

DOI: 10.5455/2320-1770.ijrcog20140363

## Case Report

# Broad ligament myoma at 75 causing clinical, ultrasonic and intraoperative diagnostic dilemma

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**Received:** 27 January 2014

**Accepted:** 02 February 2014

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## ABSTRACT

This case is reported because of the diagnostic dilemma it caused. This is a report of a 75 years postmenopausal female with epigastric pain & old USG report of 4 cms mass in right adnexa, ? neoplastic, done 1 year back. Clinically uterus was atrophic with 4 cms mass in right fornix, mobile, nontender, separate from uterus. CA 125=19.7 U/L. USG showed right adnexal mass of about 4 cms, anechoic, right ovary was not seen separately, suggestive of right ovarian mass, left ovary normal. Laparotomy was done with provisional diagnosis of persistent postmenopausal ovarian mass. During the procedure the same mass was seen attached to right cornu of uterus. Right ovary was not seen separately. TAH with BSO was done. On dissecting the specimen, the mass & right ovary were found entrapped together in leaves of broad ligament. The ovary & the mass were in close proximity of each other appearing as one; pedicle of the mass was seen attached to right cornu of uterus with a peduncle; quite separate from right ovarian ligament but in its close proximity, both appearing as one. Histopathology report suggested it to be leiomyoma.

**Keywords:** Broad ligament leiomyoma, Diagnostic dilemma, Postmenopausal

## INTRODUCTION

Incidence of broad ligament fibroid is <1%.<sup>1</sup> Broad ligament myomas are known to cause diagnostic difficulties, clinically & on imaging as well. They pose a challenge at preoperative imaging.<sup>2</sup> They may also prove to be a surgical challenge. The case is reported for its rarity, and the diagnostic dilemma it caused intraoperatively as well.

## CASE REPORT

This is a report of a 75 years patient with pain in upper abdomen since one & half years. No history of menstrual problems or any other complains. She had a USG report done one year back elsewhere suggestive of neoplastic mass in right adnexa. No other details of the report neither the film was available.

General examination & per abdomen examination - WNL

P/V - uterus R/V, atrophic; right adnexa having a nontender mass of 4 cms diameter, firm, mobile, separate from uterus.

All routine investigations WNL & CA 125 levels 19.7 U/L.

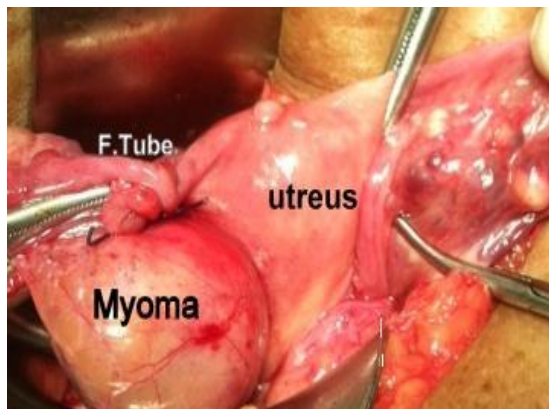
USG - Uterus 5.4 cm x 2.6 cms, endometrium thin line, well defined rounded to oval, hypoechoic mass lesion of 3.8 cms x 3.9 cms x 3.1 cms noted in rt adnexa showing soft tissue consistency. Right ovary not seen separately. Left ovary measured 1.6 x 1.3 cms.

Preoperative diagnosis: Persistent postmenopausal ovarian mass on right side.

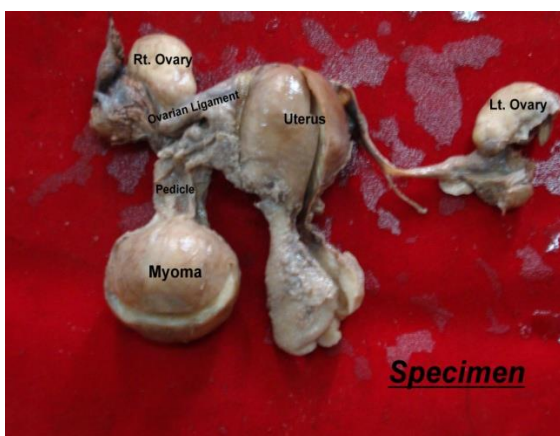
Management: TAH with BSO done on 25.9.2012, in view of persistence of the ovarian mass of about 4 cms in postmenopausal age

Intraoperative findings: Uterus atrophic, with few seedling fibroids near fundus. The mass was seen attached to right cornu of uterus with a peduncle, appearing as ovarian mass. Ovary was not visible separately.

