



## Retroperitoneal Mass Mimicking the Cervical Fibroid A Rare Case Report

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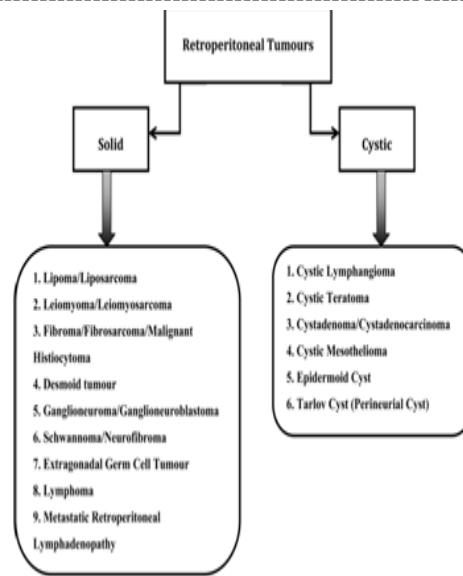
**ABSTRACT** :The most frequent tumoral conditions of the uterus is represented by uterine myoma. Which is mainly diagnosed by clinical examination and USG scan. Nevertheless in some rare cases , in which the surgical findings reveals a retroperitoneal tumor instead of a fibroid. In this case report a 44 years woman presented with lower abdominal pain and vaginal discharge and bleeding p/v. Clinically diagnosed as cervical fibroid planned for TAH BSO.But intraoperatively diagnosed as retroperitoneal tumor. It is very rare condition.

### Anatomy of the Retroperitoneum

The retroperitoneum is a complex potential space containing multiple vital structures limited anteriorly by the peritoneum, posteriorly by the posterior abdominal wall, superiorly by the 12th rib and vertebra, inferiorly by the base of the sacrum and iliac crest, and laterally by the borders of the quadratus lumborum muscles. This space contains the connective tissue, kidneys, ureters, adrenal glands, aorta and its branches, inferior vena cava .

### Types of Retroperitoneal Tumors

Retroperitoneal tumors are rare growths that originate from within the retroperitoneal spaces .The classification of retroperitoneal tumors can be based on type of tissue origin And mostly they are mesodermal in origin.Gy They can be benign or malignant, solid or cystic.



Fibroid is the most common benign solid tumor of uterus. Incidence is 20 % in average 30 years of age , remains asymptomatic in 90% cases. Cervical fibroid is rare.The incidence of cervical fibroids is around 0.5% –2% .Depending upon the position, cervical fibroids can be anterior, posterior, lateral or central.Symptoms are mainly due to pressure effects on the bladder leading to acute urinary retention and increased frequency of micturition, the pressure effect on the rectum can cause constipation.Pelvic pain and foul smelling vaginal discharge can be associated with the above mentioned symptoms. It may present as abdominal mass, incarcerated proctocentesis, sensation of something coming down.Central cervical fibroid expands the cervix equally in all directions so the pelvic cavity will be completely filled by the tumour. On laparotomy the typical “Lantern on the top of St Paul’s cathedral” appearance can be made out as the uterus will be sitting on top of the fibroid. The clinical examination in many cases inconclusive. Although uterine examination established the correct diagnosis in most cases , there are in clinical practice situation, when other pelvic tumor can be preoperatively confined with uterine myoma. **Keyword:**Cervical Fibroid, Retroperitoneal Tumor, Uterus



**CASE REPORT:** Mrs X 44 years old woman P(3+0) all VD with H/O dysmenorrhea, foul smelling vaginal discharge, and lower abdominal pain admitted with bleeding P/V and pain abdomen in gynae ward of Burdwan Medical College, A rural tertiary medical care centre. UPT was negative. All investigations including imaging studies of lower abdomen done. USG report showed left adnexal huge cystic SOL with solid component which is left tuboovarian origin with left sided Grade 3 hydronephrosis with proximal hydroureter. In CECT 116\*118 sqmm SOL in the pelvic cavity.

