

Case Report

HUGE BROAD LIGAMENT FIBROID WITH MYXOID DEGENERATION

***Bansode S., Dhadke V. and Vaidya S.**

Department Of Obstetrics And Gynaecology, Srtr Govt. Medical College, Ambajogai

**Author for Correspondence*

ABSTRACT

Huge fibroids commonly arise from uterus and rarely from extra uterine sites. Broad ligament fibroid generally achieve huge size and they present with pressure symptoms like bladder and bowel dysfunction. Though degenerations in broad ligament fibroid are rare, myxoid degeneration are rare most in benign fibroids, where presence of cystic changes mimics metastatic malignant ovarian tumour. We report a case of broad ligament fibroid of about 10 kg with myxoid degeneration. A case is reported for its rarity and diagnostic difficulties.

Keywords: *Broad Ligament Fibroid, Huge Fibroid, Myxoid Degeneration*

INTRODUCTION

A 45-year old woman came with complaints of pain in abdomen and mass per abdomen since 6 months & rapid increase in size since 2 months, weight loss/anorexia. Per abdominal examination revealed a uniform, firm, smooth surface, regular, and non-tender mass of 34-week size, which appeared to be arising from pelvis. Lower pole could not be reached. On per speculum examination, cervix was deviated to left side. On per vaginal examination, uterus could not be felt separately. Fornix fullness was present. Per rectal examination was normal.

A big mass of size 17×35×45 cm was occupying whole pelvis and abdomen weighing around 10kg. Mass was enucleated within pseudocapsule. Uterus pushed to left side and posteriorly. Both tubes and ovaries appeared healthy. Careful dissection was done to prevent ureteric injuries. It was false broad ligament fibroid. Cut section of tumor showed multiple cystic areas.

Cut section showed mucoid and cystic areas. Microscopic examination showed leiomyoma with myxoid change. Postoperative period was uneventful and patient was discharged on postoperative day nine.

DISCUSSION

Uterine fibroids are present in about 20 percent women of child producing age. Majority of them are clinically silent.



A: Intra operative findings



B: Cut section of broad ligament fibroid

The diagnosis depends upon the size and size of the tumour and the symptoms caused by it. Broad ligament fibroids are of two types. One true and another false. In our case the patient presented with rapidly growing tumour and difficulty during defecation along with loss of appetite and loss of weight.

Case Report

Sonographic picture was suggestive of malignant ovarian tumour, so ct scan was done, impression was same. But on laparotomy the case turned out to be myxomatous degeneration of false broad ligament fibroid.

REFERENCES

- Asotra S, Kaushik R and Gulati A (2009).** Broad ligament fibroid with neurilemoma like pattern. *J K Science* **11** 215.
- Berek JS (2006).** Benign diseases of the female reproductive tract. In: *Berek and Novak's Gynecology*, 14th edition, edited by Berek JS (Philadelphia: Lippincott Williams and Wilkins) 469.
- Bhatla N (2008).** Tumours of the corpus uteri. In: *Jeffcoat's Principles of Gynaecology*, 7th edition, edited by Tindal VR (London: Arnold Printers) 523.
- Gowri V, Sudheendra R, Oumachigui A and Sankaran V (1992).** Giant broad ligament leiomyoma. *International Journal of Gynecology and Obstetrics* **37** 207-10.
- Yuel VI and Kaur V (2006).** Broad Ligament Fibroid: An Unusual Presentation. *J K Science* **8** 217-8.