A HUGEO BROAD LIGAMENT FIBROID WITH DEGENERATIVE CHANGES: A RARE CASE REPORT

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ABSTRACT

Broad ligament is a very uncommon site for presentation of leiomyoma with a very low incidence rate. Because of its overall low incidence rate, it poses both clinical and radiological difficulty in differentiating with an ovarian tumour. We are presenting a rare case of leiomyoma of broad ligament in a 48-year-old female patient who presented with complaints of lower abdominal pain of long duration associated with menstruation along with bladder complaints. On clinical and radiological examination, it was found to be a left-sided mass in the pelvic region suspected to be a tubo-ovarian mass. On laparotomy, there was a huge mass measuring 18×14×12 cm in the left-sided broad ligament attached to the lateral wall of uterus. On histopathology, it was confirmed to be a soft tissue tumour – leiomyoma. We present this case because of its rarity and the diagnostic difficulties posed.

KEYWORDS

Broad Ligament, Leiomyoma, Laparotomy.


INTRODUCTION

Leiomyomas are most often benign tumours of the female genital tract. Uterine leiomyomas are the most common myomas accounting for approximately 20–30% of cases in females less than 35 years. Cervical fibroids account for 3% to 8% of uterine leiomyoma. Leiomyoma of the broad ligament is extremely rare.[1] It is the most common solid tumour of the broad ligament, but incidence of broad ligament fibroid is less than 1%.[2] On account of its rarity, it poses specific diagnostic difficulties and may be responsible for erroneous diagnosis and management.[3] Here, we present a rare case of huge broad ligament fibroid mimicking ovarian tumour creating diagnostic difficulties.

CASE REPORT

We are reporting a case of a 48-year-old female, admitted to our hospital with complaints of abdominal mass along with pain in abdomen during menstruation since 1 year. She had two full-term normal vaginal deliveries with no history of any abortion. Her menstrual history was 5-6 days/30 days, regular, associated with pain in lower abdomen since 1 year. On presentation, the pain was of severe intensity. There was no significant past history. On abdominal palpation, a large soft to firm, slight tender mass was felt in the left lower pelvic region. On per speculum examination, the cervix and vagina were healthy. Her haematological parameters were within normal limits. Urine examination revealed few pus cells and few epithelial cells. Urine culture was negative. The liver and renal function tests were within normal limits. On Ultrasonography, a large solid hypoechoic heterogenous lesion extending from pelvis (left adnexa) up to the left hypochondriac region was noted.

No obvious internal foci of calcification were seen. Left ovary could not be seen separately from the lesion. Radiologically, suspicious of left adnexal mass–ovarian tumour was given. Exploratory laparotomy with removal of left side broad ligament mass along with adherent left fallopian tube and left ovary was done and sent for histopathology.

Gross Findings

On gross examination, adherent left fallopian tube and left ovary were unremarkable. Left side broad ligament shows a single large circumscribed mass measuring 18×14×12 cm and weighing 2.5 kg (Fig 1). External surface showed congested blood vessels and nodularity. On cut section, mass was grey white, firm with whorled appearance. A small thick stalk with blood vessel was seen attached to superolateral part of the broad ligament.

Microscopic Findings

Multiple sections from the broad ligament mass showed a benign soft tissue tumour composed of spindle cells arranged in interlacing bundles, sheets and whorling pattern. Individual cells were elongated with cigar shaped nuclei and moderate amount of eosinophilic cytoplasm (Fig 2). The nuclei were uniform. Mitotic activity was sparse. Nuclear palisading, hyaline change and myxoid changes were noted focally. On the above mentioned findings, a histopathological diagnosis of benign soft tissue tumour–leiomyoma of the broad ligament with secondary changes was given. Sections through the left ovary and fallopian tube were unremarkable.

Fig. 1: Microphotograph Showing a Large Mass Arising From Broad Ligament with Attached Normal Ovary and Fallopian Tube
Ultrasonographic features play an important role in diagnosis of parasitic and pedunculated leiomyoma. Since parasitic leiomyoma are separated from the uterus, they are easily mistaken for adnexal tumours such as ovarian tumours.[5] The differential diagnosis for broad ligament leiomyoma includes masses from ovarian origin—benign or malignant, broad ligament cyst, lymphadenopathy and tubo-ovarian masses. In our case on clinical and radiological investigation, it was suspicious of ovarian neoplasm.

The serum levels of cancer antigen CA–125 were done which is in normal range. Elevated cancer marker CA–125 levels may point to metastatic ovarian malignancies. But CA–125 is also raised in endometriosis, endometriomas, serous benign tumours and cystic teratomas which make difficult to diagnose preoperatively. Histopathology plays an important role in diagnosis for such cases.[9] Primary leiomyosarcoma in broad ligament is rarely reported.[7] So, proper histopathological evaluation is important for patient management.

CONCLUSION
Broad ligament leiomyomas mimic ovarian tumours on clinical and radiological examination and it should be kept important differential diagnosis for such solid adnexal or ovarian mass. The diagnosis of broad ligament leiomyoma is difficult on clinical and radiological features owing to its rarity and unusual presentation. It is thus very important for the histopathologist to diagnose it unequivocally.

REFERENCES