

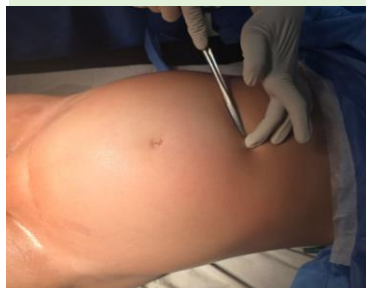
Title: A Giant Uterine Leiomyoma masquerading abdominal tumour- An Arduous Clinical Conundrum



INTRODUCTION Leiomyomas are the most common benign smooth muscle tumors in the female reproductive tract, affecting 25% of women. Large leiomyomas with cystic degeneration can mimic abdominal malignancy, posing challenges for radiologists and surgeons.

OBJECTIVES We highlight the rare presentation of a giant leiomyoma mimicking abdominal neoplastic tumors, emphasizing the diagnostic challenges and the importance of clinical suspicion, surgical exploration, and histopathology for accurate diagnosis.

CASE REPORT A 28-year-old unmarried female presented with abnormal uterine bleeding, abdominal distension and pain for 1 year. She had a history of myomectomy 9 years ago, with histopathology showing low-grade uterine sarcoma. On examination -a firm abdominopelvic mass corresponding to a 36-week uterus. Ultrasound showed a large heterogeneously hypoechoic mass (11x20x19 cm) with calcification and tortuous vessels, likely of right ovarian origin. MRI revealed a solid mass encasing pelvic organs, iliac vessels, and invading the posterior myometrium, with features suggestive of uterine sarcoma or aggressive angiomyxoma. Staging laparotomy, hysterectomy, and bilateral salpingo-oophorectomy were performed. Frozen section: Oval to spindle cells in sheets and fascicles with hypocellular areas. Minimal pleomorphism. Possible diagnoses include sex cord stromal tumor, fibrothecoma, or smooth muscle tumor of mesenchymal origin. Histopathology shows features of leiomyoma with cystic changes, no capsular breach, and no papillary excrescences. Immunohistochemistry was positive for SMA and Desmin, negative for calretinin.



DISCUSSION Hereby presenting a diagnostic dilemma in a woman with a complex abdominopelvic mass, initially suspected to be a malignant ovarian tumor or uterine sarcoma. Surgery and histopathology revealed a giant leiomyoma with cystic and hyaline degeneration, showing spindle cell morphology and positivity for SMA and Desmin. Despite aggressive imaging features, the absence of capsular breach and malignancy markers indicated a benign cause.

CONCLUSION Giant leiomyomas with cystic degeneration can mimic ovarian or abdominal malignancies on ultrasound and MRI. While differential diagnosis is crucial before surgery, histopathology remains key to confirming the diagnosis.

REFERENCES Akkour K, Alhulwah M, Alqantani N, Arafa MA. A giant leiomyoma with massive cystic hydropic degeneration mimicking an aggressive neoplasm: A challenging case with a literature review. The American Journal of Case Reports. 2021;22:e929085-1.

No Conflict of Interest Present