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CASE REPORT

Adenomyosis of Uterus with Adenomyoma of Fallopian Tube

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Introduction

Tumors of the fallopian tube are rare, accounting for less than 1–2 % of gynecologic tumors. In general, they are small and asymptomatic and are diagnosed incidentally during laparotomy. Most of them are benign. They occur in the form of fibroma, leiomyoma, hemangioma, and special adenomatoid tumor. Adenomyoma of the fallopian tube is still a rare entity. In this article, we report a case of adenomyoma of fallopian tube being associated with adenomyosis of uterus.

Case Report

A 50-year-old married nulliparous woman presented to the gynecology out patient department with a history of progressively increasing polymenorrhagia and congestive dysmenorrhea for the last 2 years. Patient had no history of white discharge per vaginum or mass per abdomen, and she did not have urinary or bowel complaints. Patient was subjected to endometrial biopsy elsewhere, and the same was reported as proliferative phase endometrium. She was on irregular treatment with antifibrinolytics and hormones over the previous 2 years.

Except for mild pallor, general physical examination was unremarkable. There was no thyromegaly. There was no mass palpable per abdomen. Speculum examination revealed healthy cervix and vagina. On bimanual examination, uterus was found to be anteverted and normal in size. There was no mass palpable through the fornices.

Routine hematologic and biochemical parameters were within normal limits except for mild anemia (Hb 10.8 mg/dL). Ultrasonography of pelvis showed normal size uterus with normal endometrial thickness. Endometrial and myometrial echoes were normal. A heteroechoic lesion of 3 × 2.5 cm suggestive of fibroid was identified in the right adnexa. Both ovaries were normal in size and echotexture.

The patient was diagnosed as a case of abnormal uterine bleeding with fibroid of the uterus and was subjected to total abdominal hysterectomy with bilateral salpingooophorectomy. Peroperatively, uterus was normal in size. Left side tube and ovary were normal. On the right side, there was a firm mass measuring 3 × 3 cm arising from proximal part of tube (Fig. 1). Adhesions were present between the mass and the bowel, and these were released to proceed with hysterectomy. Surgery and postoperative period was uneventful. Patient was discharged on the 8th postoperative day in satisfactory condition.

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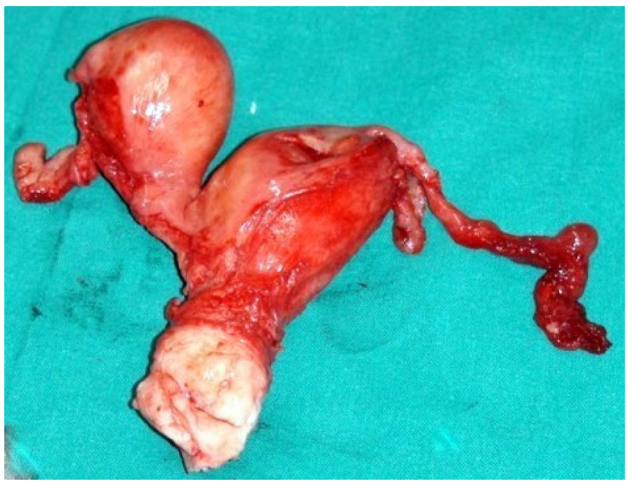

Fig. 1 Post-operative specimen showing a mass lesion arising from right fallopian tube

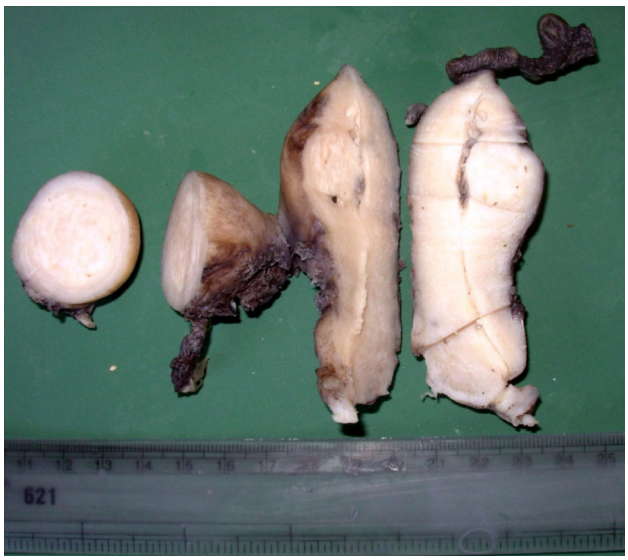

Fig. 2 Cut section of the uterus showing a focus of adenomyosis and that of fallopian tube tumor grossly resembling leiomyoma

