BROAD LIGAMENT FIBROID

(Report of 2 Cases)

by

B. K. GOSWAMI,* D.G.O., M.S. (Cal.)

D. BANERJEE,** D.G.O., M.D. (Cal.)

S. SHEE,*** M.B.,B.S. (Cal.)

and

A. K. SARKAR,**** D.G.O. (Cal.), F.R.C.O.G. (Lond.)

Broad ligament fibromyomas are of two types, true and false. The true ones are rare (Kher *et al,* 1974) and arise from muscle fibres normally present in the mesometrium. They originate from round ligament, ovarian ligament or the connective tissue surrounding the uterine or ovarian vessels. The false or pseudo-broad ligament fibroids arise from the lateral part of the tumour.

Case 1

Mrs. A. M., aged 57 years, Po+o, was admitted on 1-6-79, for pain in abdomen for 24 years, fever and vomiting for 3 months and burning micturition and incomplete evacuation of bowel for 3 months.

History of Present Illness: About 24 years back, she noticed dull aching pain in the abdomen. The pain originated near right loin radiating towards the groin. The attack of pain used to occur off and on, without any fever or vomiting. There was no urinary or bowel symptom. Three month's she had an acute attack of pain associated with fever, chill, rigor, vomiting, burning micturition and incomplete evacuation of bladder and bowel. She attended Urology Dept. where she was admitted on 10-5-79 and treated for 22 days. On seeing the X-ray plates (described later) she was referred to this department.

Past History: Nothing significant.

Menstrual History: menopause 9 years back.

General Examination: G. C. fair, obese. Pallor — Nil. Pulse — 84/min. Temp. 93.4°F, B.P. — 124/80 mm. of Hg. Heart, Lungs-NAD.

Abdominal Examination: No definite lump felt. Liver and Spleen not felt.

Vaginal Examination: Uterus small, cervix tubular. A hard lump 2½" x 2" in size, tender non-mobile, felt through right fornix.

Investigations: Hb. 10 gm.% Blood sugar (P.P.) — Within normal limits. Blood urea — 50 mg.%. Urine — routine and culture — NAD. X-Ray chest — NAD. I.V.P. — A calcified mass on the right side of bladder. Cystogram — Normal.

Provisional Diagnosis: Calcified broad ligament fibroid. **Laparotomy on 12-6-79, revealed** a board ligament calcified fibroid. An incision was made on the anterior layer of broad ligament parallel to round ligament on right side. Tubal branch of uterine artery ligated and the tumour enucleated (Fig. 1). The tumour bed was closed by few matress stitches and anterior layer of broad ligament was stitched. Uterus, Ovaries, were atrophic and the ureters were in normal position. The post operative period was uneventful and she was discharged after 10 days.

Histopath report: Degenerated calcified myoma.

**Resident Surgeon.*

***Medical Officer.*

****Senior House Surgeon.*

*****Professor.*

Department of Obst. & Gynec., Medical College Hospital Calcutta.

Accepted for publication on 4-12-79.

Case 2

Mrs. K. D., aged 48 years, $P^2 + O$, was admitted on 30-5-79 for a swelling in lower abdomen, fever with chill and rigor, burning micturition and constipation for 1½ years.

History of Present Illness: Three and a half years back, she had severe menorrhagia and dysmenorrhaea lasting for 2 years. For the last 1½ years, she noticed a lump in lower abdomen gradually growing in size. Along with, she developed dysuria, dyschezia and attacks of fever with chill and rigor. She had such attacks of fever 5-6 times. She was admitted in February, 1979, with anaemia and diabetes but discharged after 6 weeks as she got long date for I.V.P.

Past History: Nothing significant.

Family History: Father hypertensive and diabetic.

Menstrual History: Normal at present.

General Examination: G. C. fair. Pallor — Nil. Pulse 96/min. B.P. 160/100 mm. of Hg. Heart and Lungs — NAD.

Abdominal Examination: A hard lump in lower abdomen occupying mostly left iliac fossa — 5″ x 4″, irregular, mobility restricted.

Vaginal Examination: Uterus — bulky. R.V., deviated to the right. A separate hard mass felt through the left fornix, non-mobile.

Provisional Diagnosis: Multiple corporeal fibroid with a broad lig. fibroid (left).

Investigation: Hb. 11.5 gm.% T.O.D.C. routine urine and stool examination — normal. X-ray Chest — NAD. Blood Sugar (P.P.) 200 mg.% on admission. Urea — 36 mg%, Urine culture — No growth. I.V.P. A soft tissue mass in pelvis causing smooth indentation of contrast filled bladder. Moderate hydroureteric change on both sides.

Management: Apart from diabetic diet, she needed soluble insulin 10 units twice daily. Before operation, the blood sugar was 124 mg.%.

Total abdominal hysterectomy with bilateral salpingo-oophorectomy along with removal of broad ligament tumour (Fig. 2) was done on 10-7-79. The post operative period was uneventful except diarrhoea on 4th day. She was discharged on 20-7-79.

Histopathology — Digenerated fibromyoma.

Discussion

Although the first case had symptoms for 24 years she attended Urology Dept. only when the pain disabled her, superadded with urinary trouble. It is interesting to note that the radiological finding guided her to this department. The Second case too, did suffer from severe menorrhagia and dysmenorrhoea for 2 years but she sought relief when she noted the tumour and urinary symptoms troubled her.

Acknowledgement

We are grateful to Prof. C. S. Dawn, Head of the Dept. of Obst. and Gynaecology and Prof. J. B. Mukherjee, Principal, Medical College, Calcutta for their kind permission to publish the hospital records.

See Figs. on Art Paper V