



CASE REPORT, A CASE OF GIANT FIBROID UTERUS IN A YOUNG LADY

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Article Info <i>Received 15/05/2015</i> <i>Revised 27/05/2015</i> <i>Accepted 05/06/2015</i> Key words: Lipoleiomyoma, Leiomyoma and Menopausal women.	ABSTRACT Lipoleiomyoma is a rare benign tumor of the uterus consisting of smooth muscles and mature adipose tissue. It is difficult to clinically distinguish it from a leiomyoma .Most of the cases reported in literature were seen in postmenopausal women. We are reporting a giant lipoleiomyoma in a 26 year old lady. To the best of our knowledge, this is the only case reported of lipoleiomyoma of uterus at such an early age and of such size.
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INTRODUCTION

Leiomyoma is the most common tumor of the female pelvis. These neoplasms frequently cause menstrual disturbances, pelvic pain and pressure symptoms .We present here a case of a large lipo-leiomyoma in a young lady. Lipoleiomyoma is commonly seen in, perimenopausal and post menopausal women .We present this case because of its rarity in this age group.

CASE REPORT

A young unmarried lady of 26 years reported with a painless lump abdomen and abdominal distension of 6 months duration .She attained menarche at the age of 14 years .There was no history of period disturbances or dysmenorrhea .There was no history of bowel bladder disturbances. There was no history of nausea, vomiting or weight loss. There is no history of sexual activity. Her past medical and surgical histories were insignificant.

On examination there was an intra abdominal lump occupying the hypogastrium, umbilical and extending to the lumbar, iliac, and epigastric regions. The mass was mobile sideways .The mass was firm, non tender and palpable on per rectal examination. On ultrasound the

mass was hyperechoic arising from the pelvis extending to the epigastric region of size 96 ×40 mm not seen separately from the uterus, ovaries not seen separately, with mild to moderate hydroureteronephrosis with omental thickening and without any evidence of ascites or lymphadenopathy or pleural effusion. A diagnosis of lipoma was made on ultrasound and CT scan was advised.

CT scan was suggestive of a right ovarian Dermoid as there was large heterogeneously enhancing fat density mass lesion in pelvis extending into the abdomen with the displacement of the uterus. Tumor markers tested were negative for malignancy. With a working diagnosis of an ovarian mass she was posted for laparotomy , after serological, biochemical and radiological investigations. After written, valid consent and perioperative parental antibiotics patient's abdomen was opened by midline incision under general anaesthesia.

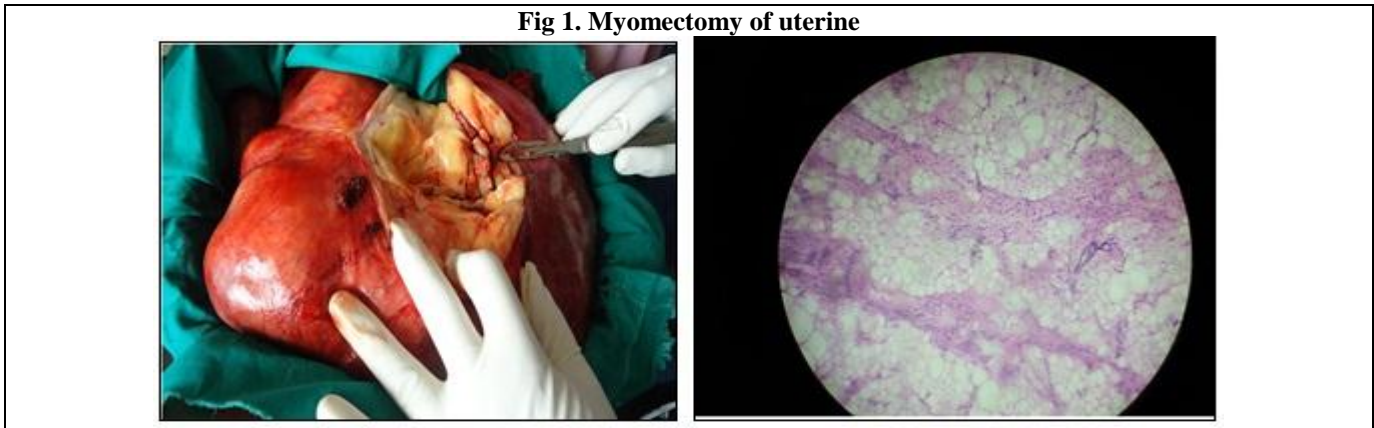
On laparotomy a huge fibroid was seen arising from the anterior wall of the uterus extending into the lateral and posterior walls completely distorting the anatomy. Both tubes and ovaries were healthy. There was no ascites.