Cut section of the uterus revealed asymmetrical focal thickening of the myometrium, measuring 2.2 cm in thickness with trabeculated appearance (Fig. 2). There was a well-circumscribed, firm mass arising from the proximal portion of right fallopian tube and measuring 3 × 2.5 cm in size (Fig. 2). Cut surface of the mass was grayish-white, homogeneous and showed whorled appearance. Histologic examination of the thickened portion of the myometrium revealed the presence of endometrial glands surrounded by stromal cells (Fig. 3) and that of the mass arising from right fallopian tube showed smooth muscle cells arranged in interlacing fascicles in conjunction with a focus of endometrial glands surrounded by stromal cells (Fig. 4).

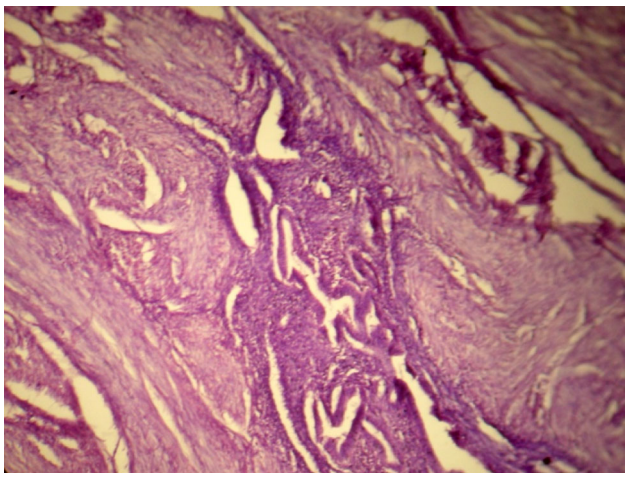

Fig. 3 Adenomyosis of the uterus (H&E ×100)

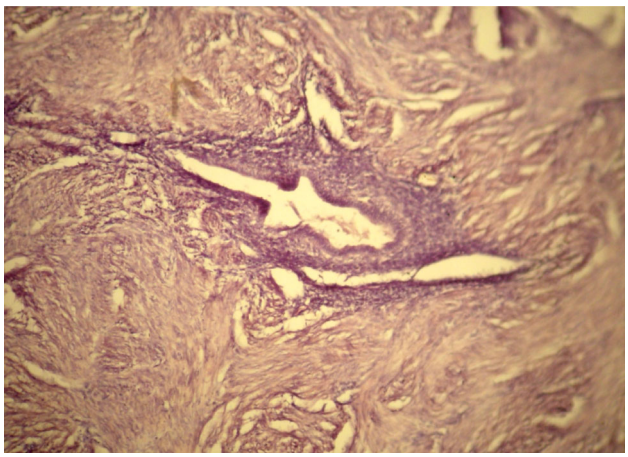

Fig. 4 Endometriotic focus in the leiomyoma of the fallopian tube (H&E ×100)

Based on these findings, a histologic diagnosis of adenomyosis of uterus with adenomyoma of right fallopian tube was made.

Discussion

Since fallopian tube tumors are small and asymptomatic, preoperative diagnosis is difficult. Similar to the case observed in this study, they are generally diagnosed incidentally during laparotomy. Adenomyoma of fallopian tube is an extremely rare tumor. To the best of our knowledge, only two cases have been reported in the English Literature so far [1, 2]. The reported cases also presented with dysmenorrhea and infertility. One patient had adenomyoma of uterus with adenomyomata in fallopian tube and sigmoid colon [1] and the other one had

adenomyoma of fallopian tube with tuberculous salpingitis [2]. Both cases had associated adenomyosis of uterus. Adenomyosis is a benign disease of the uterus characterized by presence of ectopic endometrial glands and stroma within the myometrium. It is associated with myometrial hypertrophy and may be either focal or diffuse. Endometriosis is defined as the presence of endometrial tissue (endometrial glands along with stroma) outside the uterine cavity. Adenomyoma describes a focus of endometriosis within a leiomyoma (fibroid). Majority of the patients present with severe dysmenorrhea; however, other symptoms include chronic pelvic pain, dyspareunia, and infertility. The etiology of endometriosis is still uncertain even though there are certain theories or hypotheses. The case is presented here in view of its extreme rarity.

References

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