

HUGE SECONDARY BROAD LIGAMENT FIBROID PRESENTING AS A RETROPERITONEAL TUMOUR

(A Case Report)

by

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A massive, secondary broad ligament fibroid going into the retroperitoneal space and occupying the whole of abdomen reaching upto the level of xiphisternum is described for its rarity and difficulties in diagnosis.

It was a solitary fibroid arising from the right lateral wall of uterus with its base about 2" in diameter. No other fibroid could be palpated in the uterus.

CASE REPORT

S.K., 30 years old married woman was admitted into the Government Hospital for Women/Medical College, Amritsar on 1-7-1982 with a provisional diagnosis of a huge ovarian tumour probably pseudomucinous in nature. She was para 5 with the last child 9 years old. The mass had been noticed about 2½ years ago by the patient in the suprapubic region, size about 3". It went on increasing in size till it attained its present size. At the time of admission it filled up the whole of abdomen upto xiphisternum and the patient had difficulty in sitting and breathing. Menstrual history was

regular with the formula 3-4/28 days. She gave no history of excessive menstrual loss.

On vaginal examination, cervix was lying in mid-position. A firm mass, non-tender with smooth surface but a little lobulated could be felt through all the fornices. On moving the cervix there was feeling of uterus lying separate from the mass but the exact size of uterus could not be made out.

Per abdomen—Abdomen tense and full upto xiphisternum. On palpation—a firm, lobulated mass could be made out filling the whole of the abdomen.

Usual pre-operating investigations were within normal limits. She was opened up on 8-7-82. It was realised that there was a huge mass, solid at places and tense cystic at other places filling up the retroperitoneal space and lifting the peritoneum on it. Uterus and ovaries could not be defined anywhere. The peritoneum on it was incised and the mass was slowly taken out from the retroperitoneal space. Later, it was found that it had its attachment to the lateral wall of the uterus from where it was cut and diagnosis was now finalised as a secondary broad ligament fibroid going into retroperitoneal space. Uterus, tubes and ovaries were normal. Uterus did not show any other fibroid in it. She was tubectomised and abdomen was closed. Her post-operative period was uneventful and she went home the 10th post-operative day. The mass weighed 8 kilograms and was 20" x 22" in measurement.

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