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Case Study

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A RARE CASE REPORT OF HUGE ACUTELY PROLAPSED PEDUNCULATED LEIOMYOMA

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ABSTRACT

We Report A Rare Case of Huge, Necrotic, Ulcerated And Prolapsed Pedunculated Leiomyoma Measuring 20*10*8 Cm In Dimensions.

KEYWORDS: Hysterectomy, Leiomyoma, Pedunculated, Ueterine Bleeding.

INTRODUCTION

Leiomyomas Also Known As Fibroids Are The Most Common Benign Gynecological Tumours In Premenopausal Women. Pedunculated Uterine Leiomyomas And Submucosal Cervical Leiomyomas May Protrude Through Cervical Canal and Into The Vagina And May Become Necrotic And Occasionally Infected Due To Inadequate Blood Supply. In Some Cases, They Can Cause Uterine Inversion.

CASE REPORT

A 45 Years Old Para 3 Death 3 With Postmenopausal Status With All Ftnd With Nontubectomised Status Brought By Relatives Presented To The Obstetric Casualty With Complains Of 2/3 Episodes Of Vomitting Since Morning And Something Coming Out Of Vagina Since Afternoon. She Also Complained Of Heavy Per Vaginal Bleeding Since 2days And Foul Smelling Discharge Per Vaginum Since 6-7 Days. Patient Gave History Of Irregular And Heavy Menstrual Cycles Since 2 Yrs. There Was No History Of Fever With Chills, Rigors, Productive Cough, Abdominal Pain, Abdominal Discomfort, Difficulty In Micturition, Difficulty In Defecation, Difficulty In Breathing, Weight Loss Or Anorexia. She Was Married For 30yrs With No Living Issue. She Had Menarche At 15yrs Of Age With Regular Menstrual Cycles And Five Period Days Soaking 2 Pads Per Day. Recently She Started Experiencing Irregularity Of Menses Since 2-3 Yrs With Intermenstrual Bleeding And Heavy And Prolonged Menses. There Was No Significant Personal Or Family History.

A Preliminary Physical Examination Was Performed And Followings Findings Were Noted.
General Condition Was Poor, Afebrile
Pallor + + +, Cold And Clammy Extremities
Pr 130/Min Thready Pulse,
Rr 16/Min
Spo2 99% On Room Air
Bp 90/60mmhg In Supine Position
Cvs - S1s2normal No Murmer
Rs- Aeebs, Chest Clear
Pa - Soft, Uterus Not Palpable, Cup Shaped Defect In Abdomen
Le - 20*10*8 Cm Mass Irregularly Shaped Outside Vagina With Gangrenous Features, Anterior And Posterior Lips Of Cervix Could Not Be Appreciated

Laboratory Findings

Cbc : Hb 6g% Wbc 16000 Platelet 2.6lac
Lft Kft Wnl
Rbsl 80
Ultrasonography Was Suggestive Of Maintained Uterine Contour

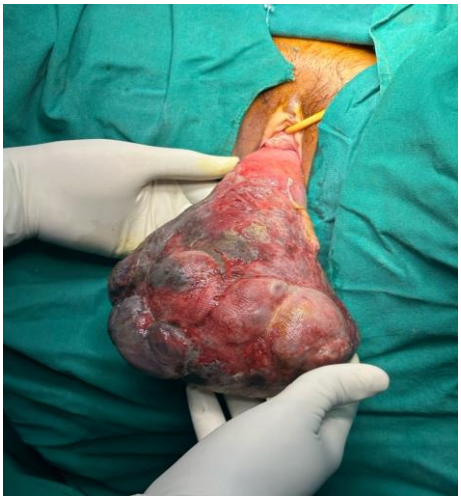
Provisional Diagnosis: A 45 Yrs Old P3d3 With All Ftnd With Nontubectomised Status With Postmenopausal Status With ? Uterine Inversion ? Infected Pedunculated Fibroid ? Infected Polyp ? Cervical Leiomyoma

