CALCIFIED LEIOMYOMA OF OVARY GIVING COLPORRHEXIS

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Leiomyoma of ovary is relatively a rare tumor. Most connective tissue cells of ovarian cortex are not true fibrocytes, but possess characteristics suggestive of smooth muscle cells. It is probable that under condition of neoplasia these cells as well as mesenchymal cells in the vessels differentiate into those muscle type. Leiomyoma of ovary is simillar to tumor the of this classification occurring within the uterus. Like fibromas they are considerable in size and at times may become quite large (More head R.R. 1965).

CASE REPORT

A 19 years old primipara attended Gynaecological O.P.D. at 7 P.M. on 12-5-78 with the complaints that "her 2nd twin has not delivered." First twin was delivered at home at 12.20 mid night on 11-5-78 by "Dai who suggested that there was another baby in the uterus but because of abnormal position she could not handle the case further and sent her to some local M.C.W. Centre. There some nurse and then medical Officer attended her and according to them only head of the 2nd twin was felt. They tried forceps on that but failed and so referred her to this hospital.

From O.P.D. she was admitted as a case of some hard mass in the vagina. The mass was rounded in contour and freely mobile.

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History:

According to relatives of the patient she had delivered on F.T.S.B. female child at home by the help of local Dai. After the delivery of the child some mass protruded out of the vagina and then the placenta come out. There was no history of P.P.H. The mass disappeared after the delivery of the placenta. Accidentally, Dai on exploring the vagina felt some mass which she suggested was one more foetus inside.

Agter Admission on Examination:

Patient was severily anaemic, apprehensive. Pulse-120/mit., B.P.-100/70 mm Hg, Temp.-99°F. All other system-NAD.

Abdominal Examination:

Uterus was felt upto the level of the unbilicus slightly shifted to the left side and was well contracted. No foetal parts were felt. There was no tenderness anywhere.

Local Perineal Examination:

There was first degree perineal tear. No vaginal bleeding but foul smelling thin watery discharge was coming from the vagina.

Speculum Examination:

A well defined mass was seen size 6" x 5". The patient was not co-operative so she was shifted to the operation theatre for examination under general anaesthesia.

Investigation:

Hb-7 gm% TLC-8,000/am P-80%, 1-2%. Blood Group- A + Ve Urine-clear

Examination under Anaesthesia:

Cervix was shifted to the left side of the vagina by a mass. There was a rent in the

vagina at the vault and through which a round hard mass of about 6″ x 5″ in size was coming out (Fig. 1). It was well defined and bony hard in consistency. There was a soft pedicle by which it was attached laterally. On further exploration we could feel tha intestines giving the clue that it was intraperitoneal. On exploration of the uterine cavity, it was empty. Immediate laparotomy was decided with the diagnosis Colporrhexis due to intra-abdominal tumor.

Leparatomy:

On opening the abdomen there was no free fluid in the peritoneal cavity. Uterus was seen occupying central and left side and on right side intestines and omentum along with the lump was seen. On separating the intestines and omentum a tumor was seen on the right side of the pouch of Douglas. The mass was lifted up and it was noted that the right fallopian tube was there separate from the mass but right ovary could not be located separately. There was soft smooth tissue connecting this round mass to the corner of the uterus at the site of the attachment of the ovario-uterine ligament. Infundibulo-pelvic ligament appeared to be stretched over the hard rounded mass and a diagnosis of calcified ovarian tumor was made (Fig. 2).

On further exploration there was a rent of about 3″ in the pouch of Douglas opening into the vagina. The tear was more on the right side (Fig. 3). Subsequently two clamps were applied on right side near the right corner of the uterus, one including ovarian ligament and fallopian tube and another over the infundibulopelvic ligament. The tumor was removed along with right fallopian tube. The pedicles were ligated doubly and the covered by round ligament. On the left side tube and ovary were healthy. The rent at the vault repaired and peritonised. Abdoman closed in layers.

P.O.P.: uneventful discharge from hospital on 10th day.

Follow up: after 6 weeks N.A.D.

Gross specimen consits of right follopian tube and ovary. Ovary has been converted into a mass measuring 9 x 6, 5 x 6 cm. It was firm to hard in consistency, greyish-white in colour and at places brownish discolouration was present. It appeared to be capsulated. On cutting it was bony hard. Cut surface shows varegated appearence at places. It was at places grey, greyish pink, and still at other places white in colour. p

Histopathological Diagnosis:

Leiomyoma, showing marked degenerative changes and calcification.

X-ray of the Tumor: Showing marked calcification (Fig. 4).

Discussion

In the literature no such case has been reported, because calcified leiomyoma of ovary is a very rare tumor.

Colporrhexix is a form of rupture of vaginal vault in labour exhibiting very much same signs and symptoms of rupturt uterus with less severe shock and haemorrhage. This is again far less common than rupture uterus. Menon (1962) has reported colporrhexis as the condition present is 20 of his 164 cases of uterine rupture. Menon (1962) has mentioned in his series of colporrhexis that it occurred in multiparous women with good obstetrical record and with varying degree of pelvic floor relaxation. When Vertex descends in vegina which has been rendered weak by repeated chid birth, the vault being the weakest portion of vagina gives way.

In the present case, she was a primigravida. Only in carceration of calcified tumor must have given pressure necrosis thus leading to colporrhexis and after the delivery of the child it protruded through the rent into the vagina giving a false impression of the head of the second twin to the attending M/O Incharge at M.C.W.Centre.

Reference

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See Fig. on Art Paper V