

ADENOMYOMA OF THE FALLOPIAN TUBE WITH ADENOMYOSIS

(A Case Report)

by

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Adenomyoma may occur in the interstitial portion of the tube usually as an extension of adenomyosis of the uterus. In the occasional case however it appears to originate in this region. Our case seems to fall in this rare category.

We have failed to find any case of tubal adenomyoma having been reported in the literature for the last 10 years.

The tumour was incidentally found in a 45 years old lady who underwent Total Abdominal Hysterectomy with left salpingo-oophorectomy for menorrhagia.

CASE HISTORY

Smt. B.K., age 45 years was admitted in Gynaec. department Unit I of Dayanand Medical College and Hospital on 24-1-1982 and discharged on 11-2-1982.

Presenting symptom was menorrhagia for the last 2 years.

Menarche 14 years, Past M.H. 3.4/28 moderate and painless. Since 2 years 8-10/28 excessive, painless she had 4 F.T.N.D., last delivery 18 years ago. General physical examination revealed B.P. 150/100 mm of Hg. Pulse 80/mm and moderate anaemia. On Bimanual vaginal examination: Cervix downward and backward, uterus was anteverted, anteflexed, normal in size. Mobile nontender and irregular to feel at the

fundal region. A diagnosis of fibroid uterus was made preoperatively.

Hb. on admission was 7 gm%, showed a dimorphic picture of anaemia. Platelets were adequate in number.

Two blood transfusions were given and later Hb came upto 10 gm%. Patient was operated on 11-2-1982. On opening the abdomen uterus was found to be normal in size, mobile. Right tube and ovary were normal. On the left side about 1" lateral to the left cornu there was a firm rounded mass arising from the left tube $1\frac{1}{2}$ " x $1\frac{1}{4}$ " in diameter. Ovary was normal in size. Fimbrial end of the tube was normal. Round ligament was separate from the tumour.

Total abdominal hysterectomy with left salpingo-oophorectomy was done.

Patient made an uneventful recovery.

Histological section from the uterus shows scattered in the wall patches of endometrial tissue with dilated glands consistent with adenomyosis. Section from the tumour shows histology of leiomyoma with presence in the tumour of endometrial glands. The glands show same histology as seen in the uterus—Tubal adenomyoma.

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See Figs. on Art Paper VI