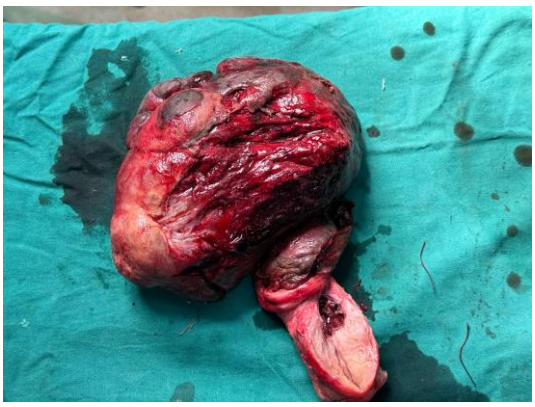
Treatment

1. Immediate Stabilization of Patient Was Done.
2. Higher Antibiotics Were Started.
3. Blood And Blood Products Transfusion Was Done.
4. Patient Was Stabilized With Above Strategies For About 5-6 Days In Icu.
5. After Stabilization, Decision For Vaginal Hysterectomy Was Taken.

Written Informed Consent Was Taken Prior To Vaginal Hysterectomy. Preoperative Investigations Were Reviewed. She Underwent Vaginal Hysterectomy Under Spinal Anesthesia. Using Bladder Sound Extent Was Noted. Anterior And Posterior Lips Of Cervix Could Not Be Well Appreciated. Cervical Elongation Was Noted. Decompression Of Bladder Using Foleys Catheter Was Done. Hydrodissection Was Done Using Diluted Vasopressin (20units In 100ml Ns). A Circumferential Incision Was Made At Cervicovaginal Junction. After Dissection And Deflection Of Bladder Anterior Colpotomy Was Done And Retractor Advanced. Posterior Colpotomy Was Done And Retractor Advanced. Uterosacrals And Cardinal Ligament Complex Was Clamped, Cut And Ligated. Hemostasis Was Confirmed. Uterine Arteries Were Clamped, Cut And Ligated. Hemostasis Confirmed. Then Lastly Cornual Clamps Were Applied, Cut And Ligated. Homeostasis Was Confirmed. Specimen Removed Weighing About 2.5 Kgs And Sent For Histopathological Examination. Vault Closure Was Done In Continuous Interlocking Manner. Hemostasis Achieved Procedure Completed Uneventfully.

Histopathology Report Was Suggestive Of Infected Leiomyoma With D/D Being Angiomyxoma, Angiomyoma.





DISCUSSION

Uterine leiomyoma are the most common pelvic tumors in women. Reported prevalence of prolapsed pedunculated submucosal leiomyoma is 2.5%. Most myomas are small but variable in size, between 1 cm and 6 cm; however, some case reports in the literature have reported prolapse of larger myomas, measuring more than 10 cm in diameter. Submucosal LEIOMYOMA which can be sessile or pedunculated, give more symptoms like heavy menstrual bleeding, intermenstrual bleeding, hydrorrhea, pain may be due to the stalk of the pedunculated type is twisted. They impair the pelvic anatomy by pulling down the uterus in relation with the bladder and the rectum. And also the myoma becomes necrotic and infected cause of inadequate blood circulation through a long pedicle. If the pedicle of submucosal leiomyoma twists, infarction results, occasionally red, hemorrhagic, gangrenous degeneration occurs.

CONCLUSION

Surgery has been the mainstay of prolapsed pedunculated leiomyomas, with both vaginal removal and hysterectomy being safe. Lower parity, absence of coexisting leiomyoma, low volume of leiomyoma, and more severe anemia were associated with preference of vaginal removAL On the contrary, hysterectomy is preferred in postmenopausal women with multiple leiomyomas or in cases of larger volume.

CONFLICT OF INTEREST

None.

CONSENT

Written informed consent was obtained from patient.

ACKNOWLEDGEMENT

None.