

OSSIFIED FIBROMYOMA

(A Case Report)

by

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Introduction

Though calcification of long standing fibromyoma is not uncommon true ossification is very rare. The available literature does not show the report of any such case.

Case Report

Mrs. S. D., 53 years old woman, presented with dull aching pain in lower abdomen and burning in micturition off and on for last one year. She was married with no issue and had attained menopause 7 years back.

Past History

She was diagnosed to be having a small

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uterine fibroid during her investigation for sterility nearly twenty years back. Pelvic examination revealed that the uterus was atrophic and a stony hard well-circumscribed mass with irregular surface of the size 10 cm x 8 cm occupying the right anterolateral fornix was palpable. The other fornices were free. A provisional diagnosis of calcified fibromyoma was made. X-ray of pelvis showed a densely calcified mass occupying right pelvic cavity (Fig. 1). I.V.P. showed indentation on superior surface of bladder and displaced pelvic part of right ureter on the same side (Fig. 2).

At laparotomy both ovaries and tubes were found to be normal, uterus was atrophic and a 10 cm x 8 cm stony mass was found in right broad ligament arising from anterolateral aspect of uterus; pressing the bladder down and lifting the fallopian tube up. Enucleation of mass followed by panhysterectomy was done.

Histopathology report of the mass showed hyalinised muscle fibres with oosteoid tissue formation and calcification.

See Fig. on Art Paper VI