



A Rare Case of Large True Broad Ligament Fibroid

Dr. Ronak B Prajapati¹, Dr. R.K. Sharma², Dr. Neelima shah³, Dr. Yogesh Malage⁴, Dr. Jahanvi Sharma⁵, Dr Nancy Bansal⁶

Resident Doctor¹, Associate Professor and Dean², Associate Professor and HOD³, Senior Resident⁴, Resident Doctor⁵, Resident Doctor⁶

Dr. D. Y. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH INSTITUTE, KOLHAPUR, DEPT OF OBSTETRICS & GYNAECOLOGY

Corresponding author: Dr. Ronak B Prajapati

Submitted: 15-09-2024

Accepted: 25-09-2024

ABSTRACT

Introduction: Leiomyomas are common smooth muscle benign tumors that arise from the uterus. They are usually firm, well circumscribed, and localized to the pelvic cavity. Extrauterine leiomyomas are rare, and their etiology is unclear.⁽¹⁾

Objective: To differentiate broad ligament leiomyoma from ovarian masses (benign or malignant), tubo-ovarian masses, broad ligament cyst and lymphadenopathy.

Method: First we did CT scan to confirm that it is fibroid with cystic degeneration not an tubo-ovarian masses or cyst. We operated patient and did exploratory laparotomy with total abdominal hysterectomy with right oophorectomy. After that we sent our specimen for histo-pathology report to confirm our diagnosis.

Results: 12*15 cm right sided true broad ligament soft mass with cystic degeneration+, Uterus displaced to left side. B/L Fallopian tube and ovaries are normal.

Conclusion: The true broad ligament benign tumour even though being uncommon can grow to a large size as exemplified in this case. Degenerative changes occur even in such extra-uterine fibroids.

I. INTRODUCTION:

Leiomyomas are common smooth muscle benign tumors that arise from the uterus. They are usually firm, well circumscribed, and localized to the pelvic cavity. Extrauterine leiomyomas are rare, and their etiology is unclear.⁽¹⁾ although it's overall incidence being rare. Because of its rarity it poses specific diagnostic difficulties causing an error in making the final diagnosis and therefore the management.

II. CASE REPORT:

A 43year old P3L3 post tubectomised came to D.Y.patil hospital with c/o pain in abdomen since 1 yr (aggravated on exercise)C/o constipation since 1 yr.

M/H- LMP- 2/10/23-LLMP-4/9/23-LLLMP-8/8/23
PMC- 3/28-30 RMF

O/H- ML × 26yrs, P3L3 All 3 LSCS

P/A: Firm cystic mass felt 18-20wk size, Occupying hypogastric region, Relatively mobile , Scar of previous LSCS.

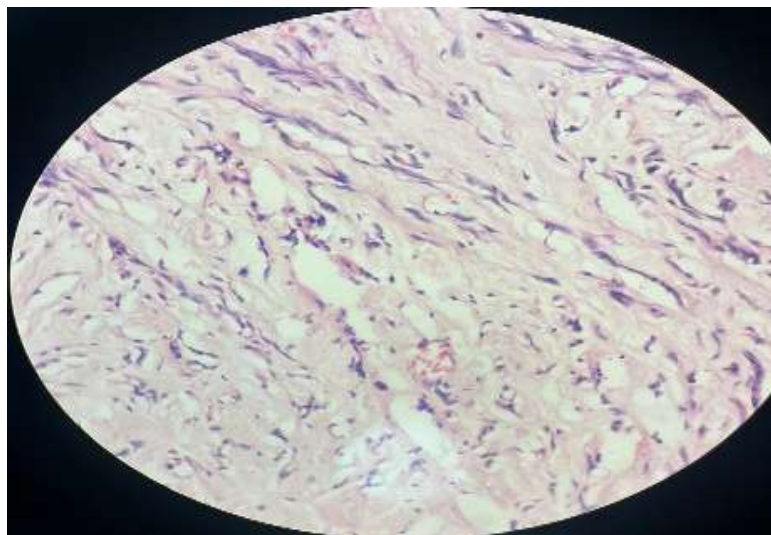
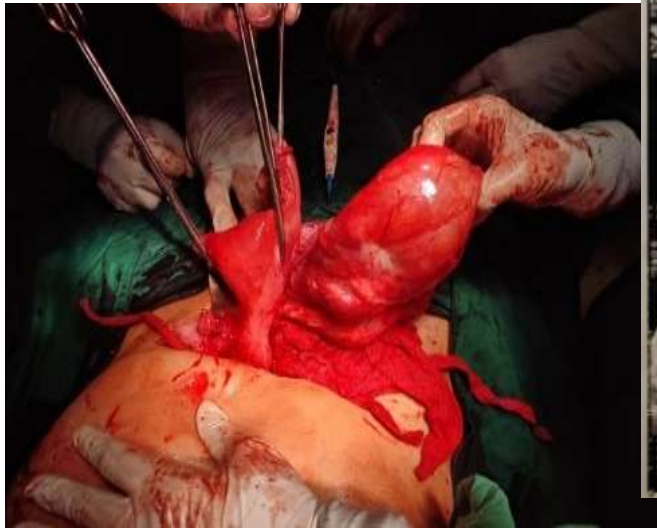
P/S- Cervix normal taken up and deviated to left side.

