmatic lymphatics. Occurrence of ascites has been noted in combination with other solid tumours of the ovary—Brenner tumour, granulosa cell tumour, theca cell tumour and carcinoma. It is difficult to understand, says Novak (1962) why large subserous myomas are not similarly associated with similar ascites and hydrothorax, but this does not occur with any frequency and that is why this case of fibroma with ascites is reported.

Case Report

Mrs. J. a mohomedan woman, age 32 yrs, was admitted on 28-7-70 with the complaint of lump in abdomen for 2 years, distension of abdomen and indigestion. Before 2 years she noticed a lump in abdomen about the size of a small orange. The abdomen gradually increased in size and she ultimately was admitted due to discomfort.

Obstetric History: She had 3 full term normal deliveries, last delivery 1½ years ago.

Menstrual History: She was having regular menstrual cycles and last date of menstruation was 10th July 1970.

Examination: The general condition of the patient was fair, pulse was 84 per minute and blood pressure was 100/70 mm. of Hg. There was no oedema on feet though there was pallor. The heart and lungs were normal. Abdominal examination showed distension of abdomen and the skin of the abdominal wall was normal without any visible veins. Shifting dullness was present. A lump was palpable on examination of abdomen though the exact size could not be made out. Vaginal examination revealed enlarged uterus approximately of 16 weeks and cervix was normal.

Investigations: Hb.% was 50% by Salhis method. Blood urea was 32 Mgs%, fasting blood sugar level 105 Mgs%. X-ray chest was normal. After admission the abdomen was tapped. The fluid was straw coloured and clear. Examination of ascitic fluid did not reveal malignant cells. Routine examination of urine was normal and did not show bile or bile pigment. Urine culture was sterile and blood group was B'.

Treatment: Though the patient had a ballotable mass in abdomen with ascitis negative X-ray chest ruled out Meigs Syndrome. The possibility of tubercular abdomen was considered as tubercular abdomen with matted coils of intestines gives the feeling of abdominal mass with positive ballotment. Malignant ovarian cyst with ascitis was still considered though the ascitic fluid was negative for malignant cells, condition.

Patient was kept on antibiotics as 2 pints were tapped on admission. Intramuscular Iron was given for anaemia as a supportive line of treatment. One week after admission the abdomen got distended and the patient was uncomfortable, hence the abdomen was tapped and two pints of clear fluid removed, but it got filled up again rapidly. In between the patient refused the operation and second tapping was done, Five pints of fluid was removed in the second tapping. This time the patient developed oedema of feet and vulva, and then the patient gave consent for operation which was done on 10-9-70. Prior to laparotomy 3 pints of fluid was tapped as the patient was very breath-

Hon. Obstetrician and Gynaecologist to Mayo General Hospital, Nagpur, Teacher in Human Reproduction and Family Planning, Indira Gandhi Medical College, Specialist to Diagnostic Centre, E.S.I.S. Nagpur.

Accepted for publication on 13-11-78.

less. Total 12 pints of fluid were removed between admission and operation.

Operation Findings

Under general anaesthesia the abdomen was opened by subumbilical midline incision. Twenty five pints of ascitic fluid were removed and approximately 5 pints spilled over. A big mass 6" x 6" was seen arising from the fundus of the uterus. It was a subserous fibroma arising from a normal size uterus. The pedicle of the fibroid was 3" in length and 2" in breadth. There were big feeding blood vessels which were pulsating and were of the size of round worms, arising from the greater omentum. These blood vessels were ligated and cut and total hysterectomy and right salpingo-oophorectomy was done as the right ovary was cystic. Abdomen was closed in layers. The patient was discharged on 13th post operative day i.e. on 23-9-70. This patient was seen again after 3 year with no recurrence of ascitis.

Histology Report: Fibroid arising from the fundus of the uterus. The wall of the uterus showed few intramural fibroids. Ovary was normal, Cervix-chronic cervicitis.

Comments

Meigs in 1954 reported 5 cases of leiomyoma with ascitis and hydrothorax and classified them as pseudo-Meigs syndrome. Williamson *et al* in 1972 reported 11 cases of uterine leiomyoma from the world literature but in every case there was associated hydrothorax. In this case there was absence of hydrothorax inspite of massive ascitis. Similar case was recently reported by Mukherjee *et al* (1978).

The mechanism of ascitis in this case may be transudation of fluid across the permeable capsular surface of tumour. The association of hydrothorax with ascitis has been always explained by the passage of ascitic fluid through the trandiaphragmatic lymphatics. One fails to understand the conspicuous absence of the hydrothorax with massive ascitis in this case. The patient was followed for a long time with no recurrence which confirms that the fibroid and associated disturbed hemodynamics was the case of ascitis.

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