



## Uterine Multiple Leiomyoma; A Case Report from Ghalib Teaching Hospital

Mohammad Rafi Fazli\*, Amena Mansouri and Hania Wahidi

Department of General Surgery, Ghalib Teaching Hospital, Ghalib University, Afghanistan

### Abstract

Uterine leiomyomas are benign growths that represent the most common neoplasms of the uterus. Multiple myomas are common and usually cause diagnostic and therapeutic problems due to their size, clinical features, and degeneration. In this article, we present a multiple myoma case in a 25 years old woman who presented to the Ghalib hospital with heavy vaginal bleeding, long history of menstruation, anemia, history of massive blood transfusion, unknown abdominal mass, and dysmenorrhea, lower abdominal and pelvic pain from many years ago. These symptoms were exacerbated and the patient got much blood transfusion recently. Physical and radiological examination revealed the presence of multiple masses arising from the uterus. Laparotomy and hysterectomy were achieved and the uterus and multiple myomas measuring 4.2 kg were extracted. Histological examination showed leiomyoma with atypical degeneration. The patient's postoperative course was uneventful and she was discharged after 2 days and followed up after 2 months.

### Introduction

The words leiomyoma, myoma, and fibroid are used interchangeably. Uterine leiomyomas are benign growths that represent the most common neoplasm of the uterus affecting 70% to 80% of women aged 50 and above [1]. These benign tumors are arising from the smooth muscles of the uterus [2]. Leiomyoma prevalence increases through the reproductive years and is markedly reduced after menopause. They mostly occur in women above 35 and infrequently in adolescence [3]. The pathogenesis of leiomyoma is generally unknown but they are known to grow in response to stimulation of estrogen, progesterone, and other growth factors. Other risk factors include positive family history, infertility, black race, red-meat consumption, and high blood pressure [4]. Myomas are classified as intramural, sub-serosal, and sub-mucosal based on their location within the layers of the uterus (Figure 1). These tumors can be solitary, multiple, and can have various sizes [5]. Uterine fibroid sizes can range from as large as a melon to as small as a coin [6]. Small tumors are usually asymptomatic while the larger ones can cause many symptoms including abnormal bleeding, pelvic pain, dysmenorrhea, infertility, constipation, frequent urination, myomas erythrocytosis syndrome, pseudo-Meigs syndrome, preterm labor, and so on [7]. Our aim, in this case, was to report the most severe and devastating symptoms with our case.

### Case Presentation

A 25-year-old female presented to Ghalib Teaching Hospital with heavy vaginal bleeding, long menstruation history, and anemia, history of massive blood transfusion, unknown abdominal mass, and dysmenorrhea, loss of weight, lower abdominal pain, and pelvic pain from many years ago. She has had frequency, weight loss, and anorexia recently. She has been married for 8 years and had one child. She had hospitalized due to heavy vaginal bleeding and got a massive blood transfusion many times. When she arrived at Ghalib Teaching Hospital, her laboratory examinations showed hemoglobin <8 mg/dl. Three packs of fresh blood have been given to her in order to make her hemoglobin remain stable during the operation. After the transfusion, her hemoglobin was raised to 12 mg/dl and other laboratory exams were normal. The patient had a history of surgical excision (myomectomy) from last year. She had no abnormality in her family history.

In physical examination, findings of inspection included an asymmetry between upper and lower abdomen, expanded abdomen, and an abdominopelvic mass. No abnormalities were found in auscultation. In percussion, dullness was present all around the mass. In palpation, there was a rounded mass without pain, without tenderness, mobile, and slightly hard. In the bimanual examination, fornices were normal and a huge, hard, and mobile mass was present. This mass originated from the ovary and filled the entire pelvis and lower abdomen. Abdominal ultrasonography revealed

### OPEN ACCESS

#### \*Correspondence:

Mohammad Rafi Fazli, Department of General Surgery, Ghalib Teaching Hospital, Ghalib University, West of Taraqi Park, Herat, Afghanistan, Tel: +93797938008;

E-mail: [dr\\_rafi\\_fazli@yahoo.com](mailto:dr_rafi_fazli@yahoo.com)

Received Date: 06 Aug 2021

Accepted Date: 26 Aug 2021

Published Date: 02 Sep 2021

#### Citation:

Fazli MR, Mansouri A, Wahidi H. Uterine Multiple Leiomyoma; A Case Report from Ghalib Teaching Hospital. *Ann Clin Case Rep.* 2021; 6: 1976.

