

Poster Number: Name: DR.AJAY MUKHERJEE.M, PROF DR. PRABHA J, PROF DR. SHANTHI K ELANGO

Title: A GIANT CYSTIC LEIOMYOMA MASQUERADING AS AN OVARIAN MALIGNANCY-AN INTERESTING CASE REPORT





INTRODUCTION.

Leiomyomas are the commonest uterine neoplasm, occurring in around 20–30% of women in the reproductive age group.1–3 They are composed of smooth muscle and fibrous tissue and are benign in nature. The typical appearances of leiomyomas are easily recognized on imaging. However, the atypical appearances that follow degenerative changes may cause confusion in diagnosis.

OBJECTIVE:

Appropriate clinical and sonographic examination followed by surgical management and good perioperative care are necessary to obtain a good result after removal.

CASE REPORT:

A 48-year-old woman, presented with chief complaints of abdominal distension for 3 months .Pt was apparently normal prior 3 months, when she started having abdominal distension gradually increasing in size.

Her previous menstrual cycles were irregular. She was P1L2, last child birth 20 years, Sterilised. No significant medical and family history

EXAMINATION:

she was average built with mild pallor. Systemic examination was normal .On per abdomen examination, uterus was found to be enlarged up to 16–18 weeks of gestation, mass of size 15*15 cm mobile. Per speculum examination revealed healthy cervix and vagina. On bimanual examination, cervix pointing downwards, uterus anteverted, mobile, movement transmitted to cervix. No tenderness in pod.

MRI:

A large well defined heterogenous abdominopelvic multiloculated cystic lesion of size 10*20*23 cm with septations noted in midline occupying entire abdominal cavity.lesion is seen adherent to uterine torus and posterior wall of cervix.no evidence of ascites, peritoneal or mesenteric nodularity/thickening noted possibly arising from left adnexa

REFERENCES

1. Low SCA, CL Chong. A case of cystic leiomyoma mimicking an ovarian malignancy. Ann Acad Med Singapore. 2004;33:371–4.

2. Maria LCF, Kiran AJ. Case report: Degenerating cystic uterine fibroid mimics an ovarian cyst in a pregnant patient. J Ultrasound Med. 2008;25:671–4.

INTRAOPERATIVE FINDINGS:

Patient had a large cystic mass of size 15x15x20cm noted adherent to uterine torus and posterior wall of cervix, soft and cystic to touch, Differential diagnosis of cystic degeneration of fibroid and myometrial cyst was made.

PROCEDURE: Total Abdominal hysterectomy with B/L Salphingoopherectomy done.

HPE: **cystic degeneration of fibroid**. Postop period was uneventful. Patient was discharged on postop Day 5.





CONCLUSION:

Cystic degeneration of fibroid should be kept as differential diagnosis prior to surgical intervention in pelvic masses. CT and MRI scan can be useful in such cases. As cystic degeneration of fibroid is a rare entity, observed only in 4% leiomyomas, this frequently results in unusual clinical presentation and diagnostic dilemmas