

Figure 1 & 2 – CT report of large Pelvic mass

History & investigations

53 YR Perimenopausal P2L2 Pain in lower abdomen, irregular menstrual cycle. Tumor markers-Within normal limit. P/A– large Irregular mass in midline extending above umbilicus. P/V- uterus not separately felt. 27/9/24 MRI (Ranchi)- large lobulated heterogeneous mass enhancing SOL in Antero-inferior aspect of uterine body with exophytic component towards right side of abdomen causing hydro-Ureteronephrosis-S/o leiomyosarcoma or myxoid degeneration of fibroid. 12/10/24- SIR HN reliance foundation hospital, Mumbai. CT A+P done-19.5 x 15.9 x 17.5 cm pelvic mass epicentred in uterus in seperable from bilateral adnexa with hydro uretero nephrosis. No significant enlarged Abdomino-pelvic lymphadenopathy.

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TITLE : RARE CASE OF HUGE BILATERAL BROAD LIGAMENT FIBROIDS

INTRODUCTION & OBJECTIVE -Bilateral huge broad ligament fibroids are rare, benign tumor causing severe pelvic pain, hydro ureter/ hydronephrosis, needs expert management, hence presenting the case

Case operation procedure

Exploratory Laparotomy done- Large very vascular right broad ligament fibroid of 18x 15 cm fibroid and one left sided 6 x 7 cm. Bladder densely adhered and advanced. Lower central cervical fibroid distorting both uterine artery laterally. Myomectomy done before Hysterectomy to decompress the mass. Frozen section of large fibroid sent –no malignancy noted. Total Abdominal Hysterectomy with BSO done. Vascular bed oozing persisted in spite of hemostatic sutures hence oozing controlled with flow seal (containing bovine derived gelatin matrix, human derived thrombin). Intra- op 2 PCV given. HPR- leiomyoma no malignancy noted.

Post on patient recovered well. Hemoglobin 11.1gm

Discussion:

- Broad ligament are rare benign tumors of large size as epitomized in this case.
- Adequate Blood products should be available.
- During surgery, careful dissection and thorough understanding of pelvic anatomy are essential to prevent complications especially ureteric and vascular injuries.
- Differential diagnosis in this case was leiomyosarcoma as reported in MRI. Frozen Section is important tool to rule out malignancy during surgery

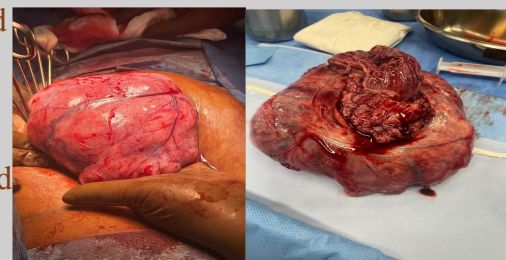
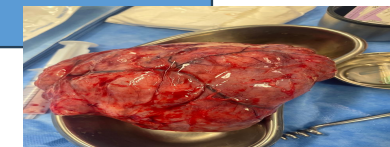


FIGURE SHOWS- HUGE BROAD LIGAMENT FIBROID

REFERENCES

1. Trivedi j a rare case of broad ligament fibroid : a diagnostic dilemma international journal of clinical obstetrics and gynecology 2023;7(3): 376-378
- 2) munikrishnan da, ramasamy k, meenakshisundaram k. One of the biggest broad ligament fibroids reported in india : a case report . int j reprod contracept obstet gynecol 2024 ;13:3730-2
- 3) kindinger, lm., Setchell, t.E. & Miskry, t.S. Broad ligament fibroids – a radiological and surgical challenge .Gynecol surg 11, 19-22(2014). <http://doi.Org/10.1007/s10397-013-0826-0>

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Conclusion:

Broad ligament fibroids are relatively rare ,huge, benign smooth muscle tumors with hydro-uretero nephrosis.

CT and MRI imaging may raise concern for malignancy like ,leiomyosarcoma, which is more aggressive and rare form of cancer.

Intra -op frozen biopsy should be done to rule out malignancy and careful dissection can avoid ureteric and vascular injuries.