ISSN: 2474-1655

Copyright © 2021 Mohammad Rafi Fazli. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

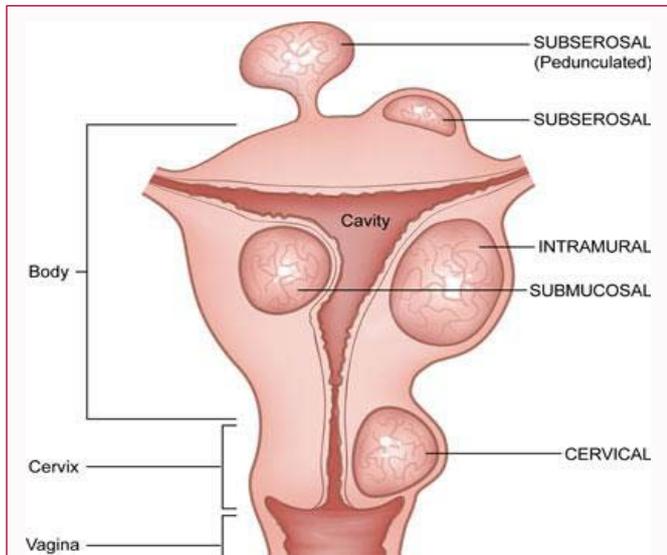


Figure 1: Locations of leiomyoma.

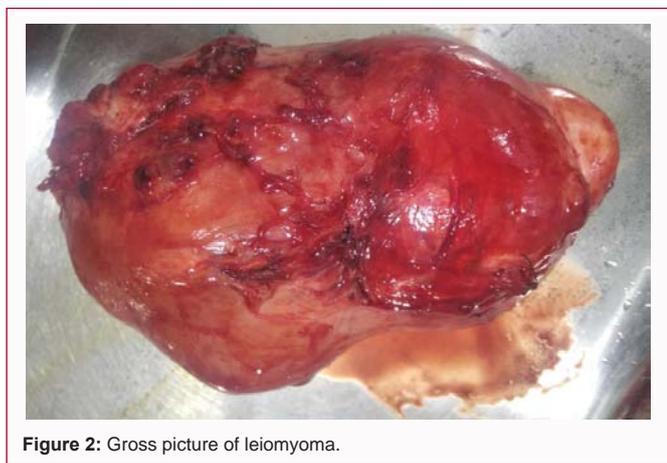


Figure 2: Gross picture of leiomyoma.

multiple fibroid-like masses all over the uterus. Ovaries and other abdominal organs were normal. Microbiological and biochemical examinations including CA-125 and Alpha-fetoprotein were normal. According to her medical history, investigations, and patients' consent, laparotomy with midline incision was done. A huge uterus with multiple fibroids had adhesion to the omentum, cecum, and abdominal wall. All adhesions were removed and abdominal organs were checked. Ovaries, fallopian tubes, and all other organs were normal. Gross examination showed multiple masses with projections

all over the uterus that measured 10 cm × 12 cm × 15 cm and 4.2 kg (Figure 2). The specimen was sent for histopathological examination, and microscopic examination revealed multiple benign leiomyomas with atypical degeneration (Figure 3).

After the operation, the patient was hospitalized for 2 days and discharged on a postoperative day 3. A two-month follow-up with repeated ultrasonography was done and no abnormality was reported.

**Discussion**

Uterine leiomyoma is the most common, solid, and benign tumor of the pelvis affecting 20% to 30% of women in their reproductive ages [8]. The weight of these tumors can be different as the multiple ones tend to grow rapidly that can be so large without any signs and symptoms. Until now the largest and multiple fibroids that have been reported is weighting 63.3 kg, which was found in a woman after her death [9]. Of multiple leiomyomas, which the patient has survived after removing the mass was 45.4 kg [9]. The mass in our patient weighs 4.2 kg, which was the same as tumors by Panayaoditis C, Karim T and Mulayim B [10-12].

