Case Report

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Parasitic Leiomyoma: A Case Report

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ABSTRACT

Parasitic or wandering leiomyoma are rare extra-uterine benign pedunculated sub-serous leiomyoma which after being detached from its primary location thrives in secondary location from blood supply from nearby feeding vessels. This case represents a multiparous woman, with one such parasitic leiomyoma encountered at laparotomy, proven by histopathological examination

Keywords: parasitic or wandering leiomyoma; subserous pedunculated leiomyoma.

INTRODUCTION

Occasionally, when a pedunculated sub serous leiomyoma detaches completely from the uterus and acquires secondary location in the abdomen, it is known as parasitic leiomyoma as it thrives from blood supply from the nearby vessels.[1] It is also named as wandering leiomyoma, as it is found wandering elsewhere away from its native location.[2.] Doppler blood flow study of parasitic leiomyoma can demonstrate the blood supply, found away from the uterus. Here is a case of spontaneous (primary) parasitic fibroid occurring in a middle aged woman without prior history of uterine fibroid or myomectomy.

CASE REPORT

A 38 year-old multiparous woman presented with complains of mass per abdomen since one year and dysmenorrhea for 7 months and menorrhagia for 3 months. Abdominal examination revealed a palpable 20 weeks size mass occupying umbilicus, left lumbar and left iliac fossa. Bi-manual examination confirmed the mass to be separate from the uterus and had restricted mobility but non tender. Ultrasound examination revealed a large 15×12 cm heterogeneous solid mass overriding the bulky uterus lying superior to bladder, which on CT scan was found extending anteriorly to peritoneal wall and posteriorly abutting the fundus of uterus with a possibility of subserosal leiomyoma.

At laparotomy, a densely adhered highly vascular mass, 15×12 cm, was found lying beneath the rectus muscle, above the parietal peritoneum and extending laterally from the midline towards the left side in the lower third of abdomen (fig1). Sharp dissection lead to the finding of the plane of cleavage that helped in

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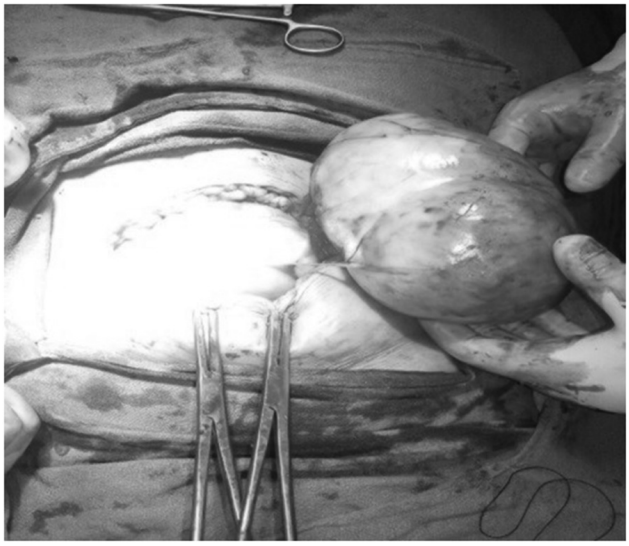

Figure 1. Detached leiomyoma lying below the peritoneum.

the excision of the mass and additional surgery in form of total abdominal hysterectomy was proceeded on the account of bulky uterus and

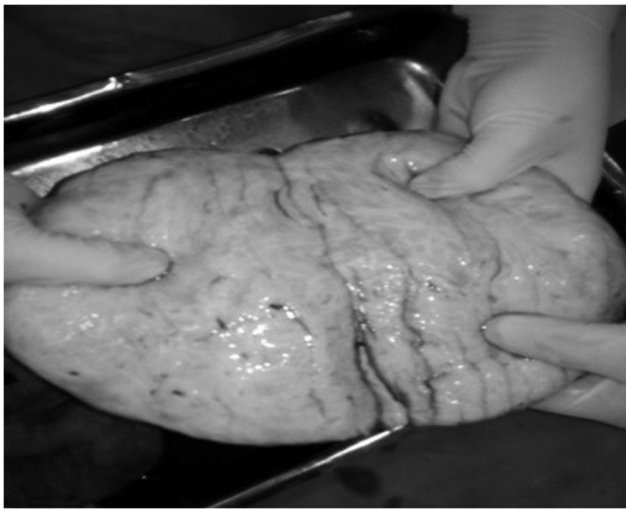

Figure 2a. Leiomyoma on cut section

symptoms of menorrhagia. Diagnosis of parasitic leiomyoma made intraoperatively, weighed

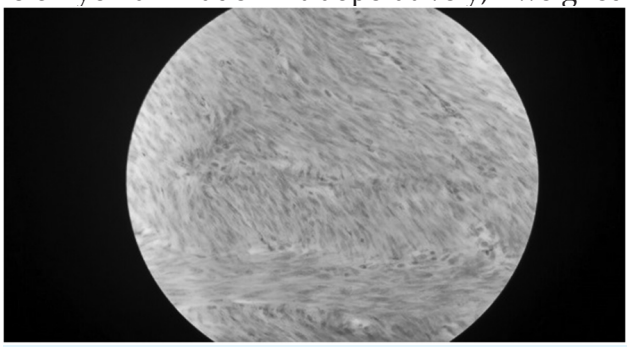

Figure 2a. Leiomyoma on cut section

around 500 grams (Fig.2a). The specimen was sent for histopathological examination and the findings of the supposedly parasitic leiomyoma was consistent with leiomyoma (Fig. 2b). While uterus was reported having adenomyoma. The patient had an uneventful post-operative period and was discharged on the 8th post-operative day.

CONCLUSIONS

Parasitic leiomyoma although rarely encountered during surgery, is one of the complications of leiomyoma to be remembered; due to the complexity of surgical dissection involving it's separation from surrounding structures. This case obliged us with easier surgical amenability. Lest most of them outgrowing it's uterine blood supply been described difficult to deal with, as it impinges deep on to the surrounding structures, bowel (sigmoid colon), urethra and omentum (in this case) in order to acquires new blood supply or resultant adhesion or adherence.[3]

Recently, laparoscopic surgery has been used due to remove parasitic leiomyoma.[4] Laparoscopic surgery also has been blamed iatrogenically responsible for the creation of one, especially following morcellation of leiomyoma.[5]

CONCLUSIONS

Parasitic leiomyoma seldom diagnosed preoperatively, is a rare complication of leiomyoma and must be kept in mind whenever combated with a vascular mass away from uterus sealed by omentum.

Conflict of Interest: None

Consent: Informed consent taken for case report.

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