

**TITLE: TORSION OF A PEDUNCULATED SUBSEROAL LEIOMYOMA , A RARE CAUSE OF ACUTE ABDOMEN**

**INTRODUCTION:**

Acute abdominal pain caused by torsion of the pedunculated subserosal leiomyoma is rare and is often difficult to diagnose preoperatively. Misdiagnosis can lead to ischemia, necrosis, and subsequent peritonitis which may cause significant morbidity. As a result, torsion of a pedunculated subserosal leiomyoma should be recognized as a surgical emergency. The symptoms of uterine leiomyomas are often chronic and may range from asymptomatic to abnormal uterine bleeding, bulk-related symptoms, and reproductive dysfunction. Acute abdominal pain caused by torsion of the pedunculated subserosal leiomyoma is rare and is often difficult to diagnose preoperatively.

**CASE PRESENTATION:**

A 30 yr old unmarried unengaged female , came with complaint of sudden onset abdominal pain since one day. Patient has no menstrual complaints, with normal bowel and bladder habits. On general examination, patient was vitally stable.

P/A examination = A firm ,regular,suprapubic mass of 18wks size palpable, with restricted mobility and voluntary guarding present.

P/R examination: Rectal mucosa free

Pelvic USG revealed an ovarian mass of approximately 17\*10\*8 cms

CA 125 = 28.4 U/ml, beta HCG = <2 .

Subserosal leiomyoma excision was done. Approximate blood loss was 50ml. Pt tolerated the procedure well and was discharged after 3 days.

INTRA OPERATIVE FINDINGS = There was twisting of the leiomyoma pedicle with dense adhesions. Postoperative pathology findings in the hospital were consistent with leiomyoma.



**CASE DISCUSSION:**

Pedunculated subserosal uterine leiomyomas can be extremely challenging to diagnose clinically. In most cases, patients are asymptomatic. Abnormal uterine bleeding and pelvic pain are the most typical symptoms of leiomyomas . Acute pain in the abdomen as a symptom in leiomyoma patients is uncommon. Infection, red degeneration and torsion of a pedunculated subserosal uterine leiomyoma are complications of leiomyomas that are linked to acute abdominal pain ,since torsion of a pedunculated subserosal leiomyoma lacks truly distinct clinical signs and symptoms, its accurate diagnosis is challenging to make prior to surgery.

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**CONCLUSION:**

Although rare, Torsion of the the pedunclated subserosal leiomyoma must be considered in females prseenting with an acute onset lower abdominal pain. The diagnosis should be based on the clinical prsentations and image findings. Torsion of the leiomyoma is a surgical emergency as delayed in treatment may lead to marked Morbidity.