These tumors have a high prevalence in multiparous women and those in their reproductive ages. Our patient was 25 years old. About 60% of tumors are multiple as was seen in our case [13,14]. Most of these tumors especially the small ones are asymptomatic. Symptoms in larger and multiple ones include abdominal pain, abdominal mass, abnormal vaginal bleeding, menorrhagia, infertility, constipation, urination problems, and so on [3]. Our patient presented with many of these symptoms especially prolonged heavily bleeding and anemia as she got blood many times. Due to insufficient distribution of blood, multiple and huge masses can get degenerations like hyaline, cystic, myxoid, atypical, and so on. Our case has atypical degeneration.

The initial step in evaluating a woman with a leiomyoma is pelvic examination. However, the small tumors are not palpable but the larger and multiple ones are [5]. The next step is the radiological examination, which is used to reveal the size, location, number, and extension of the tumors [15]. Among all radiological examinations, the initial diagnostic adjunct should be ultrasonography, owing to its diagnostic accuracy, cost-effectiveness, and wide availability. MRI and CT are used for differentiation and observation of malignancy changes. Tumor marker tests can be very helpful to diagnose malignancy but the most important diagnostic tool is histopathology that was done with our case.

The treatment of these tumors depends on the symptoms, types, size, and location of the tumor as well as the patient's age, menopause,

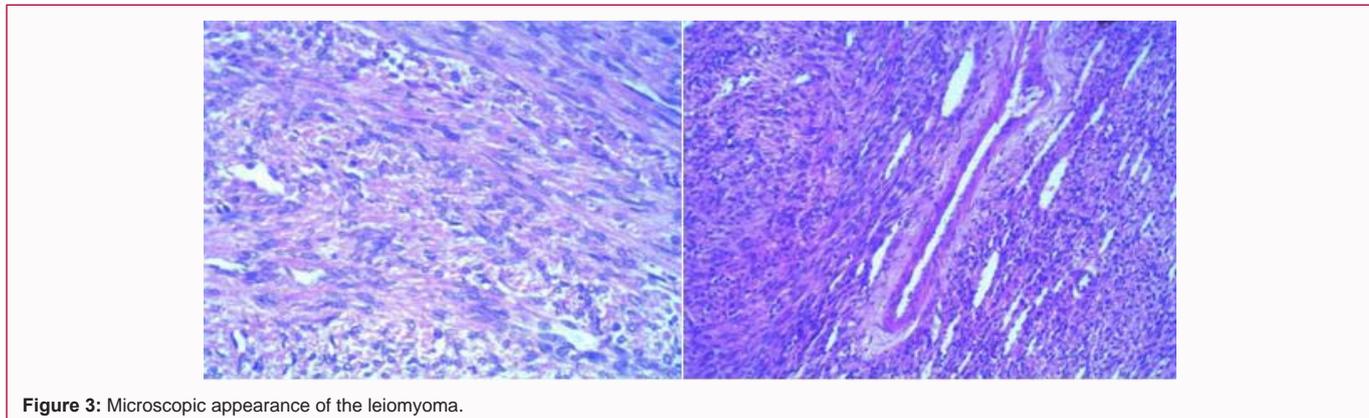


Figure 3: Microscopic appearance of the leiomyoma.

fertility, and facilities. The treatment of these tumors includes medical, surgical, and uterine artery embolization. The patients with severe symptoms like massive bleeding, long history of menstruation, history of blood transfusion, history of myomectomy, and risk of malignancy the best treatment consist of hysterectomy [2,4-19]. Our patient has the same symptoms and despite the different treatments, it was not cured so a hysterectomy was done.

## Conclusion

Uterine leiomyomas are one the most common tumors. Patients with leiomyoma have different types of clinical features. The initial step in evaluating a woman with a pelvic and abdominal mass is pelvic examination. If leiomyoma is suspected the initial, diagnostic adjunct should be ultrasonography, especially in poor countries owing to its cost-effectiveness and wide availability.

