

Unusual Complication of Fibroid Uterus

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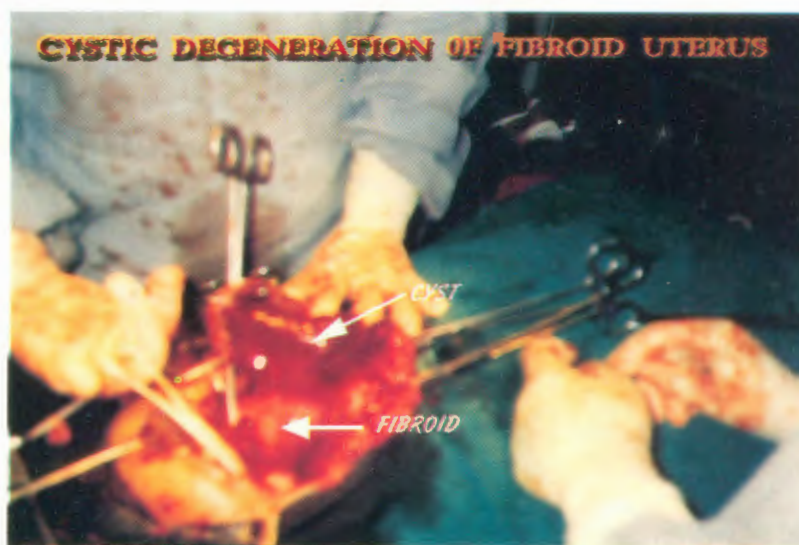
Mrs. P, Hindu female, aged 42 years, came with history of acute pain in abdomen of two days duration on 21st July, 2001. She was tubectomised 18 years back. Her menstruation was irregular occurring once in two to four months and the bleeding lasting for four days.

On examination, she was found to be of average built and was well nourished, not anemic; BP and pulse were normal. Tachycardia was present. Heart and lungs were normal. Abdomen showed fullness below the umbilical region. Tenderness over the lower abdomen was present. Vaginal examination revealed that external genitalia were healthy and cervix was pointing downwards. There was a firm mass occupying whole of the pelvis. It was tender and not freely mobile; uterus could not be felt separately. Mass was of the size 16 to 18 weeks of pregnancy. Previous scanning report on 19-6-2001 revealed that there was a fibroid of the size of 71x64x63 mm in the anterior wall of the uterus. Ovaries, kidneys and urinary bladder were normal. In view of this of the mass was thought to be a degenerating fibroid. Routine blood and urine investigations were normal.

Scanning on 21st July 2001 revealed a large echogenic cystic mass of 194x148x206 mm size to the right of the pelvis with internal echoes. Free fluid was present in the abdomen. Left ovary could not be located. The ultrasonography impression was fibroid uterus with twisted ovarian cyst with ascitis. Patient was taken up for laparotomy by Pfannenstiel incision under spinal anesthesia. There was two litres of hemorrhagic fluid in the abdomen. Ovaries and both tubes were normal. In front of the uterus there was a hemorrhagic cyst which was found ruptured and leaking (size 15x15 cms); uterus was normal in size (Fig I). The cyst was hemorrhagic and was arising from anterior wall of the uterus. Total abdominal hysterectomy along with excision of the cyst and the omentum was done. Peritoneal lavage was done. Fluid; omentum and specimen were sent for histopathological examination.

Histopathology section of uterus revealed autolysis of endometrium and myometrium. Cervix showed chronic cervicitis. Section from the tumor showed fibromyoma. Section from omentum showed normal histology.

This is a rare presentation of fibroid uterus.



Photograph 1: Operative findings demonstrating the cystwall and fibroid.

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