Case Report

Pseudo broad ligament fibroid mimicking ovarian malignancy: a case report

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ABSTRACT
Fibroids are smooth muscle benign tumors. They arise most commonly from the uterus but may also rise from extra uterine sites like broad ligament. Uterine fibroids are the most common myomas, while uterine cervix and intraligamentary fibroids are statistically less frequent. This case report of Pseudo broad ligament fibroid with extensive cystic degeneration is presented for its rarity and diagnostic challenges as they mimic pelvic adenexal tumors. Following is the case report of a 40 year old, P4L4, postmenopausal female admitted in the department due to a diagnosed solid lesion in the left adnexa. Patient was asymptomatic 3 months back when she noted gradual swelling and distention over the abdomen. On abdomen examination, a generalized mass was palpable with minimal ascites. On ultrasonography, a large heterogeneous mass measuring 200X215 mm seen in pelvic region, arising from left adnexa and extending towards abdomen. During laparotomy, left sided fibroid was removed and sent for frozen section analysis. Histopathological reports revealed spindle cells arranged in fascicles and interfacing bundle with focal areas of myxoid degeneration. Huge pseudo-broad ligament leiomyoma with cystic degeneration may present diagnostic difficulties in differentiating ovarian malignancies even on ultrasound and MRI. This differential diagnosis must be considered prior to surgical management.

Keywords: Ovarian malignancy, Ligament, Fibroid

INTRODUCTION
Fibroids are benign tumors arising from the myometrium affecting up to 30% of all women in the reproductive age group. Broad ligament fibroids account for less than 1% of all leiomyomas. A false broad ligament fibroid develops from the lateral surface of the uterus. A true broad ligament fibroid is conventionally believed to develop from mesenchymal remnants in the uterus, or smooth muscle in the media of blood vessels in the broad ligament. The diagnostic dilemma arises when leiomyomas undergo degenerative changes. Massive cystic degeneration results in a diagnostic confusion with ovarian malignancy.

CASE REPORT
Mrs. XX, a 40 year old, P4L4, postmenopausal female admitted in the department of obstetrics & gynaecology of Safdarjung hospital due to a diagnosed solid lesion in the left adnexa of the patient.

Patient was asymptomatic 3 months back when she noted gradual swelling and distention over the abdomen. It was associated with loss of appetite. Swelling was not associated with pain. No history of nausea, vomiting or altered bladder and bowel habits. No history of excessive weight loss. She was regularly menstruating. No history of any chronic medical illness in the past. On examination, her vitals were stable. Abdominal
examination revealed a hard mass extending from pelvis up to xiphisternum and laterally extending into the flanks, shifting dullness was not present. On pelvic examination the uterus was difficult to identify separately from the mass; it was not tendent. There was no palpable lymphadenopathy. Blood investigations included: CA125- 36.4, alpha fetoprotein- 2.9, LDH- 265, CEA- 1.2.

CONCLUSION

Huge pseudo-broad ligament leiomyoma with cystic degeneration may present diagnostic difficulties in differentiating ovarian malignancies even on ultrasound and MRI. This differential diagnosis must be considered prior to surgical management.

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REFERENCES
