A Parasitic Broad – Ligament Myoma in a Hysterectomised Patient : A Case Report

Vineeta Gupta, Manishi Kukreti, Aparna Chaturvedi, V.P. Singhal

Dept. of Obst and Gynae, Himalayan Institute of Medical Sciences, Jolly Grant, Dehradun (U.P.)

A 50 years old para 2 was admitted with chief complaints of fullness in the lower abdomen and epigastric pain since 2 months. Her last delivery was 19 years back. She had undergone total abdominal hysterectomy for fibroid uterus, 15 years back. Previous operation record was not available with the patient. On examination, her general condition was satisfactory, pallor was not present and there was no oedema or varicosities in the lower extremities. On per-abdomen examination, a huge mass was felt in the midline corresponding to 28 wks size, of variable consistency but predominantly firm, non-tender and mobile sideways. On pelvic examination, vault was healthy and the same mass was felt in continuity with the vault. Sonographic examination revealed an ovarian mass 21.36 x 18.4 x 14.68 cms with solid areas and minimal ascites. Kidneys, ureters and bladder were normal. There was no evidence of metastasis anywhere. There was mild hepatosplenomegaly for which relevant investigations including bone marrow examination were done, which were within normal limits. A provisional diagnosis of malignant ovarian tumour was made and after the necessary investigations, patient was taken for exploratory laparotomy. Abdomen was opened through the previous vertical scar. On trying to open the peritoneum, many wide – lumened thin walled vessels were encountered. On further careful exploration, it was found that the omentum was plastered to the parietal peritoneum and these vessels belonged to the omentum which in turn were communicating with the mass over its anterior aspect. Thus, omentum along with its vessels was adherent with the parietal peritoneum anteriorly and to the mass posteriorly. Abdomen could be opened by dividing and ligating the vascular omentum between double clamps. An adequate omental biopsy was taken for histopathological examination and peritoneal fluid obtained for cytology. The mass was finally mobilized. It had a broad and extremely vascular pedicle attaching it to the vault, which was ligated and the mass removed. The left tube and ovary were normally seen at the base of pedicle. Right tube and ovary were absent (probably removed at the time of hysterectomy). Right and left paracolic gutters were examined. Haemostasis was ensured and peritoneal lavage done thoroughly before closure of abdomen. Smears from peritoneal fluid were negative for malignant cells. Histopathological examination of the mass was consistent with leiomyoma, possibly from the broad ligament, as sections revealed a circumscribed tumour consisting of interlacing bundles having uniform blunt-ended nuclei. Part of the tumor showed marked oedema, congested vessels and hyalinisation. Histopathology of the omentum was found to be insignificant.

This case is being reported because of the rarity of post-hysterectomy mammoth – sized broad ligament fibroid. Moreover, it had taken blood supply from the omentum and thereby become a parasitic fibroid. Even in hysterectomised patients, presenting with a pelvic mass, the possibility of a fibroid should be kept in mind.