It is necessary to take the abdominal masses under monitoring in their early stages because the larger ones often cause diagnostic and therapeutic problems as well as poor prognosis. Accurate diagnosis can be performed with laparotomy and histopathology so it is needed to rule out malignancy for all abdominal masses by this examination. Whenever the diagnosis is made earlier the problems and complications will be fewer.

## References

- Day Baird D, Dunson DB, Hill MC, Cousins D, Schectman JM. High cumulative incidence of uterine leiomyoma in black and white women: Ultrasound evidence. *Am J Obstet Gynecol.* 2003;188:100-7.
- Wronski K. Giant uterine leiomyoma: Case report and review of literature. *New Med.* 2014;3:89-91.
- Alam IP, Newaz R. A case of giant fibroid uterus. *Bangladesh J Obstet Gynaecol.* 2012;27(1):27-30.
- Cramer SF, Patel A. The frequency of uterine leiomyomas. *Am J Clin Pathol.* 1990;94(4):435-8.
- Ezugwu EC, Iyoke CA, Ezugwu FO, Ugwu G. Successful pregnancy following myomectomy for giant uterine fibroid in an infertile woman. *J Reprod Infertil.* 2014;15(4):233-6.
- Rahman H, Sharma BK, Khalda E, Pathak R, Dubey S. Giant leiomyoma uterus with myomatous erythrocytosis syndrome: A rare case report. *J Cases Obstet Gynecol.* 2016;3(3):88-91.
- Savulescu F, Iordache I, Albița O, Hristea R, Dumitru C, Iordache A, et al. Giant uterine leiomyoma. *Chirurgia (Bucur).* 2011;106(5):665-8.
- Whitfield CR. Dewhurst's textbook of obstetrics and gynaecology for postgraduates, 5<sup>th</sup> Ed. Blackwell, London, 1996;739-46.
- Powell JL. Giant fibroids. *J Am Coll Surg.* 2004;199(4):670.
- Panayotidis C, Salleh S, Martin JE, Hirsh P, Wynn J. Giant uterine leiomyomas: Dilemmas in surgical management. *Gynaecol Surg.* 2006;3(1):37-40.
- Karim T, Patil K, Panchal A. A case of giant fibroid uterus in an adolescent girl of 16. *NJOG.* 2010;4(2):49-50.
- Mulayim B. Unaware of a large leiomyoma: A case report with respect to unusual symptoms of large leiomyomas. *Ann Med Surg (Lond).* 2015;4(4):431-3.
- Begum S, Khan S. Audit of leiomyoma uterus at Khyber teaching hospital Peshawar. *J Ayub Med Coll Abbottabad.* 2004;16(2).
- Ibrar F, Riaz S, Dawood NS, Jabeen A. Frequency of fibroid uterus in multipara women in a tertiary care centre in Rawalpindi. *J Ayub Med Coll Abbottabad.* 2010;22(3):155-7.
- Nguyen-Duc H. Large uterine fibroma in a 15 year old adolescent. Giant leiomyoma in adolescence. *J Gynecol Obstet Biol Reprod (Paris).* 2003;32(81):748-50.
- Aydin C, Eris S, Yalcin Y, Sen Selim H. A giant cystic leiomyoma mimicking an ovarian malignancy. *Int J Surg Case Rep.* 2013;4(11):1010-2.
- Gajewska M, Kosińska-Kaczyńska K, Marczevska J, Kamiński P. Huge uterine leiomyoma with degenerative changes mimicking ovarian carcinoma case report. *Ginekol Pol.* 2013;84(2):147-50.
- Sharma RP, Sharma N, Sharma K, Sharma A, Jain A, Prasad A. Giant uterine leiomyoma and review of literature. *IJMSci.* 2015;2(1):640-4.
- Vilos GA, Allaire C, Laberge PY, Leyland N, Vilos AG, Murji A, et al. The management of uterine leiomyomas. *J Obstet Gynaecol Can.* 2015;37(2):157-78.