Case Report

A case report of primary ovarian leiomyoma

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INTRODUCTION

Primary ovarian leiomyoma is a rare benign mesenchymal tumour usually arising from smooth muscle of walls of ovarian blood vessels. It's mostly discovered incidentally. Here we report a case in which a 24-year-old unmarried woman presented with pain and discomfort in lower abdomen since 10 days. On further evaluation through imaging and blood works, we proceeded with surgical management. Immunohistochemistry confirmed the final diagnosis of ovarian leiomyoma. However, it’s important to keep this entity as a differential diagnosis for solid ovarian tumors.

Keywords: Abdominal mass, Ovarian leiomyoma, Pain abdomen

INTRODUCTION

Primary ovarian leiomyoma is a rare benign mesenchymal tumor with an incidence of 0.5 to 1% of all benign ovarian tumours.1 It is mostly seen in age group of 20-65 years. Literature evidence states it to be mostly unilateral and small and 80% occur in pre-menopausal women.2

The usual origin of these smooth muscle tumours includes ovarian hilar blood vessels, ovarian ligament, ovarian stromal smooth muscle cells, undifferentiated germ cells, cortical smooth muscle metaplasia.3

Ultrasound and MRI are the preferred modes of diagnosis. However, it is difficult to differentiate from mesenchymal fibrous tumors such as fibroma /fibrothecoma.

In some instances, MRI can help to determine the pre-operative diagnosis but it may be impossible to differentiate precise origin of large tumour whether arising from uterus or subserous or ovary. Immunohistochemistry plays a major role in confirmatory diagnosis.

CASE REPORT

A 24yr old unmarried lady presented in obstetrics and gynecology Outpatient department with pain and discomfort in lower abdomen since 10 days. She had normal menstrual history. Her abdominal examination revealed firm mass of 20 weeks size with restricted mobility. Her biochemical, haematological parameters were all normal. All tumour markers including S. Beta Hcg, Alpha feto protein, LDH were normal except CA 125 was marginally elevated 41 (<35 is normal).

Trans abdominal ultrasound showed large abdominopelvic mass? ovarian origin/complex Right adnexal cyst? Further imaging by CT scan abdomen showed large well-defined thick irregular walled peripherally enhancing mixed solid cystic lesion arising from right adnexal region crossing midline with soft tissue thickening of adjacent part of omentum and loculated fluid? Ovarian neoplasm. She was taken up for laparotomy with frozen section with the assistance of a surgical oncologist.

Intra operatively there was a firm, well capsulated right ovarian mass of size 20 weeks, tortured thrice along with normal ovarian tissue at the base with stretching of right...
Primary ovarian leiomyoma is a rare disorder and the diagnosis can be made only after histopathological and immunohistochemical evaluation. It should be kept in differential diagnosis in women presenting with solid ovarian tumors. However, Immunohistochemistry is recommended for definitive diagnosis.

A common surgical approach to ovarian lesion in middle aged to elderly patients is hysterectomy with bilateral salpingo oophorectomy. Prognosis is excellent without recurrence. Thus, fertility preserving surgeries are attempted with much success.³

CONCLUSION

Primary ovarian leiomyoma is a rare disorder and the diagnosis can be made only after histopathological and immunohistochemical evaluation. It should be kept in differential diagnosis in women presenting with solid ovarian tumors. However, Immunohistochemistry is recommended for definitive diagnosis.

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REFERENCES

