ATYPICAL FIBROMYOMA OF UTERUS

(Report of Nine Cases)

by

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Introduction

Fibromyoma of uterus is the commonest pathological tumor found during reproductive period of age. Common symptoms with uterine fibromyoma are menstrual disorders, infertility and pressure symptoms due to cervical fibroids. But not very infrequently patients with fibromyoma of uterus attend with symptoms and signs of other gynaecological conditions when they are diagnosed as ovarian tumor, uterine pregnancy, etc. Diagnosis in these cases are usually done after laparotomy. Nine such atypical uterine fibromyoma cases have been reported here.

Material has been collected from Eden Hospital, Medical College Hospitals, Calcutta.

Case 1

Mrs. N. K. aged 28, $P_1 + O$ last childbirth 6 years back, was admitted on 3-2-78 with history of amenorrhoea for 6 weeks and severe pain in lower abdomen. On examination general condition of the patient was fair. Pulse 110/m T°-99°F Pallor. On abdominal examination there was excessive tenderness in lower abdomen. Patient did not allow any vaginal examination since there was extreme tenderness. Provisional diagnosis was tubal pregnancy. Examination under anaesthesia was done. Uterus was enlarged to about 12 weeks pregnancy and irregular due to presence of a firm fibroid on posterior wall. Cervix was soft. The case was diagnosed as pregnancy with fibromyoma of uterus with red degeneration. Conservative treatment continued with rest, antibiotics and analgesics. Patient was discharged on 8th day. She was admitted during delivery and delivered by caeserean section. During caeserean section the fibroid was detected on the posterior wall over which omentum was adherent.

Case 2

Mrs. T. aged 35, P6-2 was admitted on 2-5-78 with complaints of amerorrhoea for 2 years, progressive emaciation and huge mass in the abdomen for 2 years. There was history of previous operation for removal of some tumor 7 years back. On examination, the general condition was poor. Patient was very much thin and emaciated. Whole abdomen was distended with an irregular mass size of 28 weeks pregnancy. Liver and spleen were enlarged There was free fluid in the abdominal cavity. On vaginal examination a firm irregular mass was felt through all the fornices and could not be separated from the uterus. Provisional diagnosis was malignant ovarian tumor. After preoperative blood transfusion and improvement of general health laparotomy was done on 19-5-78. There was extreme difficulty in opening the peritoneum at the lower part due to adhesions from previous operation. Peritoneal cavity was

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filled with straw coloured fluid. Uterus was found enlarged about 24 weeks size of pregnancy due to multiple fibroids. There were two subserous fibroids on either side which encroached below the costal arches which were clinically diagnosed as enlarged liver and spleen. Liver, transverse colon, and omentum were adherent with fibroids. Total hysterectomy with bilateral salpingoophorectomy was done. Histopathological report was myoma with degeneration. Patient attended follow-up clinic after 6 weeks. No abnormalities were detected. Pelvis was absolutely clear.

Case 3

Miss N. aged 16, single, was admitted on 6-6-78 for swelling of lower abdomen for 2 months, fever off and on, and amenorrhoea for 5 months. Patient had menarche at 11 years. Since then cycles were normal. On examination general condition fair. Pallor ++; abdominally there was an irregular mass occupying the whole abdomen extending two inches above the umbilicus. No free fluid present. Per rectum—pelvis was occupied by a huge firm mass. Rectal wall was free. Provisional diagnosis was malignant ovarian tumor. Laparotomy was done on 18-6-78. Whole pelvis was occupied by a mass at the upper part of which omentum was densely adherent. The mass seemed to arese from the uterus. The growth was mainly on the fundal region of the uterus. Macroscopically it looked like fibromyoma of uterus with malignant changes. Bladder was drawn up and a nodule inplanted over the bladder was removed. Total hysterectomy with bilateral salpingo-oophorectomy was done with removal of the whole mass and the nodule of bladder. Histopathological report showed—fibromyoma of uterus with sarcomatous changes. Patient had full course of radiotherapy. After radiotherapy cystoscopic examination showed no abnormalities.

Case 4

Mrs. T. aged 45 P1 + O was admitted on 18-2-79 for something coming down per vaginum for 6 years and pain during menstruation for 2 years. Vaginal examination showed uterus retroverted bulky, second degree uterine prolapse, cystocele +, rectocele +. Mayo Ward Hysterectomy was performed on 25-2-79. Uterus was occupied by multiple fibroids. There were three intersticial fibroids and one submucous fibroid, size of a marble. Inspite of presence of these fibroids there was no menstrual abnormality except dysmenorrhoea.

