Journal of Case Reports and Scientific Images

E-ISSN: 2708-0064
P-ISSN: 2708-0056
JCRSI 2023; 5(2): 01-03
www.allcasereports.com
Received: 02-05-2022
Accepted: 05-06-2023

Dr. Charuta Joglekar
Consult and Managing Director, Department of Obstetrics and Gynecology, Dr. Joglekar Hospital, Shirwal, Satara, Maharashtra, India

Dr. Amit A. Rajwade
Consult, Department of Obstetrics and Gynecology, Dr. Joglekar Hospital, Shirwal, Satara, Maharashtra, India

Dr. Aman Rai
Resident Medical Officer, Department of Obstetrics and Gynecology, Dr. Joglekar Hospital, Shirwal, Satara, Maharashtra, India

Corresponding Author:
Dr. Charuta Joglekar
Consult and Managing Director, Department of Obstetrics and Gynecology, Dr. Joglekar Hospital, Shirwal, Satara, Maharashtra, India

A case of huge uterine fibroid in postmenopausal patient-almost the size of a full term pregnancy

Dr. Charuta Joglekar, Dr. Amit A. Rajwade and Dr. Aman Rai

DOI: https://doi.org/10.22271/27080056.2023.v5.i2a.64

Abstract
Uterine fibroids are benign monoclonal neoplasms of myometrium, representing most common tumours in women worldwide. This is a case report for a huge fibroid uterus came in out-patient department (OPD) with complaints of pain in abdomen and breathlessness. The patient is a 58 year old lady with ultrasonography (USG) suggestive of a large uterine fibroid of 19 centimeter (cm) in size. The patient was admitted for total abdominal hysterectomy in view of such a huge fibroid. She was a known hypertensive on medications for the same. A vertical left paramedian incision was taken and hysterectomy was done for the patient. Post-operative period was not significant. The sample was sent for histopathology which showed large uterine fibroid with degenerative changes. The case was managed by a team of physician, gynecologist, anesthetist and intensive care specialist. The patient outcome was good.

Keywords: Fibroid uterus, hysterectomy, gynecologist, degenerative changes, paramedian incision

Introduction
Uterine fibroid lesions were initially known as the 'uterine stone' [1]. The term fibroid was first introduced in the 1860s. Uterine fibroids are the most common pelvic tumors among women of reproductive age affecting more than 70% of the women world-wide [2-3]. Uterine fibroids are heterogeneous in composition and size among women and within same individual and vary in number between individuals [4].
We present a case of a 58 year old postmenopausal female with a rare presentation of a huge uterine fibroid of size 19 cm by 12 cm which was managed surgically with a multidisciplinary team approach at our hospital at a rural place.

Case Report
A 58 year old postmenopausal female visited us during out-patient department (OPD) checkup at our hospital. She had complaints of pain in abdomen and difficulty in urination since last 2 years with increased intensity since last 5 months. She also complained of breathlessness which increased in last 2 months. On detailed history taking we found out that she was a known case of hypertension was on medications for the same. On general physical examination her vital parameters were found within normal limits. On per-abdomen examination a huge mass was felt arising from pelvis and reaching up to xipisternum. The mass was firm in consistency and irregular in shape. The lower margins of the mass could not be assessed. On per speculum examination the cervix was pulled up and appeared normal. On per vaginum, cervical motion tenderness was present. The clinical diagnosis of huge uterine fibroid was made. Patient was advised ultrasonography (USG) to confirm the clinical diagnosis. USG showed a large fibroid extending upto abdomen. Patient was posted for total abdominal hysterectomy and relevant investigations were done.

Investigations
Her blood tests were done which showed normal complete blood count (CBC) with hemoglobin of 16.5 gm %. Her sugar, liver function test, renal function test and viral markers were also normal. USG report was a large subserosal 19.2 x 12.6 x 14.5 cm fibroid arising from uterus and extending up to abdomen with mild vascularity.
Other abdominal organs were found to be normal. 2 Dimensional Echocardiogram (2 D ECHO) was also done considering that she was hypertensive which was within normal range. Chest X ray and ECG was also normal.

