

CASE REPORT

A Parasitic Fibroid

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Abstract

Parasitic fibroids are rare tumors and difficult to diagnose. It is related with variable symptoms or can be asymptomatic. A case of large parasitic fibroid acquiring its blood supply from omentum and small gut mesentery is reported. Its clinical and histopathological presentation and management is discussed in the current case.

Key Words

Parasitic Fibroid, Omentum, Small Gut, Mesentery

Introduction

A pedunculated sub-serosal myoma becomes a parasitic fibroid when it develops its major blood supply from its surrounding structures like the broad ligament, omentum etc and starts surviving on it till finally it loses its original blood supply from uterus. Parasitic fibroids are rare tumors and difficult to diagnose (1). Recently they have been reported after laproscopic morcellation and myomectomy (2, 3,4). A case of large parasitic fibroid acquiring its blood supply from omentum and small gut mesentery is reported.

Case Report

A 45 year old woman was admitted because of pain and heaviness in the abdomen for 15 days. Her last menstrual period was 17 days previously. Her menstrual cycle was associated with increased flow and pain for last one year. She was para 2 both FTND at home; last child birth was 22 years back.

On examination her vitals were found to be stable. On abdominal palpation around 20 weeks firm mass was felt occupying abdomen which was mobile side to side and slightly towards upper abdomen with a regular surface. Liver and spleen were normal. On per speculum examination, cervix and vagina were found to be healthy. Per vaginal examination revealed 8 weeks uterus with a 20 week firm mass felt in connection with the uterus.

Fornices were free. Haemogram, hepatic and renal functions were normal. Her CA-125 level was 67.30u/ml. Ultrasound showed large right sided solid abdominal mass with mild ascitis and a bulky uterus (45x116x57mm) with a small fibroid (3.5x3.9cm). Laprotomy was performed under general anaesthesia. On opening abdomen minimal straw colored ascitic fluid was seen. Uterus was 8 weeks in size with a small fibroid on the body of uterus. A large parasitic fibroid 20x18cms was found attached at the fundal region with a 1cm avascular pedicle. Its superior surface was obscured by large feeding vessels from omentum (*Fig 1*) and the tumor had burrowed into the small gut mesentery (*Fig 2*).

A loop of small gut was traversing across the fibroid (*Fig 3*). Urinary Bladder and large gut were also found attached with the mass with vascular bands. Both tubes and ovaries were normal. The Omental vessels were cut and ligated. The parasitic fibroid was shelled out from the posterior part of capsule burrowed into small gut mesentery after ligating the feeding vessels from the capsule. A part of the capsule was left attached to the small gut mesentery. The fibroid was also separated from the urinary bladder, large bowel and other surrounding structures after ligating their feeding vessels. Total abdominal hysterectomy with bilateral salpingo-

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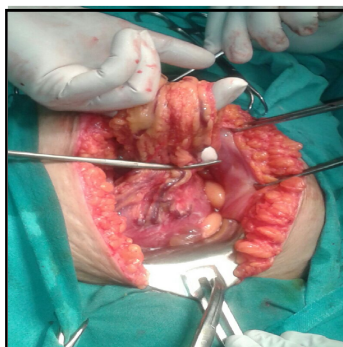


Fig 1. Large Omental Vessels Feeding the Fibroid



Fig 2. Fibroid Burrowing into Small Intestine Mesentery

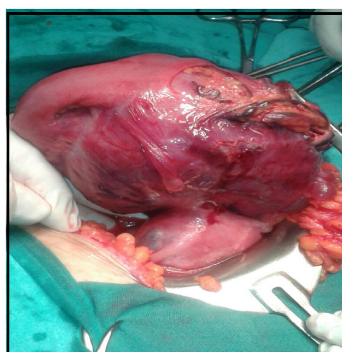


Fig 3: The loop of Small Intestine Observed after Ligation of Omental Vessels from Anterior Surface of Fibroid



Fig 4. Histopathological Picture Shows Features of leiomyoma with no Malignant Change

ophorectomy was performed. Post operative period was uneventful. Histopathology of specimen showed leiomyoma with no evidence of malignancy (Fig4). Endometrium showed proliferative changes. Ascitic fluid examination showed mainly RBC's and scattered lymphocytes. No malignant cells were seen.

Discussion

Myoma affects 20-50% of females in reproductive age group and they are easily diagnosed clinically and ultrasonographically. On the other hand parasitic fibroids are rare tumors and recently these have been reported after laparoscopic myomectomy.(1-4) They can only be diagnosed by visualization and as such should be kept in mind while dealing with diverse clinical presentation. A rare case of parasitic fibroid burrowing into small gut mesentery is presented. Temizkan O *et al.* (4) reported a case of parasitic myoma complaining of abdominal pain, constipation, dyspareunia and dysmenorrhea 4 years after laparoscopic myomectomy. Parasitic myoma after

laparoscopic surgery is very rare condition there are almost 35 cases in the literature. It is related with variable symptoms or can be asymptomatic. Surgery for parasitic myomas can be difficult in case of bowel and mesentery involvement and patient should be informed about the extensive surgery. Laparoscopic surgeons should be aware of this situation, and further investigation should be made in case of suspicion.

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