

CASE REPORT

A Case of Giant Fibroid Uterus in an Adolescent Girl of 16

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Abstract

Leiomyoma of the uterus is the most common tumor of the female pelvis. Their occurrence in females under age 20 years is rare. These neoplasms frequently cause abnormal menses, pelvic pain and pressure. We are presenting a case of large leiomyoma in an adolescent girl.

Keywords: Leiomyoma of uterus, fibroid uterus.

Introduction

Uterine fibroid tumors are non-cancerous growths in the uterus, frequently found in women between the ages 30-45. They account for about one quarter of all hysterectomies performed in the United States each year. Fibroid develops from cells in the wall of the uterus. They can be sub-mucosal, intramural or subserous in location. Large uterine fibroids can cause pain, constipation, frequency of micturation and

increased menstrual bleeding. These tumors can block fallopian tube leading to infertility. They may also cause miscarriage and premature labor. The cause of uterine fibroid is unknown, but evidence suggests that their growth is tied to estrogen. Fibroid tumors that are asymptomatic can be left untreated as long as monitored closely. However, large uterine fibroids usually require surgical treatment.

Case

A young girl of 16, presented to us with painless lump and distension of abdomen of 10 months duration. There was no h/o nausea, vomiting, and loss of weight or appetite. There was h/o bowel & bladder irregularity. Menarche was at 13 and no menstrual irregularity reported. She denied prior sexual activity and use of hormones. There was no h/o similar problem in the family. Her past medical and surgical history was not significant. On abdominal examination there was a intra abdominal lump occupying hypogastrium, umbilical region extending into iliac and lumbar area bilaterally. It was moving sideways but not moving in cranio-caudal direction. It was firm and nontender and palpable per-rectal and per-vaginal examination. External genitalia

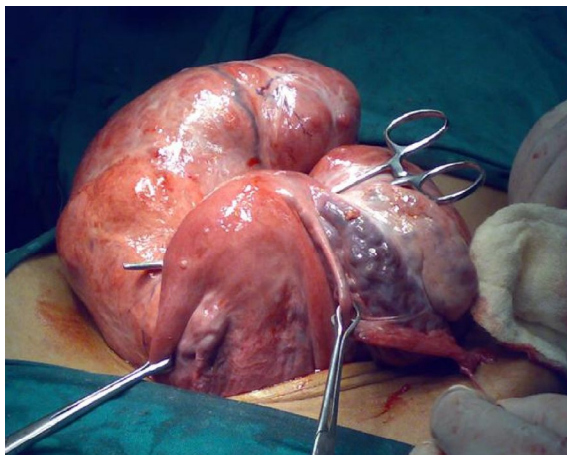


Fig1. Fibroid uterus

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was normal. USG abdomen showed soft tissue mass arising from uterus, 25 x 15 x 10 cm in dimension, without necrosis or calcification. The urine HCG was normal. On laparotomy a pedunculated fibroid was arising from fundus of uterus and adhered to sacrum, restricting its mobility and occupying pelvis completely (Fig 1). Both ovaries were normal in size and texture. Frozen section showed benign cells. Myomectomy was done and myometrium was closed in layers. Abdomen closed after putting a pelvic drain. Specimen was 3.2 kg in weight and dimension was 25 x 15 x 10 cm. Post-operative period was uneventful. Histopathology shows benign fibroid of uterus. Patient had follow-up for 1 year.

Comment

Leiomyoma of the uterus is the most common tumor of the female pelvis. They are benign and accounts for the most common indication for hysterectomy¹. They are more common in African American females, 4 times more common than Caucasians². Although the exact etiology is unclear, but hormonal stimulation by estrogen and possibly progesterone has been suggested as a possible cause. They are present in approximately one-third of reproductive-age women; their occurrence in females under age 20 years is rare³. Ultrasound is usually the initial screening tool for myomas. Since the advent of MRI, the precision for identification, number, and location of these tumors, as well as differentiation from an adnexal mass, is greatly enhanced, and in questionable cases it has been judged to be superior to sonography. This is especially important when considering myomectomy in patients in whom fertility is an issue. It must be emphasized however, that in the vast majority of cases, sonography is all that is needed to confirm a diagnosis of uterine myoma. Furthermore, it is usually readily available. The first case of uterine myoma in a 13 years old girl was reported in 1969 by Wisot et al, in which myomectomy was performed because of profuse bleeding⁴. Since then there are cases in which 15 years old girls had myoma,

presented with heavy menstruation and pain and uremia^{5,6,7}. There are reported cases of uterine sarcoma in this age group⁸. Therefore, when a pelvic mass in this age group is discovered, careful examination and radiographic imaging are imperative to arrive at the correct diagnosis. Appropriate counseling and possible myomectomy are recommended in symptomatic patients as well as those with large, asymptomatic tumors in an effort to preserve fertility in this young age group.

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