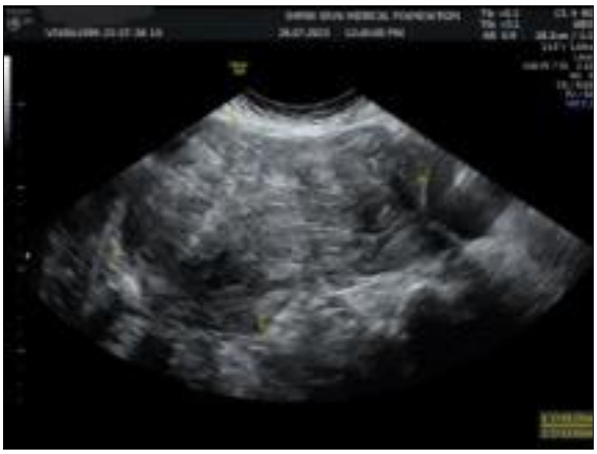


Fig 1: Uterus with fibroid

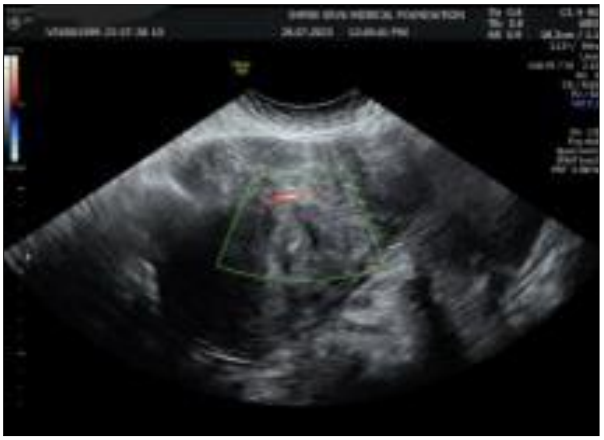


Fig 2: Uterine Fibroid vascularity

Diagnosis

Based on detailed history, thorough clinical examination and ultrasound investigations, diagnosis of a large subserosal fibroid was confirmed. Other investigations were within normal limits

Management

The patient was posted for total abdominal hysterectomy with bilateral salpingoopherectomy. The surgery was done under epidural + spinal anaesthesia at our hospital. Intraoperative findings showed a huge subserosal fundal uterine multiloculated fibroid of size 24 cm x 14 cm with multiple areas of degeneration within.

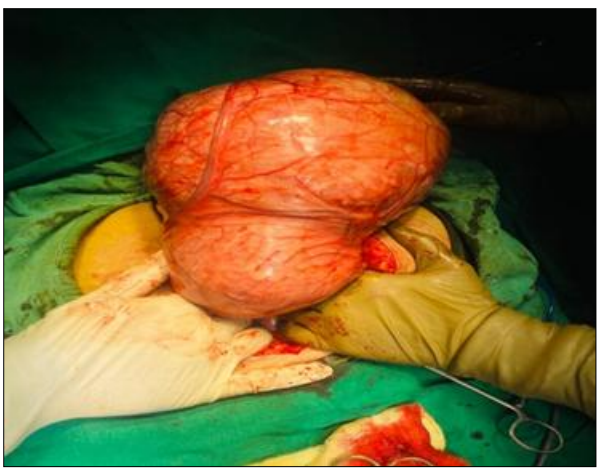
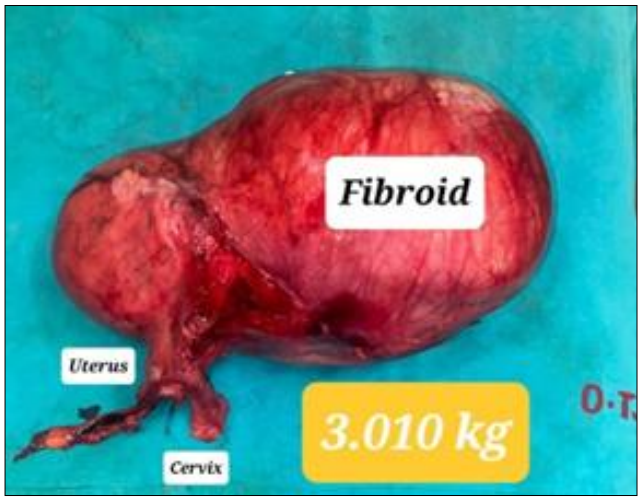


Fig 3: Intra operative finding

Fig 4: Labeled Uterine Fibroid



The fibroid weighed 3.010 kg

Fig 5: Uterus with cervix with weight of the specimen

The surgery was challenging and was performed with utmost care. Entire specimen comprising of uterus with fibroid with cervix with bilateral fallopian tubes and ovaries was sent for histopathological examination. The final diagnosis was benign subserosal uterine fibroid with cystic and fatty degeneration. No evidence of malignant cells was seen on histopathology. Patient withstood the procedure well. Now patient is asymptomatic and doing well.

Discussion

Uterine fibroid/leiomyomas are benign growths that represent the most common neoplasms of the uterus affecting 20-30% of women between the ages of 30 to 50 years [5]. Their incidence in the postmenopausal women is less with spontaneous regression [6].

The etiology of leiomyomas is generally unknown, but they are known to grow in response to both estrogen and progesterone stimulation and their prevalence increases throughout reproductive years and is markedly reduced after menopause [7].

Higher concentrations of estrogen and progesterone receptors as well as aromatase have been found in fibroids as compared to myometrial tissue [8]. As fibroids enlarge, they outgrow their blood supply or cause mechanical compression of feeder arteries and undergo degenerative changes [9]. Rarely, it may undergo malignant desecration to

become leiomyosarcoma [10]. Ultrasonography is the first line investigation for diagnosing these fibroids, especially in resource-constrained health regions / centers, as it is least invasive and most economical [11].

