

Right sided true broad ligament fibroid

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Mrs. V. N. 45 years old married woman, residing at Dharavi came in January, 1996 with chief complaints of lump in abdomen since 4 years, gradually increasing in size with H/O menorrhagia since 8 years. She had undergone exploratory laparotomy for ? fibromyoma in May

firm in consistency & restricted mobility. On per vaginal examination cervix was pulled up and shifted to left. The uterus could not be felt separately from the mass. Mass was occupying right posterolateral fornix. All other routine investigations were within normal limits. CT Scan /

USG showed a mixed echogenic mass 25 x 7 x 16 cms. in size occupying the pelvis and most of the abdomen and extending into the retroperitoneal space, displacing the uterus anteriorly and to the left. The right ureter was displaced to the opposite side, just above the level of iliac crest and crossing back to the same side in lower pelvis with no evidence of hydroureter and hydronephrosis.



Retroperitoneal Fibriod

1995 in a private hospital but the procedure was abandoned as the mass was found retroperitoneal & in the vicinity of major vessels.

On examination per abdomen a 30 weeks size mass was felt arising from the pelvis with irregular surface, hard to

with total abdominal hysterectomy with right salpingo-oophorectomy. Here the uterus was rotated by 90°, totally displaced on left side along with the adnexae. Both the ureters were seen on left side. Specimen was sent for histopathological examination which later confirmed the diagnosis (Fig. 1) of retroperitoneal fibromyoma.

An exploratory laparotomy with excision of right sided true broad ligament retroperitoneal fibroid weighing 2.1 kg. with variegated appearance was done along