# BROAD LIGAMENT LEIOMYOMA WITH ASCITIS

## (A Case Report)

by

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Ever since Meigs, 1954 reported an association between leiomyoma uterus and ascitis and hydrothorax, the entity has been well recognised. Ascitis alone associated with leiomyoma of the uterus has been reported to be a very rare condition. We report a broad ligament leiomyoma associated with ascitis. To our knowledge such a case has not been previously reported in literature.

### CASE REPORT

A 65 years old multigravida, who had previous normal menstrual cycles, was referred from medical ward to our unit of S.M.G.S. Hospital, Jammu on 10-3-1978 for evaluation of her complaints of pain in right iliac fossa and gradually increasing distension of the abdomen of 6 months' duration. The patient had noticed fever, loss of appetite and scanty micturition for 2 months.

On examination the patient was found to be anaemic and emaciated. She had no lymphadenopathy, oedema feet or puffiness of the face. Her B.P. was 120/78 mm Hg and pulse was 100/min. On examination uniform enlargement of abdomen, shifting dullness and fluid thrill were noted. A mass was palpable in the right iliac fossa which had restricted mobility. Pelvic examination revealed that the uterus was atrophic and a hard mass of the size of 5″ x 5″ occupying the right fornix and extending high up towards the right iliac fossa was palpable. The other fornices were free. A provisional diagnosis of malignant tumor of the right ovary with ascitis was made.

### INVESTIGATIONS

The patient had Hb. 9.2 gm. per cent; Urine normal; blood urea 38 mg per cent; blood sugar 112 mg per cent; serum electrolyte Na' 139 mEq/litre, K 4.9 mEq/litre, Cl 98 mEq/litre; screening chest normal; E.C.G. within normal limits; I.V.P. normal; X-Ray of pelvis showed generalised rarefection of bones and barium meal did not reveal any abnormality.

At laparotomy 3 litres of straw coloured fluid was drained. Both ovaries and tubes were found to be normal, Uterus was atrophic and a 12 cms x 10 cms x 10 cms mass was found arising from broad ligament on the right side. Total hysterectomy along with the removal of the mass in right broad ligament was performed. Both ovaries and tubes were also removed.

Macroscopic examination of the uterus revealed chronic cervicitis with endocervical glandular hyperplasia.

Microscopic examination of the mass showed leiomyoma with extensive areas of hyalinisation and myxomatous degeneration.

The patient had superficial infection of wound postoperatively which was taken care of by antibiotics. She was discharged in a fit condition on 31st Post-operative day.

### *Discussion*

The association of ascitis with leiomyoma is a benign condition which is amenable to surgical treatment and has good prognosis. On the contrary, ascitis associated

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*Accepted for publication on 24-7-19.*

with a malignant tumor suggests inoperable carcinoma. Based upon the clinical features, the case was diagnosed as malignant ovarian tumour with ascitis. Exploratory laparotomy revealed the true picture of a benign tumour. Although ascitis is very rare in association with leiomyoma, it becomes very essential in view of our present observation, that every case suspected to be malignant ovarian tumor should have a laparotomy because a patient with leiomyoma may be detected and cured completely.

*References*:

1. Meigs, J. V.: Obstet. Gynec. 3: 471, 1954.
2. Mukherjee, S., Sood, M. and Eduljee, S. Y.: Obstet. Gynec. India. 28: 698, 1978.

*See Fig. on Art Paper IX*