

An Incidental Dilemma of Degenerated Stony Parasitic Fibroid: A Rare Case Report

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Abstract

Wandering or parasitic fibroid are rare variant of gynecologic entity and are extrauterine neoplasms occurring in unusual locations where the patient presents atypically or incidentally and at times mislead the radiological findings due to its atypical presentations. Due to the rarity of its presentation and an incidental finding, we present a case of 38 yrs old nulligravida with a myoma of 10 weeks sized, failed medical treatment with an incidental finding of a parasitic degenerated fibroid resembling a stone which was later confirmed as a case of degenerated wandering fibroid.

Keywords: Wandering fibroid; Parasitic fibroid; Ectopic fibroid; Incidental dilemma; Degenerated fibroid.

INTRODUCTION

Uterine leiomyoma are common tumours of the uterus, characterised by the proliferation of smooth muscles and connective tissues of the uterus. The estimated prevalence was noted

ranging from 4.5% to 68.6%.¹ The International Federation of Gynaecology and Obstetrics (FIGO) leiomyoma subclassification system categorises fibroids into eight sub-classes from 1 to 8.² The type 8 is classified as parasitic or wandering or ectopic fibroid. Parasitic fibroids are considered rare intra-abdominal tumours usually with the same histological features of uterine fibroid with incidence of 0.12%.³ Generally they arise as projections from subserosal part of uterine fibroid and supersedes the primary vascular supply from the uterus leading to the atrophy of the myoma junction and detaches subsequently giving rise to parasitic or wandering feature of the myoma. A theory has been postulated that parasitic fibroids develop from the unintentional seeding of tissue fragments generated during the morcellation procedure in a previous laparoscopic myomectomy surgery.⁴ Women in age group of fifth or sixth decade, positive family history, perimenopausal state, time since last birth, food additive and soya bean consumption has found to be associated with increased and factors like use of oral contraceptive, injectable contraceptive, low body mass index,

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increased parity and smoking was found to shown decreased risk.¹

CASE DESCRIPTION

A nulligravida married 38 years old presented with severe pain abdomen during menstruation and heavy menstrual bleeding for the last 1 years. Her cycles were regular however there was increase duration lasting for 7-8 days with increased flow which needed a change of 4-5 per pads per day. The patient did not have any other gynaecological complaints nor any urinary symptoms. On examination, her vitals were stable with insignificant systemic examination.



Fig. 1: A stony hard globular structure weighing 5.3gm. Cut section is tan white and shows whorled appearance

Gynecological examination, cervix and vagina appears healthy. Vaginal examination, uterus corresponding to ~10-12 weeks size, mobile with free bilateral, non-tender and non palpable fornices. Blood count and other investigation profiles were normal. Ultrasonography pelvis showed a myoma in the anterior myometrium of 6x5x6cm with normal adnexal structures. Elective myomectomy was planned. The patient was taken up for myomectomy, intraoperatively an unusual dilemmatic globular brownish stony hard consistency freely floating with smooth surface appearance measuring 3x4 cm was noted as shown in fig. 1. The specimen was sent for histopathological examination and revealed degenerative changes as shown in fig. 2.



Fig. 2: Histomorphology shows fascicles of monotonous spindle cells with indistinct cell borders, eosinophilic cytoplasm, cigar shaped nuclei with inconspicuous eosinophilic nucleoli with areas of hyalinization

DISCUSSION

Wandering leiomyomas are rare extra uterine tumours which are known for their atypical presentation and unusual location making it difficult to diagnose clinically and radiologically. Pathogenesis are unclear, hence many theories are being put forward and described. First described by Kelly and Cullen in 1990 as myoma that have for some reason become partially or almost completely detached from the uterus and receive the main blood supply from another source and probability of leaving behind seedings of myoma portion during morcellation that gets implanted to the normal tissue anywhere in the peritoneum has also been described.⁵ One theory says that these are rare variants of pedunculated subserosal leiomyomas.⁶

Differential diagnosis of various abdominopelvic masses are appropriate to be ruled out as it may

mimic ovarian mass, lymphadenopathy, broad ligament cyst or peritoneal inclusion cyst.⁷ Usually, they are asymptomatic but at times presents as an acute abdomen or at times finds it on incidental during any gynaecologic procedure or during work up for non-gynaecological cause.

Most of the reported cases of parasitic myoma was made at the time of surgery, management of these is usually by surgical resection either by laparoscopy or open surgery.⁸ In our patient, the fibroid was an incidental finding which created a dilemma as it gave an appearance of a stone and later confirmed as a case of degenerated fibroid by histopathological examination.

Large retrospective studies were carried where development of parasitic myomas was reported after use of morcellator⁹ and hence measures like thorough inspection, washing of abdominopelvic

cavity after use of morcellator to prevent seedlings of myoma can be closely incorporated.

CONCLUSION

Wandering fibroids are rare tumours with unusual locations and atypical presentations that create a dilemma hence the differential diagnosis should be well incorporated as it mimics abdominopelvic masses and be treated timely so as to prevent possible complications that may arise due to the tumour. Surgeons should be aware of the probable pathogenesis and hence preventive measures should be done intraoperatively.

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