Patient may be asymptomatic or may present with varying symptoms such as pelvic pain, irregular vaginal bleeding, lump in abdomen or pressure related symptoms which was seen in our case. Ghaffar reported a case of 56 year old postmenopausal woman who presented with polycythemia due to a huge fibroid weighing 5.05 kg [12]. Osegi *et al.* reported a case of 58 year old postmenopausal female with a huge fibroid. They performed total abdominal hysterectomy with bilateral salpingoopherectomy. Histopathology report revealed it to be a benign leiomyoma with cystic changes [13]. Seet *et al.* also reported a 55 year old menopausal woman with a large degenerative fibroid [11].

Myomectomy or hysterectomy must be planned depending on the age, type, size of the fibroid, severity of the symptoms, suspicion of malignancy and proximity to menopause [14]. Since our patient was an elderly postmenopausal woman with a huge fibroid, total abdominal hysterectomy with bilateral salpingoopherectomy was the treatment of choice. Histopathology remains the gold standard to rule out the possibility of sarcomata's changes.

Conclusion

Uterine fibroids are a rare entity in the postmenopausal group. The possibility of leiomyosarcoma, though rare, should be kept in mind. The initial clinical examination is of utmost importance. Final diagnosis can only be made on histopathology. Definitive management in the form of hysterectomy should be offered in these patients to prevent further morbidity and mortality.

Conflict of Interest: Not available

Financial Support: Not available

References

1. Al-Hendy A, Myers ER, Stewart E. Uterine fibroids: Burden and unmet medical need. Semin Reprod Med. 2017;35(6):473-480.
2. Wise LA, Laughlin-Tommaso SK. Epidemiology of uterine fibroids: From menarche to menopause. Clin Obstet Gynecol. 2016;59(1):2-24.
3. Baird DD, Dunson DB, Hill MC, Cousins D, Schectman JM. High cumulative incidence of uterine leiomyoma in black and white women: Ultrasound evidence. Am J Obstet Gynecol. 2003;188(1):100-107.
4. Jayers FL, Liu B, Feng L, Aviles-Espinoza N, Leikin S, Leppert PC. Evidence of biochemical and collagen heterogeneity in uterine fibroids. PLOS One. 2019;14(4):e0215646.
5. Karasick S, Lev-Toaff AS, Toeff ME. Imaging of uterine leiomyomas. AJR Am J Roentgenol. 1992 Apr;158(4):799-805.
6. Giannubilo SR, Ciavattini A, Petraglia F, Castellucci M, Ciarmela P. Management of fibroids in perimenopausal women. Curr Opin Obstet Gynecol. 2015;27(6):416-21.
7. Fields KR, Neinstein LS. Uterine myomas in adolescents: Case reports and a review of the literature. J Pediatr Adolesc Gynecol. 1996 Nov;9(4):195-198.
8. Brandon DD, Erickson TE, Keenan EJ, StrawnEY, Novy MJ, Burry KA, *et al.* Estrogen receptor gene expression in human uterine leiomyomas. J Clin Endocrinal Metab. 1995 Jun;80(6):1876-1881.
9. Shrestha R, Khanal R, Aryal MR, Pathak R, Karmacharya P, Naqi M, *et al.* Fibroid degeneration in a postmenopausal woman presenting as an acute abdomen. J Community Hosp Intern Med Perspect. 2015.;5(1):25917.
10. Kaur P, kaur A, Singla A, Kaur K. Uterine leiomyosarcoma: A case report. J Medlife Health. 2014;5(4):200.
11. Seet MJ, Chonkar S, Mathur M. An unusual presentation of a ruptured degenerative fibroid in a perimenopausal woman. BMJ Case Rep. 2014;2014:1-3.
12. Abdul Ghaffar NA, Ismail MP, Nik Mahmood NMZ, Daud K, Abu Dzarr GA. Huge uterine fibroid in a postmenopausal woman associated with polycythemia – a case report. Maturitas. 2008;60(2):177-9.
13. Osegi N, Oku EY, Uwaezuoke CS, Alawode KT, Afolabi SA. Huge primary parasitic leiomyoma in a postmenopausal lady: A rare presentation. Case Rep Obstet Gynecol. 2019;2019:1-4.
14. Aksoy AN, Erdem EB, Sarikas GT, Telli E. A large uterine leiomyoma with hypertrophied omental vessles: a case report. Obstetr Gynaecol Cases Rev; c2019.

How to Cite This Article
Joglekar C, Rajwade AA, Rai A. A case of huge uterine fibroid in postmenopausal patient-almost the size of a full term pregnancy. Journal of Case Reports and Scientific Images. 2023;5(2):01-03.