P/V -cervix deviated to left side , Cystic mass felt occupying whole of anterior right fornix 18×10cm ,mass is mobile with cervical movement, uterus not felt separately from mass, uterus could not be palpated.

INVESTIGATION: CBC (pre op): Hb – 8.3 gm/dl, TLC - 6420 cumm, Platelets - 531000
CBC(POD2) : Hb – 10.6 gm/dl, TLC - 8230 cumm, Platelets – 317000

ULTRAFAST 64 SLICE PLAIN AND CONTRAST ENHANCED C T. SCAN:

Large well-defined intra peritoneal hypodense lesion with multiple hyperdense areas within is noted in the right adnexa, measuring approximately 15x10x 13.3. Uterus is seen displaced and stretched towards left side by the lesion. Anteriorly lesion is seen reaching upto the anterior abdominal wall. Laterally lesion is seen displacing the adjacent small bowel loops with loss of fat plane at some on left antero- lateral side. On right lateral side it is seen closely abutting the caecum. uterus and endometrium appears normal Features are likely suggestive of neoplastic aetiology, probably originating from broad ligament. D/D leiomyoma with cystic degeneration.



Intra-op Findings:

12*15 cm right sided broad ligament soft mass with cystic degeneration+, Uterus displaced to left side . B/L Fallopian tube and ovaries normal.

HPE Report:

Benign Spindle cell Tumor-Suggestive of Fibroid with secondary degenerative changes-Right broad ligament mass

III. DISCUSSION:

Leiomyomas are histologically smooth muscle tumors and are almost always benign. They are common occurring in about 65% of women and incidentally found in 80% of all uterine specimens at hysterectomy . Extra- uterine leiomyoma usually present with pain and secondary complications

from their compression effects as a result of their location⁽²⁾

It has been suggested that leiomyomas which are adherent to broad ligament, originate from hormonally sensitive smooth muscle elements of broad ligament itself. Broad ligament leiomyoma can originate from the uterus and invade the broad ligament (false) or it can originate from broad ligament itself (true)⁽³⁾

The differential diagnosis for broad ligament leiomyoma includes ovarian masses (benign or malignant), tubo-ovarian masses, broad ligament cyst and lymphadenopathy.⁽⁴⁾



IV. CONCLUSION:

The true broad ligament benign tumour even though being uncommon can grow to a large size as exemplified in this case. Degenerative changes occur even in such extra-uterine fibroids.

The diagnosis of true broad ligament leiomyoma is difficult on clinical and radiological features owing to its rarity and unusual presentation.

REFERENCES:

- [1]. Gupta RK, Wasnik P. Extra-Uterine Fibroids. In Fibroids. IntechOpen. 2020. [[Google Scholar](#)] Rajput DA, Gedam JK. Broad ligament fibroid: a case series. IJSS Case Rep Rev. 2015;1(11):8-11. [[Google Scholar](#)]
- [2]. Bajis R, Eloundou G. Unusual case of a Torted mesenteric fibroid. Case Rep Obstet Gynecol 2018;2018:8342127.
- [3]. Stewart EA. Uterine Fibroids. Lancet 2001;357:293–298. DOI: [10.1016/S0140-6736\(00\)03622-9](#).
- [4]. Godbole RR, Laksmi KS, et al. Rare case of giant broad ligament fibroid with myxoid degeneration. J Sci Soc 2012;39:144–146.