

Stump Fibroid Following Subtotal Hysterectomy

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Mrs. A.B., a M/F 35 yrs., first attended the GOPD of CNMC&H on 10/6/2000 with the C/o irregular bleeding P/V for last one year. She had an abdominal hysterectomy done 14 yrs back for fibromyoma of the uterus (whether or not with BSO she could not produce any document). Since then she had no problem until she started having bleeding P/V intermittently and irregularly for the last one year. She was a P2+O' both delivered normally. G/E – within normal limits ; P/A-NAD: Per Speculum – A reddish angry looking mass was seen protruding through the posterior vaginal fornix; P/V – a firm mass about 10cm x 7cm felt, occupying the whole of the posterior fornix and pushing the cervix with prominent external OS towards the symphysis pubis. Clinically the mass seemed to be arising from the posterior lip of portio-vaginalis: USG – gave the impression of a complex mass in the pelvis behind the bladder, nature could not be commented upon. (Fig. 1) Other investigations – within normal limits.



Fig. 1: USG showing the absence of uterus and a SOL in the pelvis

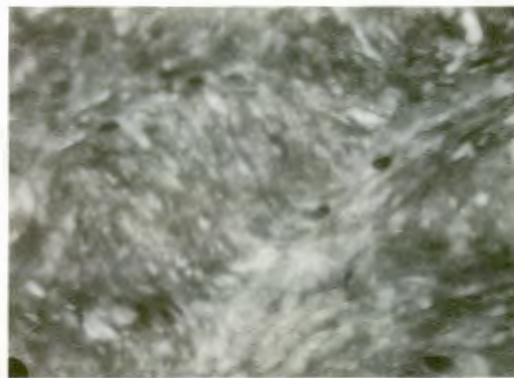


Fig. 2: Microphotograph of the histopathological slide consistent with the structure of fibroid

An EUA followed by FNAC was done on 17/6/2000. EUA findings were same as P/V findings. FNAC showed the picture suggestive of cystic epithelial lesion. Laparotomy was done under GA on 24/6/2000. On opening the peritoneal cavity – both sided normal sized ovaries were found to be present. A retroperitoneal mass was felt adhered to the bladder in front and sigmoid colon behind. Size of the mass was 10cm x 7 cm, consistency – firm. Anatomy of the pelvis was completely distorted. Careful intracapsular dissection of the mass was done avoiding injury to the bladder, rectum, ureter & great vessels. During this dissection the vault of the vagina was opened and the mass was removed along the line of cleavage; vault was closed by interrupted sutures. Injury to the vital organs checked and abdomen was closed after securing proper hemostasis and putting a drain in the pelvis. Examination of the removed mass showed to be arising from the cervix with the external OS at the bottom. Post operative period was uneventful. HP Examination of the specimen showed the structure of fibromyoma. (Microphotograph)