



A Large Degenerated Fibroid Mimicking an Ovarian Tumour

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Introduction

Fibroids are the commonest uterine tumors. Subserous fibroids arise from serosal layer and may present as adnexal masses. Large fibroids may undergo secondary changes and the most common secondary changes are degeneration (hyaline-60%, myxoid, cystic-4%, sarcomatous-<5% and red degeneration), infection, hemorrhage, and necrosis. Here we are reporting a very rare case of a large fibroid with hyaline and myxoid degeneration.

Case Report

A 42-year-old nulligravida admitted to our hospital with c/o abdominal distension, vague abdominal pain, nausea, and h/o loss of appetite for 2 months.

Abdominal examination revealed a soft, cystic abdominopelvic mass of 36 weeks size with restricted mobility. USG and CT revealed a large cystic mass with thin septations and solid components of 20*16 cm arising from the pelvis and occupying the whole abdominal cavity. CA 125 was 29.8 U/ml, CEA-1.6ng/ml.

Patient planned for laparotomy and proceed. Intra-Op a very large cyst of about 25*20 cm extending from the pelvis to the rib cage, occupying the whole abdomen with attachment to left posterolateral wall of uterus seen. B/L ovaries

were normal. Cyst decompressed – 2.5L to 3L of serous fluid was drained, proceeded to TAH with BSO.

HPE – subserous leiomyoma with hyaline and myxoid degeneration.

Discussion

As fibroids grow, they outgrow their blood supply causes degeneration, commonly hyaline, myxoid, cystic, or red degeneration. Yorita et al (2016) reported 17 cases of fibroids mimicking ovarian tumors with case details of 11 being available (10-serious, 1-mucinous) with the largest tumor measuring about 40cm. Kamat et al (2001)- cystic degeneration could represent late stage of hyaline degeneration.

Conclusion

A subserosal uterine leiomyoma with extensive degeneration can mimic an ovarian tumor on imaging and has to be considered while making a different diagnosis of adnexa masses.