Myomectomy was done and uterine anatomy was with dimensions of 30×25×20cms .The mass was soft to firm in consistency and the cut surface was yellowish grey with areas of haemorrhage. Postoperative period was

restored. The resected specimen was 5.5 Kgs in weight uneventful. Histopathology showed a leiomyomatous-lipoma of the uterus.

Fig 1. Myomectomy of uterine



DISCUSSION AND CONCLUSION

Uterine lipoleiomyomas are rare tumors that represent less than 0.2% of benign neoplasms [1]. Lipoleiomyoma is an uncommon benign uterine neoplasms typically found in obese perimenopausal or post menopausal women. Because fat tissue is not native to the myometrium various theories have been proposed for the histogenesis of these tumors. The reported incidence varies from 0.03 to 0.2%. Only 9 cases have been published in imaging literature. These tumors consist of long intersecting bundles of bland, smooth muscle cells admixed with nests of mature fat cells and fibrous tissue. It is suggested that lipoleiomyoma result from fatty metamorphosis of uterine smooth muscle cells which can

proceed to form localized or diffuse mature adipocyte tissue in leiomyoma or in the myometrium rather than fatty degeneration [2-5].

Differential diagnosis of a pelvic lipoma includes benign cystic teratoma, fibromylipoma, liposarcomas and benign pelvic lipomas [6]. Small asymptomatic leiomyomas do not require surgical management. Surgery is required in the presence of large masse and when symptomatic. They are benign tumors, CT and MR imaging plays an important role in diagnosis and location, but pathological examination confirms the diagnosis. They behave like the usual leiomyomas and no recurrence or fatality due to tumor is reported [7, 8].

REFERENCES

1. Bolat F, kayaselcuk F, Canpolat T, Erkanil S. (2007). Histogenesis of lipomatous component in uterine lipoleiomyomas. *Turkish Journal of pathology*, 23(2), 82-86.
2. Lin KC, Sheu BC, Huang SC . (1999). Lipoleiomyoma of the uteru. *Int J Gynaecol Obstet*, 67, 47-49.
3. Rollasson TP, Wilkinson N. (2003). Non neoplastic conditions of myometrium and pure mesenchymal tumours of the uterus. In: Fox H, Wells M, editors. Haines and Taylor Obstetrical and gynaecological pathology. *Churchill Livingstone*, 5, 531.
4. Scurry JP, Carey MP, Targett CS, Dowling JP. (1991). Soft tissue lipoleiomyoma. *Pathology*, 23, 360-362.
5. Gentile R, Zarri M, De Lucchi F, Bellone F, Lapertosa G. (1996). Lipoleiomyoma of the uterus. *Pathologica*, 88, 132-134.
6. LinM, Hanai J. (1991). Atypical leiomyoma of the uterus. *Acta Pathol Jpn*, 41, 164-9.
7. WangX, KumarD, Seidman JD. (2006). Uterine lipoleiomyomas :a clinicopathologic studyof 50 cases. *Int.J Gynaecol Pathol*, 25(3), 239-242.
8. Manjunatha HK, Ramaswamy AS. (2010). Lipoleiomyoma of uterus in a postmenopausal woman. *J Midlife Health*, 1(2), 86-88.