



Large Myoma with Mixoid Degeneration, Fast Growing Fibroid or Uterine Sarcoma

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Abstract

Introduction and Aim: There is an increased risk of uterine sarcoma in women with an enlarged and active growing myoma. Our aim is to make a short report of a case based on clinical images.

Clinical Image: A 50-year-old woman with a giant mass that occupied the whole abdominal cavity, with exophytic growth through the vagina. Imaging studies described a solid tumor of 27 x 20 x 30 cm suggestive of myoma or sarcoma; right hydronephrosis and inferior vena cava compression. No peritoneal involvement. Total abdominal hysterectomy and bilateral salpingo-oophorectomy by open surgery and an exhaustive abdominal cavity review were performed. Histological analysis confirmed a 32 x 27 cm myoma with myxoid degeneration, no malignant cells. The patient had a great recovery with no urinary or vascular complications.

Discussion: There is high-risk of degeneration to a sarcoma in a large uterus, fast growing myomas and perimenopause, due to the phase of change or more marked hormonal alteration. The gynecologist should monitor these patients with more frequency, especially if the myoma grows rapidly or has changed.

Conclusion: Active or big myomas are associated with occult uterine sarcoma; however, this criterion is not enough to allow a preoperative identification in all patients in the same condition. Meanwhile, an exhaustive abdominal cavity review is recommended to be performed during surgery. Future studies to further development of a Score in cases of suspected malignancy are needed.

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Clinical Image

A 50-year old woman with a solid tumor of 27 x 20 x 30 cm that occupies the abdomen, with exophytic growth through the vagina; suggestive of sarcoma [1]. The patient complained of progressive abdominal distension for more than a year ago. She blamed against weight increase with the onset of menopause. The patient complained about a right hydronephrosis and vena cava compression (Figure 1), due to voiding difficult and moderate edema in legs. The radiological test shows a big abdominal mass depending on the uterus and no signs of carcinomatosis.

We suspected a high risk of uterine sarcoma or other malignancy [2], so we decided to perform a total abdominal hysterectomy and bilateral salpingo-oophorectomy by laparotomy (Figure 2). Final histology analysis confirmed a giant uterine myoma with myxoid degenerated [3,4], no signs

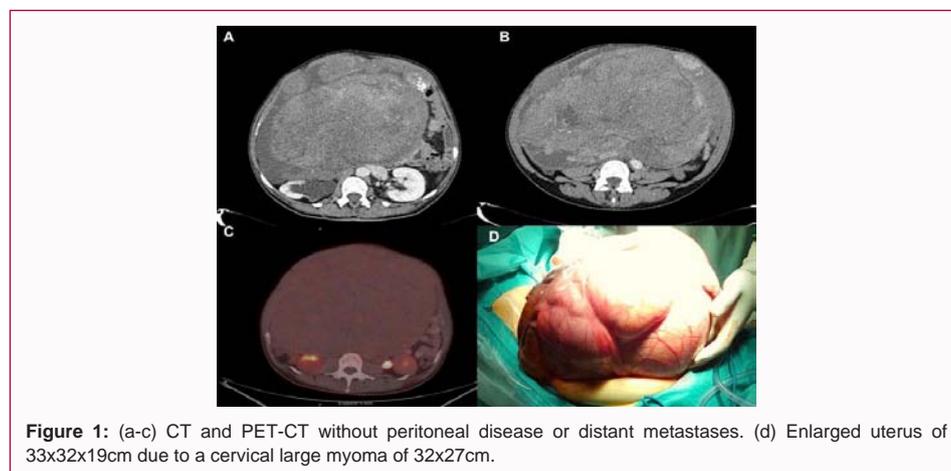


Figure 1: (a-c) CT and PET-CT without peritoneal disease or distant metastases. (d) Enlarged uterus of 33x32x19cm due to a cervical large myoma of 32x27cm.

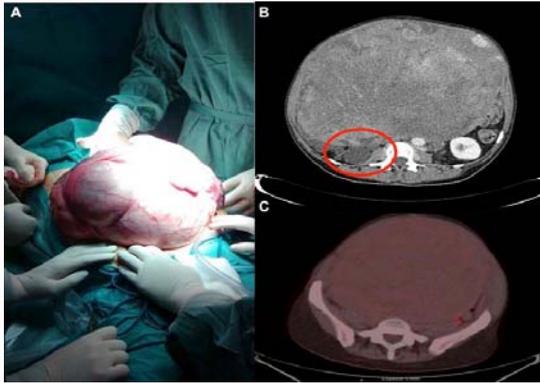


Figure 2: (a) Giant myoma. (b,c) Right hydronephrosis and inferior vena cava compression.

of malignancy [5]. The patient had a great recovery with no urinary or vascular complications. No postoperative complications. Discharged without incident. Follow-up free of disease.

Ethical Statement

Written informed consent of the patient for publication has been obtained.

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