In clinical examination on palpation lower abdomen was non tender, a mass felt over hypogastrium. In bimanual examination a firm large mass felt which completely involves the cervix so the cervix lost its length (2.5 cm) and external Os not felt properly as that huge mass pushed up the external Os behind the symphysis pubis as exactly clinically seen in big cervical fibroid.

- She also gave the H/O some predominant bladder symptoms like retention of urine, increase frequency of micturation. Bladder symptoms are also very common in big central cervical fibroid. She was planned for TAH BSO and intraoperatively it was found a huge retroperitoneal tense cystic mass which was firm. On aspiration straw coloured fluid found. On duty Surgeon called for help. TAH BSO done with uterus, B/L tube, ovary and cervix found healthy and by surgeon's help marsupialization of the cyst wall done and the cyst wall, specimen of TAH BSO sent for HPE. Pelvic and abdominal cavity explored thoroughly to see any metastasis, enlarged lymph node. Abdominal drain given and abdomen closed uneventfully. Patient discharged after 7 days. Her HPE report pending. She advised to come to gynae OPD of Burdwan Medical College with HPE report for follow up.

#### DISCUSSION

Knowing the differential diagnoses of a retroperitoneal tumor will allow the gynecologist to be aware of the necessary pre-operative investigations and referrals so as to optimize the management in the best interest of the

patient. Symptoms of retroperitoneal tumors are vague and appear late in the course of the disease caused by compression of the structures in the retroperitoneum, sometimes causing obstruction. Most patients present with abdominal pain and distension, and will have a palpable mass on clinical examination. Patients can also complain of urinary or gastrointestinal symptoms if there are pressure effects on these organs from the large tumor. Diagnosis of retroperitoneal tumors is made by radiological methods and confirmed by histology. In gynecology, ultrasonography is usually performed as the first line investigation when the patient presents to the doctor with abdominal pain or lump abdomen. USG is excellent at detecting cystic lesions and it is inexpensive.

The imaging of choice in diagnosing retroperitoneal tumors is contrast-enhanced computed tomography, which plays a vital role in the localization, characterization, evaluation of the extent of local invasion, assessment of metastases, and determination of treatment response of these tumors.

#### CONCLUSION :

The imaging method are not always conclusive for the final positive diagnosis. There is a wide spectrum of rare tumors in the retroperitoneum, both benign and malignant. The presentation of these tumors is usually late; patients commonly present with symptoms of abdominal pain or a palpable tumor. As the imaging features are non-specific, the diagnosis can only be confirmed by histology. The errors in the diagnosis can lead to difficulties, especially during the surgical treatment, as retroperitoneal tumors need a complex surgical team, which includes both, gynecologist and general surgeon. The retroperitoneal tumors represent a challenge for the gynecologist not only because of their rarity, but also due to the anatomic complexity of the region. A complete and detailed surgical resection is the mainstay treatment when a patient is symptomatic. A benign retroperitoneal tumor can be treated conservatively with frequent radiological surveillance if the patient is asymptomatic.

