

ENDOLYMPHATIC STROMATOSIS

(A Case Report)

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Stromatosis is a comparatively rare clinicopathological condition. In this communication a case report of stromal Endometriosis and a critical review of its clinicopathological aspect and treatment are discussed.

CASE REPORT

Mrs. A. R. aged 45 years was admitted to the hospital in May 1978 with complaints of menorrhagia since 2 years and lump in abdomen and white discharge since 1 year. Before this her menstruation was always regular at interval of 30 days and lasting for 3 to 4 days; for the last 2 years, she was having menorrhagia with history of passing large blood clots on second and third day of menses. Bleeding lasted for 7-8 days with history of congestive dysmenorrhoea.

Patient first noticed the lump in right iliac fossa and gives history of intermittent attack of pain at site of lump.

Patient was para 4 \pm 0 with all normal deliveries at term. Her last child was born 4 years back.

On Examination, the patient looked fairly anaemic. Abdominal examination revealed a firm and nontender pelvic tumour of about 16 weeks size pregnant uterus. On vaginal examination uterus was found to be enlarged to about 16 weeks size and firm in consistency. Report of diagnostic curettage showed no definite pathological lesion in the endometrium. After improving her general condition and transfusing 2 bottles of blood, she was posted for hyster-

ectomy on 15th July 1978 with a provisional diagnosis of fibroid uterus. On opening the abdomen a big mass was seen arising from the uterus. It was firm, smooth and extending on the right side into the round ligament and fallopian tube. Left tube and round ligament were normal. Right ovary was enlarged and cystic. Due to technical difficulty subtotal hysterectomy was done.

Cut surface of the tumor showed yellow colouration.

Postoperative period was uneventful & histopathological report of tumor was endolymphatic stromal myosis (Fig. 1).

Discussion

The outcome of individual case is difficult to forecast because of the chronic nature of the lesion. Recurrence is likely even in benign lesion.

Pre-operative diagnosis of stromatous endometriosis is not possible. It is only by histopathological study that the correct diagnosis can be made. In most cases hysterectomy is done with diagnosis of some other uterine pathological condition.

Summary

A case of stromatous endometriosis with clinical behaviour and line of treatment is reported.

Acknowledgement

We thank Dr. V. D. Shastrakar, Professor of Obstetric & Gynaecology and Dr. P. C. Bansal, Dean Govt. Medical College, for permission to publish this case.

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