Case 5

Mrs. K. aged 47, P6 + O was admitted on 17-4-79 with pain in the lower abdomen for 2 weeks and amenorrhoea for 3 months. Last child birth was 4 years back. Per abdomen there was a midline swelling size of 16 weeks pregnancy. Patient was admitted from M.T.P. clinic for hysterotomy and ligation of tubes. After admission, on vaginal examination the uterus felt separate from the mass. Laparotomy was done on 30-4-79. Whole pelvis was occupied by a huge fibromyoma originating from anterior surface of uterus. Uterus as a whole was pushed back. No other fibroids were noted. Total hysterectomy with bilateral salpingo-oophorectomy was performed. Here there was amenorrhoea for 3 months which might be premenopausal. Patient had last child birth only 4 years ago. Hence the case was diagnosed at the beginning as pregnancy.

Case 6

Sm. G. aged 25, unmarried was admitted on 9-6-79 for pain in the lower abdomen and appearance of a swelling for 9 days. No menstrual abnormalities were present. On examination abdominally there was a lump, size of a small foettal head in the hypogastric area. It was firm, tender and well-defined except at the lower part. Vaginal examination was done under anaesthesia. The lump was palpated through right and anterior fornices separate from the uterus. Provisional diagnosis was Ovarian (Dermoid) tumor. Laparotomy was done on 23-6-79. Pelvis was occupied by a fibromyoma originating from anterior surface of the fundus of uterus by a short pedicle. ¾" of an inch. There was partial torsion of the pedicle. The tumor was removed by clamping the pedicle. The raw surface was covered up by the peritoneum of uterovesical fold. Histopathological report showed fibromyoma with hyaline degeneration.

Case 7

Mrs. B. aged 55, P1 + O, widow, was admitted on 2-8-79 for swelling in the lower

abdomen for 6 months only and difficulty in passing urine for the same duration. She had menopause for 9 yetars. On examination abdominally, a lump extending upto 1" below umbilicus was detected. It was irregular and very firm at places. On vaginal examination another mass was felt through the right fornix. Provisional diagnosis was malignant ovarian tumor. Laparotomy was done on 15-5-79. While opening the peritoneum adhesions were found with omentum. Pelvis was occupied by an irregular mass which was formed by enlarged uterus with multiple fibroids. There was a huge fibroid originating from the posterior-surface of uterus with which omentum and intestines were grossly adherent. There was partial torsion of the whole uterus with the mass in such a way that the left fallopian tube and ovary were found on the anterior surface of lump. Total hysterectomy was done. On opening the uterus the cavity found occupied by a submucous fibroid. There were all total 19 fibroids. Though there was very rapid growth after menopause histopathological report showed no malignancy. Patient attended follow-up clinic. Pelvis found absolutely clear.

Case 8

Mrs. A. aged 40—P 3 + O. Last childbirth 5 years back was admitted on 25-10-79 for swelling and pain in the abdomen and irregular vaginal bleeding for 1 year. On examination patient was grossly anaemic. Per abdomen, the uterus was enlarged to about 16-18 weeks size of pregnancy. On vaginal examination os was dilated and through it a polyp was felt. Offensive vaginal discharge ++. Since the patient was anaemic, blood transfusion was given. On 29-10-79, after 4 days only some necrotic mass was seen coming through vagina. On 30-10-79 the polypoid mass was removed vaginally but the base could not be removed which was attached to the fundus. Hysterectomy was decided, but only after 5 days whole vagina was found filled up with necrotic material again. Provisional diagnosis was made as uterine sarcoma. laparotomy was done on 12-11-77. The polypoid mass was partially removed vaginally. On laparotomy uterus was about 14 weeks size firm at one place otherwise very soft in feel. Both tubes and ovaries were healthy. Total hysterectomy with bilateral salpingo-oophorectomy was done. On bisecting the uterus was occupied by a huge submucous myoma which distended the whole cavity. The lower part was necrotic and haemorrhagic. Section from the uterus showed a fibroid uterus with extensive red degeneration. Patient attended the follow-up clinic after 6 weeks. No abnormalities were detected. The rapid growth of the tumor was suggestive of malignancy which was proved later on as red degeneration of fibromyoma during non-pregnant state.

Case 9

Mrs. S. aged 47 P1+O was admitted on 15-1-80 for pain in the abdomen for 7 days, pus like vaginal discharge and scanty menstrual flow for last 3 years. Abdominally there was a lump, size of about 14 weeks pregnancy. Vaginally both anterior and posterior fornices were bulging and were tender. Cervix could be felt with difficulty very high up. Provisional diagnosis was cervical fibroid. Laparotomy was done on 2-2-80. On opening the abdomen, uterus was found enlarged to about 16 weeks size but very soft. There were bilateral tubo-ovarian masses attached to the posterior wall of uterus. The mass on the right side was bigger than that in the left. Uterus was distended with pus and cervix was broad. Total hysterectomy with bilateral salpingo-oophorectomy was performed. On opening the uterus, a small cervical fibromyoma size of a hen's egg was obstructing the cervical canal due to which pus had collected. Histopathological report was fibroadenomyoma.