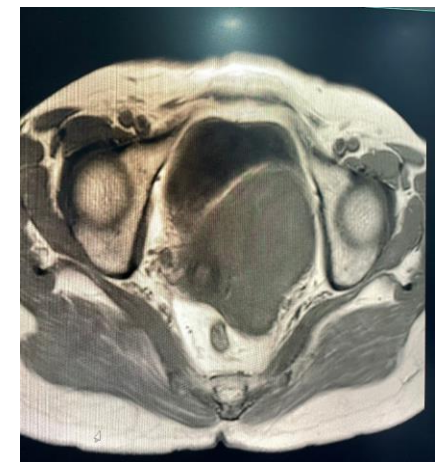


INTRODUCTION

Leiomyomas are common benign tumors of female genital tract accounting for approximate 20- 30% of cases. Leiomyomas can be intra-uterine or extra-uterine. Extra-uterine origin is less common (2-3%) and etiology is unclear, therefore have nonspecific presentations hence pose clinical and diagnostic challenges.

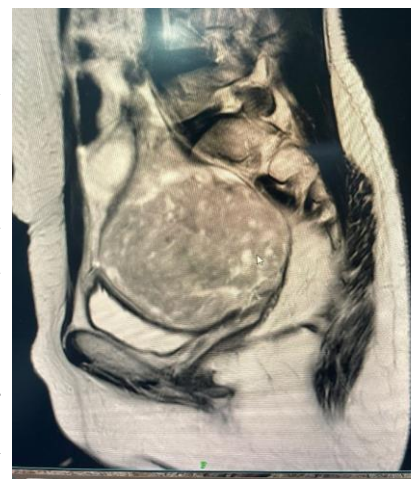


CASE REPORT

A 49 years old Mrs. Z, P2L2 came with complaints of lower abdomen pain in right iliac fossa since 2 years. On bimanual examination—Uterus size was bulky with right forniceal fullness with no tenderness. USG abdomen and pelvis ,MRI Pelvis showed single well defined lobulated mass in right adnexa measuring 7.2x7.8x5.9cms probably arising from right lateral wall of uterus s/o sub serosal / broad ligament fibroid. Given the large size of fibroid we decided in favour of surgical management. Total abdominal hysterectomy With oophorectomy with DJ Stenting was planned

under SA considering the broad ligament.

Intraoperatively multiple dense venous plexus on the right side of uterus were noted as it was supplying to the fibroid. Myomectomy was done considering the broad ligament fibroid which featured cystic degeneration too. As we proceed we completely delineate the degenerated cystic fibroid from its attachment without any injury to ureter. Hence DJ stenting was deferred intra operatively. The broad ligament fibroid and uterus with b/l fallopian tubes have been removed and sent for histo- pathological examination. Antibiotics and supportive treatment were given and postoperative period was uneventful. Patient was discharged on pod 5. Patient resumed her normal activities within one month with no complaints.



DISCUSSION

Broad ligament leiomyomas have the potential to grow to large size and undergo secondary changes mostly degeneration. Meticulous dissection is needed to prevent damage to ureter as its normal anatomy will be distorted in many of such cases.

CONCLUSION

Broad ligament fibroids mimic adnexal masses on clinical and radiological examination. High degree suspicion and to keep solid adnexal and uterine mass as differential diagnosis is must. It is recommended to have DJ stenting if needed to avoid surgical complications and one should be very careful about ureteric course and surrounding structures.

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