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A LARGE UTERINE FIBROID MIMICKING AS OVARIAN MASS

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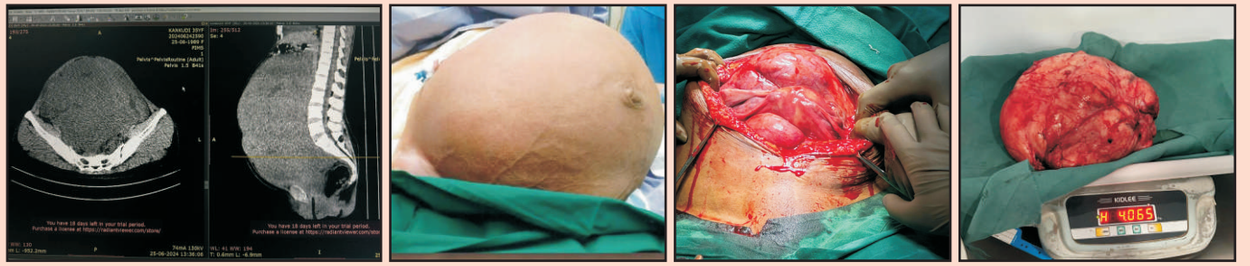
INTRODUCTION

Uterine fibroids are common benign growths within the uterus. However, in certain instances, these fibroids can significantly enlarge and distort the uterine anatomy, leading to a presentation that closely resembles ovarian masses on imaging studies. This diagnostic dilemma can hinder accurate diagnosis and potentially delay appropriate treatment. This poster delves into the clinical, radiological, and surgical characteristics of large uterine fibroids that mimic ovarian mass .It describes a patient who was initially diagnosed with an ovarian mass, but intraoperatively found to have a large uterine fibroid with multiple smaller fibroids, ultimately leading to a decision for total abdominal hysterectomy with bilateral salpingo-oophorectomy.

CASE REPORT

A 45 year old female, presented to our centre with swelling per abdomen since one year which was hard and gradually increasing in size with gradual distention of abdomen, she also started experiencing intermittent pain over swelling since 3 months. She complained of nausea, vomiting since 1 week, 1-2 episodes of vomiting per day, non bilious post consumption of food. She complained of urinary incontinence since 2- 3 days. She also experienced bowel irregularities including constipation and loss of appetite. Regarding her menstrual history, she had normal regular flow with a cycle of 28-30 days lasting for about 4 to 6 days. On her physical examination, she had a grossly visible large abdominal mass , which had extended upto sternum, it was firm,non mobile, non tender,non tympanic and partly irregular. On pelvic examination, she had a centrally placed pulled up cervix which was hypertrophied.
She also experienced shortness of breath which was most likely due to pulled up diaphragm. Her ultrasonography suggested of a large well defined lesion in the abdomen and pelvis compressing the both ovaries and uterus. Her NCCT was suggestive of a large multicystic mixed density mass of approximate size 17x23x28cm, most likely a pelvic mass(ovarian mass) Her Ca125-15.4(within normal limits). .The patient had completed her family and expressed a preference for definitive surgical management.After thorough counseling and evaluation, she was scheduled for laparotomy under general anesthesia for presumed ovarian cystectomy. But Laparotomy revealed a large posterior uterine fibroid and Smaller anterior fibroids .All were consistent with leiomyomas. The large fibroid of about 4kg was enucleated. Due to the patient's age, completed family, and symptoms, the surgical plan was modified to a total abdominal hysterectomy with bilateral salpingo-oophorectomy (TAH-BSO).
On histopathological examination, a benign uterine leiomyoma was noted.



DISCUSSION

1.A large pelvic mass can be deceptive, a mass which was initially marked as pelvic/abdominal mass, which carried on to be an ovarian mass by imaging can turn out to be a large uterine fibroid impacted in abdomen.
2. Even in 21st century where most of the diagnosis can be made without even a single prick, a surgeon should be prepared for the notorious nature of life.

CONCLUSION

This case underscores the diagnostic challenge posed by large uterine fibroids that can mimic ovarian masses on imaging. Preoperative evaluation may not always accurately differentiate between these conditions. Intraoperative findings are crucial for definitive diagnosis and guiding surgical management. In this case, TAH-BSO was chosen based on the patient's age, completed family, and the benign nature of the fibroids. This case emphasizes the importance of a comprehensive approach to pelvic masses, including careful clinical assessment, appropriate imaging, and intraoperative evaluation for optimal patient outcomes

Acknowledgement

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References

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