EXTENSIVE CYSTIC DEGENERATION IN A FIBROMYOMA COMMUNICATING WITH THE UTERINE CAVITY

by

A. P. Koppikar,* M.D., D.G.O., D.F.P., F.C.P.S.

S. N. Daftary,** M.D., D.G.O.

and

R. D. Pandit,*** M.D., D.G.O., B.Sc., F.I.C.S., F.C.P.S.

An interesting case of cystic degeneration in a fibromyoma is being presented. Going through the literature no references could be found.

CASE REPORT

A female patient aged 27 years came to Nowrosjee Wadia Maternity Hospital for the treatment of secondary sterility. She was married for last 10 years. She had one premature still birth 2 years back.

She had her menarche at the age of 15 years. Her periods which were regular, moderate and painless previously had become profuse and painful during last 2 years.

Both family and past history were unremarkable.

General examination of the patient revealed that she was a healthy woman averagely built and nourished. She had minimal pallor; examination of cardiovascular and respiratory systems did not reveal anything abnormal.

Pelvic examination revealed that cervix was normal but there was a mass of about 2″ x 2″ in the right fornix attached to the uterus.

The patient was admitted to the hospital for a diagnostic work up.

Her routine investigations were Hb 12 gms., Urine—NAD, Blood sugar fasting—100 mg%, PP—120 mg %, Blood group—0Rh + ve.

Serial vaginal cytology and endometrial biopsy revealed that the patient was ovulating.

Hysterosalpingography showed normal uterine cavity, tubal patency and a diverticulum attached to the right lateral wall of the uterus (fig. 1).

Diagnostic laparoscopy revealed that there was a large intramural fibroid occupying the right lateral and anterior aspect, of the uterus. Chromopertubation showed that the dye was coming from the uterine cavity into the fibroid imparting to it a blue colour. The tubes and ovaries were normal.

In view of the laparoscopy findings the patient was subjected to an exploratory laparotomy. Abdomen was opened in layers through a midline subumbilical incision. Examination of pelvic organs confirmed the laparoscopy findings. A vertical incision was made on the fibroid and it was enucleated and shelled out. Myometrium was closed in two layers. Postoperative period of the patient was uneventful.

Gross examination of the excised specimen showed that it was a fibromyoma measuring about 2″ x 2″ nodular and greyish white in colour. There was an area of cystic degeneration on one side and a tract was formed leading from the cyst to the uterine cavity.

Histopathology revealed that the entire cystic cavity and the tract was lined with endometrium.

Discussion

A case of intramural fibroid with cystic degeneration is presented. It is interesting to note that the whole interior of the cyst as well as the tract leading to the uterine cavity was lined with endometrium which

* *Registrar.*

** *Hon. Asst. Gynaecologist & Obstetrician,*

*** *Hon. Gynaecologist & Obstetrician,*

Dept. of Obst. & Gyn., Nowrosjee Wadia Maternity Hospital, Bombay 400 012, India

was continuous with that lining the uterine cavity. It would not be out of place to mention that the patient conceived within about 4 months of myomectomy and was delivered by an elective caesarean section.

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See Fig. on Art Paper X