

Giant Intramural Fibroid Uterus Of 6 Kg

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Abstract : Uterine Fibroid is the most common benign solid tumor of the female genital tract. Only 20-25% of the fibroids are symptomatic. The most common presenting symptoms of fibroid uterus are menorrhagia, dysmenorrhoea or pressure symptoms to the surrounding organs. Here, we report a huge uterine fibroid of 6 kg in a 50 year old female with complaint of lump in abdomen since only 4 months. On Per Abdomen Examination the lump was of 34 wks pregnant uterine size . After confirming the diagnosis by ultrasonography, Abdominal hysterectomy was done. [Patel R et al NJIRM 2013; 4(2) : 175-177]

Key Words: Uterine fibroid, Symptoms, Hystrectomy

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Introduction: Leiomyoma of the uterus is the most common tumor of the female genital tract. They account for almost one quarter of all hysterectomies performed each year⁽¹⁾. Leiomyoma are non-cancerous growths in the uterus frequently found in women between age 30-45 years. The exact etiology of fibroid is unclear but recent evidence suggests role of Estrogen, Progesterone and other Growth Factors⁽²⁾. They can be submucous, intramural, or subserous in location.

Huge Uterine Fibroids can cause pain, constipation, frequency of micturition and menstrual disturbances. These tumors can block fallopian tubes, leading to Infertility. They may also cause Miscarriage and Preterm Labour⁽³⁾. Diagnosis is made with fair accuracy by Trans Vaginal Sonography or Magnetic Resonance Imaging.

Fibroid tumors that are asymptomatic may be left untreated as long as they are monitored closely. However, large uterine fibroids usually require surgical treatment.

Case Report: A 50 year old female 3rd para presented with chief complaint of Lump in abdomen since 4 yrs, gradually increasing in size, associated with pain and heaviness since 4 months. She had Breathlessness on rest due to the mass since 4 months. She had previous normal vaginal delivery. Her menstrual cycles were regular. No positive past history.

On Per Abdomen examination there was a huge mass of size 25-20cm occupying all abdominal quadrants, firm in consistency with irregular

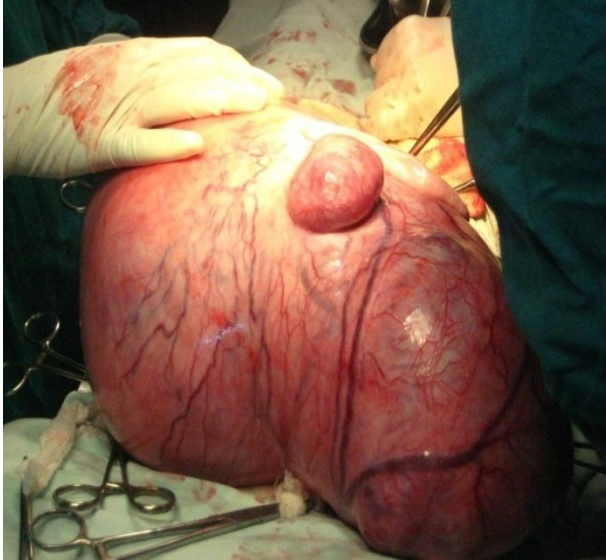
surface, freely mobile from side to side. The mass was arising from uterus on Per Vaginal Examination. Ultrasonography was s/o of ?Ovarian Fibroma ?Uterine Fibroid. Her CA-125 was normal.



After doing all Routine Pre Operative investigations and keeping adequate blood ready patient was posted for Hysterectomy.

On opening the abdomen, there was a huge intramural fibroid of 25-25 cm with multiple small subserosal fibroids. Stepwise Hysterectomy was done remaining intracapsular and avoiding injury to bladder and ureter. On Gross examination uterus weighed 6 kg. The histopathology report confirmed Leiomyoma.

There was intra-operative 700ml blood loss and so 2 PCV were given on 1st Post Operative Day. The Post Operative Period was uneventful. The patient was discharged on 8th day after suture removal. The patient came twice after discharge and was well.



Discussion: Uterine fibroid is the most common benign solid tumor of the female genital tract. It is estimated that 75% of women will develop fibroids at some point of time in their lives, usually by the age of 45 years. They shrink after menopause.⁽⁴⁾

They are well-circumscribed tumors arising from the smooth muscles of myometrium of the uterus. In addition to smooth muscles, they are also composed of extracellular matrix (collagen, proteoglycan, fibronectin). Depending on the location in the uterus they are classified into subserosal, intramural & submucosal. They can be sessile or pedunculated.

About 20-25% of fibroids cause symptoms of abnormal uterine bleeding like menorrhagia in submucous variety, dysmenorrhea in intramural variety and pressure symptoms to surrounding organs in subserosal variety. Submucous Leiomyomas are also associated with a range of reproductive dysfunction including Recurrent Miscarriage, Infertility, Premature Labour, Fetal Malpresentations and Complications during Labour like Obstructed Labour.⁽⁵⁾

The diagnosis of Leiomyomas is usually easily done by a bimanual examination. In addition Imaging studies such as Ultrasonography, MRI & CT scan may be useful in confirming the diagnosis. Hysterosalpingography, Sonohysterography &

Hysteroscopy helps in assessment of the uterine cavity in patients experiencing menorrhagia or recurrent pregnancy loss. Laparoscopy, on the other hand allows direct visualization of the outside of the uterus and surrounding pelvic structures⁽⁶⁾.

In general, fibroids only need to be treated if they are causing symptoms. Medicines can help control fibroid related symptoms. The most effective medications for the treatment of fibroids are GnRH agonists which induce a low - Estrogen like (menopause) state which causes reduction of tumor and uterine size and stops the menstrual flow. Unfortunately, cessation of GnRH agonist causes rapid re-growth of fibroids so currently used for pre operative medication only⁽⁷⁾⁽⁸⁾. Other drugs include Progestins (medroxy progesterone, norethisterone etc.), Androgenic agents (Danazole, Gestrinone) & Combined Oral Contraceptive Pills. But these medications do not decrease the size of the uterus or fibroid volume and are often ineffective in controlling menorrhagia due to fibroid⁽⁹⁾.

The primary treatment for patients with large or symptomatic fibroids is Surgery. Hysterectomy is the most commonly performed surgery either by abdominal, vaginal or laparoscopic route. The type of Hysterectomy depends on the size of the uterus, women's medical history and skill of the surgeon. Those women who wish to preserve child bearing potential, Myomectomy by abdominal, hysteroscopic or laparoscopic route can be done. Unfortunately, there is a significant risk of recurrence up to 10% requiring second major operative procedure⁽¹⁰⁾.

There are also several innovative techniques like Myolysis which involves delivering electric current via needles and cryolysis which involves using a freezing probe over fibroid. Uterine artery embolization is a radiological alternative to surgery that involves placing a catheter into femoral artery and blocking the uterine artery by PVA particles. However, safety of these procedures in women desiring pregnancy has not been demonstrated⁽¹¹⁾

Conclusion: Fibroid uterus being a common gynec condition, sometimes patients in our country presents with huge mass. Bladder injury, ureteric injury and intra-operative hemorrhage are certain expected complications which a surgeon should keep in mind while operating such a Giant Fibroid.

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