On dissecting the specimen: The mass & right ovary were found entrapped together in leaves of broad ligament. The ovary & the mass were in close proximity of each other appearing as one; mass was seen attached to right cornu of uterus with a peduncle; quite separate from right ovarian ligament but in its close proximity, both appearing as one. Left ovary was atrophic; there were 7-8 spherical hard nodules of 2-3 mm diameter each in left broad ligament inferior to left fallopian tube. No adhesions in pelvis, no ascites.

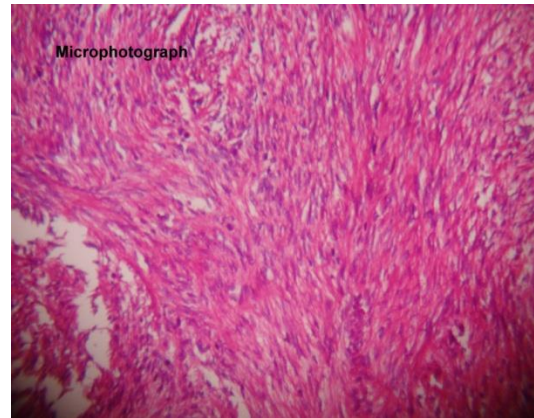


**Figure 1: Intraoperative findings: uterus atrophic, with few seedling fibroids near fundus.**



**Figure 2: On dissecting the specimen: The mass & right ovary were found entrapped together in leaves of broad ligament.**

Histopathology: The mass showed histomorphological changes s/o leiomyoma. The spherical nodules were reported by pathologist as calcifications.



**Figure 3: The mass showed histomorphological changes suggestive of leiomyoma. The spherical nodules were reported by pathologist as calcifications.**

Final diagnosis: Broad ligamentary pedunculated leiomyoma of right side.

## DISCUSSION

This is a rare type of presentation. Clinically, ultrasonically & intraoperatively it appeared as an ovarian mass, as ovary on that side could not be identified separately.

Extra-uterine fibroids occur infrequently, although they are histologically benign, may mimic malignant tumors at imaging, and may present a diagnostic challenge.<sup>3</sup>

In this case TAH & BSO was performed, with the diagnosis of a postmenopausal ovarian mass of about 4 cms size, because although asymptomatic, leaving this mass as such, was not advisable.

Patient's age and menopausal status are important factors to consider when identifying an adnexal abnormality, as the associated risk of malignancy increases from 13% in premenopausal women to 45% in postmenopausal women.<sup>1</sup>

In case of broad ligament myoma preoperative diagnosis may be missed, even on MRI & diagnosis clinched only intraoperatively. Seniority of the reporting radiologist & route of ultrasonography may not improve the detection of broad ligament fibroid.<sup>2</sup>

As reported by Pinar Yildizi et al.<sup>1</sup> laparotomy was done with a preoperative clinical & ultrasonic diagnosis of a solid adnexal mass suggesting an ovarian malignancy, whereas it turned out to be a broad ligament fibroid on opening the abdomen.

In the present case during surgery it appeared as an ovarian mass. So intraoperative diagnosis was still an ovarian mass. The mass appeared to be separate from ovary only after dissecting the specimen. Final diagnosis was made by histopathology.

## CONCLUSIONS

In cases of an adnexal mass the differential diagnosis of broad-ligament leiomyoma should be taken into consideration, even if clinical, imaging & sometimes intraoperative evidence does not suggest so.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: Not required*

## REFERENCES

1. Pınar Yıldız, Hüseyin Cengiz, Gazi Yıldız, Aslı Demir Şam3, Ali Yavuzcan, Bilal Çelikbaş, Levent Şahin. Two Unusual Clinical Presentations of Broad-

- Ligament Leiomyomas: A Report of Two Cases. Medicina (Kaunas). 2012;48(3):163-5.
2. Lindsay M Kindinger, Thomas E Setchell, Tariq S. Miskry. Broad Ligament Fibroids-A Radiological & Surgical Challenge. Gynecol Surg. 2014;11(1):19-22. DOI:10.1007/s10397-013-0826-0.
3. Rajanna DK, Pandey V, Janardhan S, Datti SN. Broad ligament fibroid mimicking as ovarian tumor on ultrasonography and computed tomography scan. J Clin Imaging Sci. 2013;3:8.

DOI: 10.5455/2320-1770.ijrcog20140363

**Cite this article as:** Gadre S. Broad ligament myoma at 75 causing clinical, ultrasonic and intraoperative diagnostic dilemma. Int J Reprod Contracept Obstet Gynecol 2014;3:279-81.