

LEIOMYOMA OF OVARY

(A Case Report)

by

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Doran in 1888 documented the first case and 28 cases have so far been reported. This paper presents 1 more case diagnosed preoperatively as fibroma of ovary but later by histological scrutiny corrected as 'Ovarian Leiomyoma'.

Case Report

On 1-11-1975 a 50 year old woman para 1, sought admission for an abdominal mass of 2 months duration. At operation on 11-11-1975 the mass was confined to right ovary. The uterus and left ovary being normal. Abdominal pan hysterectomy was done. The patient had a smooth postoperative recovery and was discharged on 20-11-1975.

Pathological observations

Gross appearance

The whole tumour was solid, smooth with regular margins measuring 12.5 cms x 10 cms. weighing 4.5 Kgs.

Cut sections

The whole mass was homogeneous with a definite outer rind of cortical tissue. The colour was a reddish hue and there was a central bulge with a multicentric whorled appearance.

Microscoping appearance

Multiple sections were serially studied. The dominant feature was the bipolar muscle cells with their myogenic cytoplasm interlacing with the smooth muscle. Even by routine haematoxylin and eosin staining the distinction between this and 'Look alike' fibroma was obvious. Al-

though there was hyalinisation, haemorrhage and calcification the tendency for typical fascicular pattern formation was maintained. Fig. 1 show spindle cells arranged in parallel bundles and in whorls with areas of hyalinisation—all features in favour of Leiomyoma.

Comments

Leiomyoma of ovary is very rare. The incidence being 1 in 7,780 (Fino and Warren). No particular age, parity, or symptoms of significance was noted in these cases. Most patients sought medical aid for either the abdominal mass or for complication such as haemorrhage, hyalinisation or calcification (Welman). It is interesting to mention that all 28 cases reported so far were also pre-operatively diagnosed as benign solid fibroma of ovary and only on microscopic appearance distinguished as leiomyoma.

Various theories have been postulated for the occurrence of leiomyoma of ovary, the most popular being that the cells originate from the walls of the blood vessels in the ovarian hilus. Since, there is co-existing uterine leiomyoma in most cases, a common hormone stimulus also may be thought of. In contrast, the origin may be from areas of ovarian Endometriosis, but such cases associated with endometriosis are rare.

Summary

An interesting single case of ovarian leiomyoma is briefly presented stressing on histopathological features as it is only

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a pathological entity and as such a clinical rarity.

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See Fig. on Art Paper VIII