LEIOMYOMA OF THE ANTERIOR ABDOMINAL WALL IN A 26 YEAR OLD PREGNANT WOMAN: A CASE REPORT

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ABSTRACT

INTRODUCTION

A uterine fibroid, also known as uterine leiomyoma is a benign smooth muscle tumor of the uterus. Although intramural fibroids located within the wall of the uterus are the most common type of uterine leiomyomas, fibroids can also be found in supporting structures such as the broad ligament[1]. The incidence among women is generally 20-25 %[2].

Abdominal wall fibroids, however, are an uncommon finding and are thought to be due to seeding following surgical resection of uterine fibroids[3].

CASE REPORT

A patient xyz, 26 years of age, non-booked, with a degree in faculty of art, presented in gynecology outpatient department at 36 weeks of gestation. She had been married for one year and was currently primigravida. Her pregnancy was uneventful during the first trimester, but during the second trimester she noticed a swelling the size of a large lemon in her right iliac fossa. She reported to a doctor in private sector, where all her investigations and ultrasound was done and she was diagnosed as having a solid mass in the anterior abdominal wall. As she was pregnant and the mass did not seem to be causing any trouble, so no further intervention was done. The mass was not painful but kept gradually increasing in size. She had no other urinary or bowel complaint, normal appetite and no history of weight loss. The baby was growing well. Her past medical, surgical and family history was unremarkable. On general physical examination she was of average built, well oriented in time, place and person. Her vitals were normal. There were no positive fin dings in the general physical, respiratory, cardiovascular or central nervous system examinations. The abdomen was protruding due to pregnancy and there was a mass in the right iliac fossa approximately 10cm x 6cm. On palpation it was firm in consistency, not mobile, non-tender and had regular margins. Her baseline investigations were within normal limits. An ultra sound was advised from the radiology department for the diagnosis of the mass.

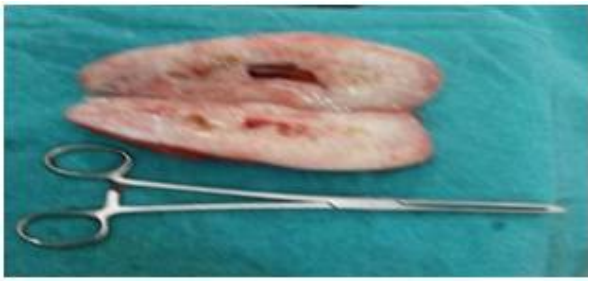

Figure: specimen of uterine leiomyoma.

On ultrasound report the mass was 11cm x 6.7cm, homogenously solid with a central area of necrosis measuring about 1-2cm located in the anterior abdominal wall. Surgical consultation was done and as she was near term so intervention was planned at the time of delivery. A cesarean section was planned at 38 weeks of gestation. Abdomen was opened through pfannenstiel incision and uterus through transverse lower segment incision baby was delivered along with placenta, uterus stitched in double layer. Baby was normal and healthy with Apgar score 10/10 at 5 minutes. The surgeon was involved for further intervention. The mass was

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easily removed from the anterior abdominal wall through pfannenstiel incision. There were no adhesions with the surrounding structures. Hemostasis was secured and specimen was sent for histopathology, on histopathology report it was confirmed that the masswas a leiomyoma. Histopathology report showed spindle-shaped smooth muscle cells in interlacing bundles and whorls. The patient's recovery was uneventful.

DISCUSSION

Fragments of uterine leiomyomas can unintentionally be implanted and grow in abdominal-wall incisions after laparoscopic myomectomy[4]. In women with no evidence of uterine leiomyomas, there is still a possibility that cesarean section may cause the abdominal wall leiomyoma[5].

Primary abdominal wall leiomyoma are very rare if there has been no previous surgical procedure performed. However, the exact cause of the origin of primary leiomyoma from the anterior abdominal wall is unclear. It has been postulated that the transformation of the cells of the vessel wall in the anterior abdominal layer due to somatic mutations and interplay of hormonal and growth factors[6].

This patient had undergone no previous surgical procedures, caesarean section, laparotomy or laparoscopy and had no history of uterine leiomyomas. The tumor grows in pregnancy due to maternal hormonal effect and this typically occurred in this patient.

Cases of primary abdominal wall leiomyoma are rare and because of this there is very little literature available on them[7].

CONCLUSION

Benign primary leiomyoma of the abdominal wall can occur and this rare entity should be considered in the diagnosis of the anterior abdominal wall tumors in any patient without any concomitant tumors elsewhere in the abdomen or any antecedent history of abdominal or pelvic surgery.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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