Case Report

Anterior Abdominal Wall Leiomyoma Without Antecedent Pelvic Surgery Mimicking an Ovarian Tumour

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ABSTRACT

Anterior abdominal wall leiomyoma without antecedent pelvic surgery is a rare entity. We report a case of anterior abdominal wall fibroma in a 42 year female who came with complaint of mass per abdomen. The tumour mimicked an ovarian tumour. Subsequently laprotomy was done and histopathology showed myxoid leiomyoma.

Keywords*: Anterior abdominal wall; leiomyoma; ovarian tumour, antecedent surgery.*

INTRODUCTION

Leiomyomas are the commonest of all benign pelvic tumours being present in 20% of women of reproductive age group.[1] Leiomyomas most commonly occur in the uterus, but rarely can be seen in other sites of the body like broad ligament, ovaries and vagina.[2,3] The rarest origin of leiomyoma is from the anterior abdominal wall with very few cases reported till date.

We present a case of leiomyoma of anterior abdominal wall who presented as mass in right iliac and suprapubic region extending up to the level of the umbilicus, mimicking an ovarian tumour.

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CASE REPORT

A 42 year female patient presented with mass per abdomen since 6 years which was initially small in size and increased over a period of 6 years to a size of 25×20 cm. There was no history of pain , menstrual disturbances, difficulty in micturition and passing stools. She was Para 4 , all normal deliveries with last child birth 12 years back. She was tubectomized. Her menstrual cycles were normal with last menstrual period 20 days prior to admission.

On abdominal examination, an oval shaped mass 20×20 cm occupying the right iliac, suprapubic area was extending upto the umbilicus. It was firm in consistency with no local rise of temperature.The mass was non-tender, had restricted mobility and all borders were well made out except the lower border. External genitalia were normal. Internal examination showed normal vagina and cervix .There was a non tender firm mass felt through

the anterior fornix suspicious of subserous fibroid. Uterus was bulky with free lateral and posterior fornices.

Ultrasonography showed a well defined mixed echoic lesion with multiple hypoechoic components seen, probably arising from the pelvis. Both the ovaries were not visualised.

Patient underwent exploratory laprotomy under spinal anaesthesia. Abdomen was opened with a vertical midline incision. After opening the skin and subcutaneous tissues, there was difficulty in opening the peritoneal cavity. The rectus sheath and muscles could not be seen clearly. The mass felt superficial and removal of the mass was attempted. The mass was dissected from the surrounding structures . When the mass was completely excised, the peritoneal cavity got opened (fig 1) The tumour was arising from the anterior abdominal wall. It was firm measuring 26× 20 cm, weighing 3.5 kgs.The mass was variable in consistency with prominent blood vessels. As the peritoneal cavity got opened, pelvic organs were inspected. Right and left ovaries were normal. A small seedling fibroid 1×1 cm was present over the fundus of the uterus. Primary anatomical closure was done. Patient was discharged in good health after 10 days.

Fig. 1: Anterior abdominal wall tumourwith normal ovaries and seedling fibroid over the uterus

Fig. 2: Microphotograph showinleiomyoma. (H&E x100)

Histopathological examination revealed well encapsulated tumour tissue composed of tumour cells having spindle shaped nucleus, moderate cytoplasm, arranged in bundles, fascicles, admixed with marked myxoid degeneration (fig2).A diagnosis of myxoid leiomyoma was made.

DISCUSSION

Fibroma of anterior abdominal wall is extremely rare. It is thought to result from seedling following surgical resection of uterine leiomyoma.[3,4,5] which are more likely following laproscopic procedures than laprotomy.[3,6] As retrievel of excised uterine leiomyoma through a laproscopic port site requires morcellation of the mass, fragments of leiomyoma may be left behind unintentionally and implanted into normal tissue. Parasitic leiomyomas are the ones which get detached from the uterus and found in sites remote from the uterus and are likely independant soft tissue primaries. Malignant

transformation of anterior abdominal wall leiomyoma has not been documented.

These masses should be differentiated from other abdominal masses which may be primary, post traumatic or occur as a part of another pathological process.

In our case, patient presented with mass since 6 years which increased over this period. A provisional diagnosis of subserous fibroid or an ovarian mass was made. On laprotomy the mass was found to be arising from anterior abdominal wall. Thus in this case, patient had leiomyoma of anterior abdominal wall without any history of antecedent surgeries for uterine leiomyoma. The patient gives history of abdominal tubectomy 12 years back, with no history of leiomyoma of uterus at that time. More over such small leiomyoma of 1×1 cm present on the fundus of the uterus may be a recent one. This supports the thinking that leiomyomas can be found anywhere, where there are smooth muscles. This is the first case of anterior abdominal wall leiomyoma without any history of antecedent surgeries reported in this region.

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