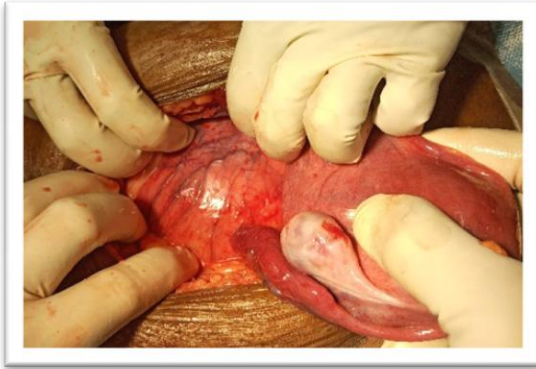


FIG : 1

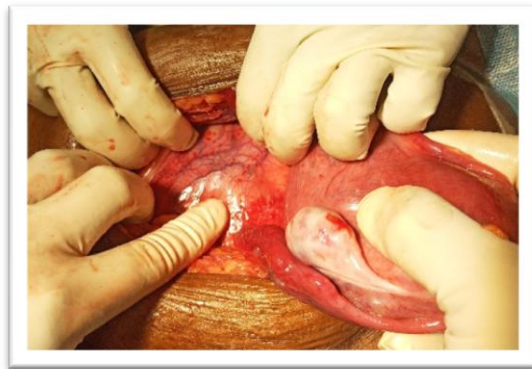
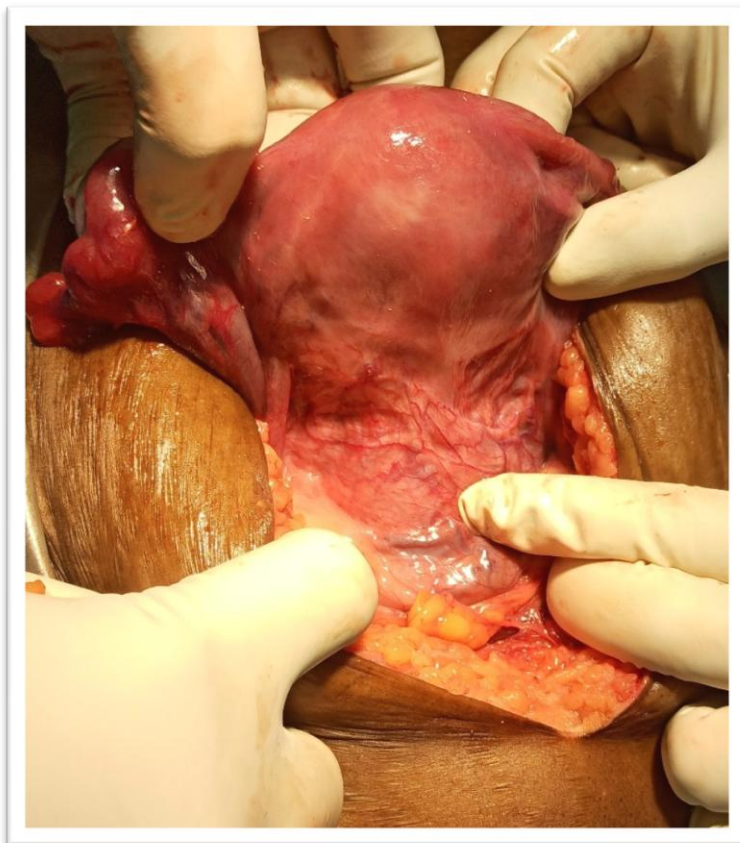


FIG: 2

FIG :1&2 Shows huge rtroperitoneal mass

FIG : 3 Shows healthy uterus ,B/L tube ,ovary



#### REFERENCES :

- [1]. Wee-Stekly WW, Mueller MD. Retroperitoneal tumors in the pelvis: a diagnostic challenge in gynecology. *Front Surg.* 2014;1:49–49. [PMC free article] [PubMed] [Google Scholar]
- [2]. Scali EP, Chandler TM, Heffernan EJ, Coyle J, Harris AC, Chang SD. Primary retroperitoneal masses: what is the differential diagnosis. *Abdom Imaging.* 2015;40(6):1887–1903. [PubMed] [Google Scholar]
- [3]. Selçuk İ, Ersak B, Tatar İ, Güngör T, Huri E. Basic clinical retroperitoneal anatomy for pelvic surgeons. *Turk J Obstet Gynecol.*



- 2018;15(4):259–269. [PMC free article] [PubMed] [Google Scholar]
- [4]. Mota MMDS, Bezerra ROF, Garcia MRT. Practical approach to primary retroperitoneal masses in adults. *Radiol Bras.* 2018;51(6):391–400. [PMC free article] [PubMed] [Google Scholar]
- [5]. Aitsakel A, Elsayegh H, Benslimane L, Nouini Y. Tumeurs rétro-péritonéales primitives : profils diagnostique, thérapeutique et anatomopathologique. *Can Urol Assoc J.* 2015;9(11-12):E873–E878. [PMC free article] [PubMed] [Google Scholar]