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A rare case of broad ligament fibroid: A diagnostic dilemma

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Abstract
Background: Leiomyoma is the most common benign neoplasm of the uterus accounting for approximately 20-30% of cases in females of reproductive age group. Broad ligament fibroids are extremely rare with incidence of < 1%.
Case Description: We repot the case of a 40-year female with complains of irregular bleeding per vaginum since last 3 months. On examination there was well circumscribed uniform mass of 16 weeks gravid uterus which appears to be arising from pelvis. Ultrasound pelvis showed a large hypoehoic mass of 92 mm *70 mm *81 mm in? Posterior wall of uterus? Left ovarian mass.
Result: Laparotomy showed a huge false left sided broad ligament myoma measuring 10*12 cm. Histopathology confirmed it to be a leiomyoma.
Conclusion: Broad ligament leiomyoma mimic ovarian tumors on clinical and radiological examination. Thus, histopathology plays an important role in confirming diagnosis.

Keywords: Broad ligament, leiomyoma, laparotomy

Introduction
Uterine leiomyomas are the most common myomas, accounting for approximately 20-30% of cases in females less than 35 years. Leiomyomas are a complex mixture of cells that include fibroblasts and smooth muscle cells1. Extra-uterine fibroid is not common as uterine fibroids. Incidence rate of broad ligament fibroid is low, less than 1% and so it is both clinical and radiological difficulty in making a diagnosis 2. Broad ligament fibroid has been reported to reach a huge size which can mimic an ovarian tumour 3.

Case Description
We report the case of a 40-year-old lady admitted from gynaecological OPD with complains of irregular bleeding per vaginum since last 3 months with history of heavy blood flow during menses for 1 year. She developed dull aching abdominal pain associated with backache. Her bladder and bowel habits were normal. There was no history of weight loss, and any hormonal pills use. She had two vaginal deliveries. Last childbirth was 6 years back. There was no family history of fibroid, ovarian, breast or colonic cancer. On physical examination patient was hemodynamically stable. In abdominal examination there was well circumscribed uniform mass of 16 weeks gravid uterus which appeared to be arising from pelvis. There were no dilated veins over mass and visible peristalsis. On palpation tumor was firm in consistency, nontender and mobile in horizontal direction and with regular margins. Lower pole could not be reached. In per speculum examination cervix and vagina appeared healthy and cervix pushed towards right. In bimanual examination, cervix was firm, deviated to right. Uterus was bulky, mobile, firm and mass moved with cervical movement. Left and posterior fornices fullness without tenderness.

Investigations
Her ultrasound abdomen and pelvis showed a large hypoechoic mass of 92 mm*70 mm*81 mm in ?? Posterior wall of uterus or ?? Left ovarian mass of 92 mm *64 mm *66 mm. There was no ascites and lymphadenopathy. Her routine blood investigations were within normal limits. CA125 was also normal. She was planned for laparotomy.

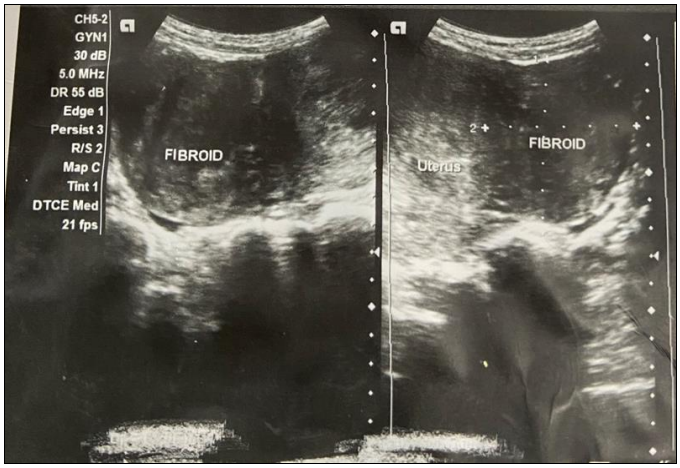

Fig 1: Ultrasound image showing posterior wall fibroid uterus.

Intraoperative findings

The intraoperative diagnosis was huge broad ligament myoma of size about 10*12 cm with left round ligament, left fallopian tube and left ovary stretched over the myoma. Uterus was apparently normal deviated to right side. Left fallopian tube and ovary was also normal. Careful dissection was done with left round ligament stretching over myoma then myoma was enucleated gently following the capsule taking care of not causing injury to ureter. Myoma was attached to uterine wall with blood supply from it. It was false broad ligament fibroid. Excision of tumor with total hysterectomy with bilateral salpingoopherectomy done. Myoma was sent for histopathological examination and was confirmed to be the same. Postoperative period was uneventful, and patient was discharged on postoperative day 4.

Fig 2: Intraoperative image of Left huge broad ligament fibroid

Fig 3: Gross Specimen

Discussion

Broad ligament is a two layered peritoneal fold which connects the sides of uterus to lateral walls of pelvis and its floor. Epithelial tumors are the most common broad ligament tumors, whereas mesenchymal tumors are rare 4. Among the mesenchymal tumors, the most common one is leiomyoma5. Broad ligament leiomyoma can originate from the uterus and invade the broad ligament (false) or it can originate from broad ligament itself (true) 6. The broad ligament benign tumor even though being uncommon can grow to a large size as epitomized in this case. Their removal can be difficult and hazardous chiefly because of the risk to the ureter7. Studies have shown that round ligament is the guiding factor to go in the anatomical plane in cases of huge fibroids and guides us for further surgery. The differential diagnosis for broad ligament fibroids includes masses of ovarian origin, broad ligament cyst, and lymphadenopathy. Pedunculated leiomyomas should be considered in the differential diagnosis of a solid adnexal mass8.

Conclusion

Broad ligament leiomyomas mimic adnexal mass and uterine fibroid on clinical and radiological examination. It should be kept as differential diagnosis for such subserosal uterine fibroid and adnexal masses. MRI can be helpful in these cases to differentiate between them. In my case MRI was not done due to financial condition of the patient.

Conflict of Interest

Not available

Financial Support

Not available

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