

LEIOMYOMA OF THE OVARY

(A Case Report)

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Introduction

Leiomyoma is one of the rarest of solid benign tumors of the ovary. Most authors of current text books of pathology do not even mention it. Twenty cases of ovarian leiomyoma have been reported in the world literature and majority of the reported cases are in languages other than English. We report here a case of ovarian leiomyoma because of its extreme rarity.

CASE REPORT

K.K., a 45 years old woman, para 4, gravida 4, first presented to the hospital in March 1980 for irregular menstruation for 4 years. The cycles were irregular, every 3-4 months and lasted 3-6 days. Menses prior to irregular bleeding had been regular every 28 days, lasting 4 to 5 days. Vaginal examination revealed anteverted normal size uterus. A smooth, globular, firm mass measuring about 8 cm. was felt through the left fornix. The right fornix

was free. This mass was also felt by rectal examination. All investigations done were non-contributory.

A laparotomy was done two months later. Left ovary was seen to be replaced by a solid tumor measuring 8 x 10 cm. The left fallopian tube was firmly adherent to it. The mass was not adherent to any other structure. The uterus and right ovary were normal in size and appearance. A panhysterectomy along with removal of the ovarian tumor was done. The post operative course was uneventful.

Pathology:

The left ovary was replaced by a tumor measuring 10 x 8 cm. The outer surface was smooth and well encapsulated. The cut section was grey white, firm and had a whorled appearance (Fig. 1). Compressed ovarian tissue measuring about 2 x 0.5 cm was identified at the periphery of the tumor. Microscopic examination of the tumor showed interlacing bundles of smooth muscle cells, arranged in a whorled pattern characteristic of leiomyoma (Fig. 2). Compressed ovarian tissue was recognised at the periphery. The uterus and cervix were normal sized. Two small intramural leiomyomas each measuring 1.2 cm in diameter were seen on opening the uterus. Right ovary and both the fallopian tubes did not show any abnormalities.

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See Figs. on Art Paper II