

## Title: *A retroperitoneal broad ligament lipoleiomyoma masquerading as an ovarian mass.*

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### INTRODUCTION

- Lipoleiomyoma is an uncommon variant of leiomyomas with reported incidence of **0.02 to 0.3%** <sup>(1)</sup> and was first reported in 1991 <sup>(2)</sup>.
- Common locations are uterus, cervix, retroperitoneum, broad ligament and seen commonly in postmenopausal women.

### CASE

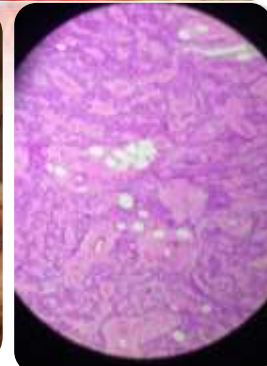
49 years old, P2L2MTP1 came to OPD with complaints of **pain in abdomen** on and off with heaviness in lower abdomen. Menstrual h/o-NAD

On examination- firm to hard mobile mass could be palpated reaching up to umbilicus. On PV examination firm mass could be felt in posterior and left lateral fornices, uterus could not be felt separately. Right fornix was free.

Imaging studies-

USG s/o left ovarian solid tumor 24X10cm. MRI s/o *large lobulated mass* in the pelvi-abdominal region in the midline and left side closely abutting the fundus and posterior wall of uterus with loss of fat planes.

Tumour markers (AFP, CA-125, CEA, LDH, CA19.9) -within normal limits



### INTRAOPERATIVE FINDINGS

A large soft mass with some firm areas, seen in pelvis posterior to uterus. It was found to extend retroperitoneally. On opening the retroperitoneum **15cm x 30cm** soft mass was found. On dissection the mass was attached to broad ligament on left side by a stalk. The mass was dissected and stump was secured with transfixation sutures. Bilateral adnexa and uterus appeared to be normal.

On removal of the mass, TAH with BSO was performed. The mass weighed 1.6kg and was 30cmX 25cmX 7cm. HPE was s/o lipoleiomyoma.

### DISCUSSION

Lipoleiomyomas are subsets of leiomyomas with fatty metamorphosis of smooth muscle cells into adipose tissue. Other theories suggest that these tumors may arise due to misplaced remnants of fatty cells of the embryo, or due to the transformation of mesenchymal totipotent cell<sup>(3)</sup>. Studies show that an increased estrogenic state may also be a contributing factor.

### CONCLUSION

Lipoleiomyomas due to their high fat content can be mistaken for malignant ovarian tumors on imaging studies esp when arising from broad ligament. However the strategies for management of both differ considerably, with lipoleiomyomas being benign and responsive to conservative treatment options.

### REFERENCES

1. Manjunatha HK, Ramaswamy AS, Kumar BS, Kumar SPA, Krishna L.
2. Oh MH, Cho IC, Kang YI, Kim CY, Kim DS, Cho HD, et al.
3. Wang X, Kumar D, Seidman JD. Uterine lipoleiomyomas: a clinicopathologic study of 50 cases.