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Zilley Huma
Obstetrics and Gynaecology, Basildon and Thurrock University Hospital, United Kingdom

Seema Bagtharia
Obstetrics and Gynaecology, Basildon and Thurrock University Hospital, United Kingdom

Kunal Rathod
Obstetrics and Gynaecology, Basildon and Thurrock University Hospital, United Kingdom

Corresponding Author:
Zilley Huma
Obstetrics and Gynaecology, Basildon and Thurrock University Hospital, United Kingdom

A case of retroperitoneal leiomyoma

Zilley Huma, Seema Bagtharia, and Kunal Rathod

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Abstract
Leiomyomas are benign smooth muscle tumors which can be uterine or extrauterine. Extrauterine leiomyomas are uncommon. In this article, we report a case of large retroperitoneal fibroid in 26 year old female who presented with sudden onset of severe right iliac fossa pain. Her medical, surgical and gynaecological history was insignificant. Provisional diagnosis, based on investigations, was ovarian mass. Intra operatively huge pelvic retroperitoneal mass was observed. Pathological examination demonstrated benign leiomyoma.

Keywords: Retroperitoneal, leiomyoma, pathological

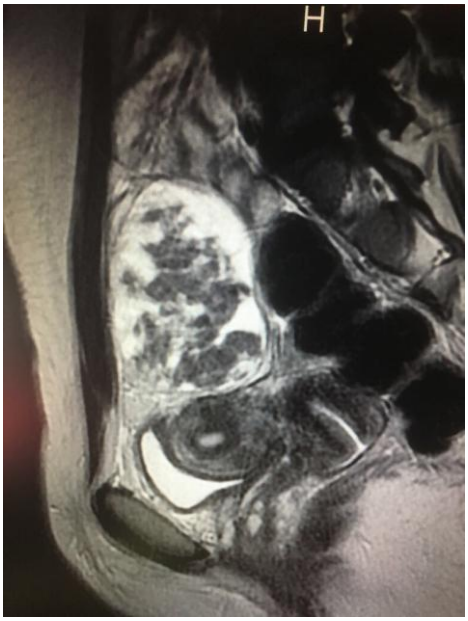
Introduction
Uterine leiomyoma is a common benign tumour of smooth muscle cells in females. Retroperitoneal leiomyomata occurs rarely and has similar histological features as uterine leiomyoma. However their location and unusual growth pattern can make their identification challenging. Here we report a case of large retroperitoneal fibroid.

Case Report
A 26 year female presented to gynaecology emergency unit with sudden onset pain in right iliac fossa, suprapubic area with constant backache and heaviness in the perineum for last 2 weeks. Pain was constant in nature, dull aching with sharp episodes intermittently. She rated pain score of 7 on a scale of 0-10 and was non-radiating in nature. She could not walk properly because of the pain and avoided sleeping on the right side. There was no associated clinical presentation like fever, vomiting, and abdominal bloating. She had no problems passing urine and bowel movements were normal.

She did not have any pregnancies in the past, no pelvic infections and her contraceptive and cervical smear history was normal. She was medically fit and had no surgeries in the past. She was non-smoker and non-alcoholic. Abdominal examination revealed a firm mass of 14 week size arising from the pelvis. The mass had smooth surface with restricted mobility. On pelvic examination, cervix was pulled up and flushed to the vaginal wall. Uterus was anteverted and deviated to the left side by a mass of about 14-week size, irregular, firm in consistency and was felt through the right fornix. The uterus could not be differentiated from the mass. Base line investigations and renal function tests of the patient were normal. CA 125, CA 19-9; CEA and APF were within normal range. Provisional diagnosis of right adnexal/ ovarian mass was made.

Pelvic ultrasound showed: Large thin walled mass 7x6x7 cm seen superior to uterus

Contrast CT scan: Large heterogeneously enhancing mass on right side of the pelvis



MRI pelvis: Smooth contoured 8x7x6 cm mass in front of the pelvis, anterior to right ovary

She underwent laparoscopy initially but was converted to laparotomy on detection of a normal uterus, bilateral tubes and ovaries. An incidental diagnosis of a large right sided pelvic retroperitoneal mass of size 9x8x7 cm was made which was removed by an expert surgical team and the procedure went uneventful. The postoperative period of the patient was uneventful.

Gross specimen examination showed mass of grey tissue, 9x7x6 cm, smooth surface on cut section, whorled appearance of the mass, partly cystic and partly solid containing enormous mucoid material.

Microscopic examination revealed a well circumscribed tumour, composed of sheets of uniform spindle cells, arranged in a diffuse pattern, with a secondary hyaline degeneration with no mitosis or atypia suggestive of a benign leiomyoma. Immunohistochemistry for desmin and smooth muscle marker was positive conforming benign leiomyoma.

Discussion

Uterine leiomyoma is the most common benign gynaecological tumour affecting as many as 25% of women in the reproductive age group [2] and is present in about 80% of all hysterectomy specimens [3]. Extrauterine leiomyomas are rarer and usually arise in the genitourinary tract (in vulva, ovaries, urethra and urinary bladder) [4]; however it can grow wherever smooth muscle exists.

In addition, unusual growth patterns may be seen, including benign metastasising leiomyoma, disseminated peritoneal leiomyomatosis, intravenous leiomyomatosis, parasitic leiomyomata, and retroperitoneal growth. Some rare locations are sinonasal cavities, orbits, kidneys, and skin [4]. With regards to their pathologic origin it is unclear whether these retroperitoneal lesions represent metastatic or primary lesions arising from smooth muscle elements [6] or from the remnants of mullerian or wolffian ducts [7].

Common symptoms of retroperitoneal fibroids include abdominal discomfort, backache, pelvic pain, fatigue, weight loss and urinary symptoms. More than 40% of patients affected by this retroperitoneal condition have a concurrent uterine leiomyoma or a remote history of hysterectomy for treatment of a uterine leiomyoma [1]

Diagnosis of retroperitoneal fibroids depends on:

- Thorough medical history with complete physical examination
- Ultrasound, CT, MRI scans of abdomen
- Biopsy of tumour: pathological examination of US guided biopsy is helpful preoperatively
- Histopathological examination of resected tumour is required to confirms diagnosis

Magnetic resonance imaging is the most reliable technique for evaluating retroperitoneal masses.

Main stay of treatment is surgical removal of the mass which can be done by laparotomy or laparoscopy. Kondo *et al.* [5] reported a case of retroperitoneal fibroid where resection was done by laparoscopic approach. Hysterectomy may be considered depending on the presence of symptomatic fibroids in the uterus. The prognosis of the patients with retroperitoneal fibroid is generally excellent. However follow up care is important as tumour can recur in some cases.

Conclusion

Retro peritoneal leiomyomata is a rare condition. Differential diagnosis (sarcomas, lymphomas, neoplasm of neurogenic origin, teratoma) should be considered to rule out other tumour types, before arriving at definitive diagnosis.

Radiological imaging is helpful but final diagnosis is made intraoperatively and after pathological examination. Complete excision and removal of tumour is usually sufficient treatment.

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