

Multinodular Uterine Fibroids Managed by Total Hysterectomy

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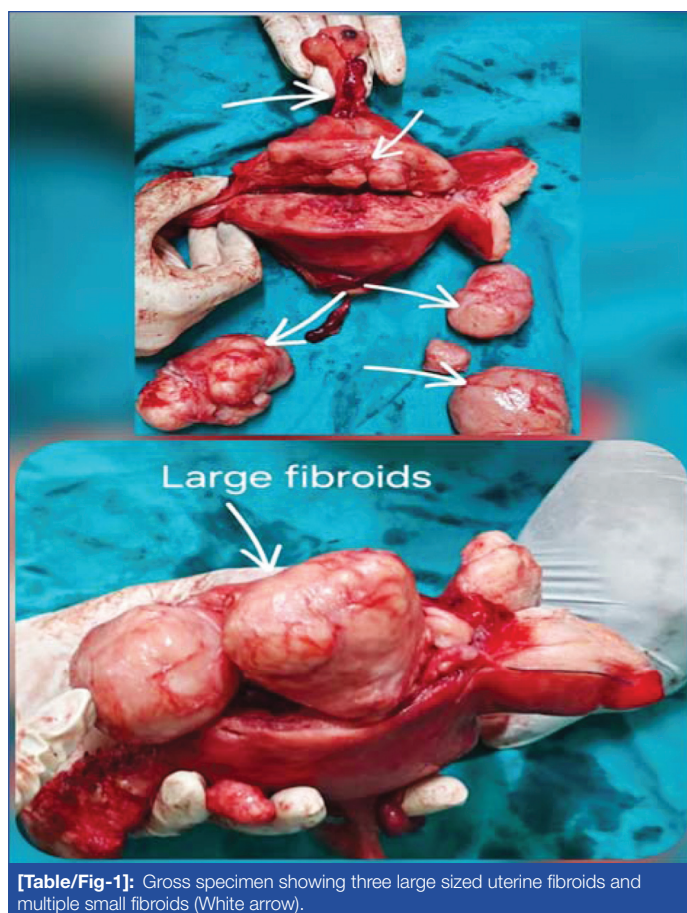
A 44-year-old multiparous woman (G3P3L3A0) presented to the Outpatient Department with complaints of menorrhagia for several menstrual cycles and mild, intermittent lower abdominal pain for one year. Her menstrual cycles had turned increasingly heavy and prolonged over a period of time, hence interfering with her daily activities. There was no history of passage of clots or post-coital bleeding. General examination revealed that the patient was moderately built and nourished; vital parameters were stable. There was no history of hypertension, diabetes mellitus, hypothyroidism, or previous surgical interventions.

Examination of the abdomen revealed a bulky lower abdomen with a smooth contour. The palpation showed that there was a firm, globular mass arising from the pelvis, occupying the central abdomen corresponding approximately to a 15-week gravid uterus. The mass was hard in consistency, non mobile and tender on deep palpation. There was no ascites or hepatosplenomegaly present.

A uterine pathology was thus suspected based on the clinical findings. Routine haematological and biochemical investigations were within normal limits. Pelvic ultrasonography showed multiple well-circumscribed hypoechoic lesions arising from the uterus. A lesion measuring 3.43×4.22 cm was noted in the anterior wall of the uterine body, which was suggestive of an intramural fibroid (M1). A larger lesion, measuring 8.7×5.6 cm, was seen arising subserosally from the right lateral wall (M2), while another lesion measuring 4.9×5.1 cm was identified subserosally on the left lateral wall (M3). These were features of multiple uterine leiomyomas of varying sizes and locations. Given the symptomatic menorrhagia, enlarged uterus and multiple large fibroids, a total abdominal hysterectomy was planned. During the surgery, the left ovary was preserved, but the uterus along with the right adnexa was removed. The gross examination of the uterine specimen showed multiple fibroids: three of them were large and well-defined and several smaller nodules were distributed throughout the myometrium [Table/Fig-1].

DISCUSSION

Uterine leiomyomas, or more commonly called fibroids, are the most common tumours among women [1]. A uterine leiomyoma is a histologically benign tumour that arises from the neoplastic transformation of a mutated myometrial smooth muscle stem or progenitor cell, which proliferates under the influence of the ovarian steroid hormone progesterone [2,3]. Increasing age up to menopause-with the highest incidence occurring in the fourth decade-along with Black ethnicity and obesity, are established risk factors for the development of fibroids [4]. In the present case, multiple small fibroids were identified. The most commonly performed surgical treatments for myoma include hysterectomy [Total Abdominal Hysterectomy (TAH) was opted as multiple fibroids were present], laparoscopic myomectomy and hysteroscopic myomectomy. The alternatives to surgical treatments include Uterine Artery Embolisation (UAE), high-frequency Magnetic



[Table/Fig-1]: Gross specimen showing three large sized uterine fibroids and multiple small fibroids (White arrow).

Resonance-guided Focused Ultrasound Surgery (MRgFUS) and vaginal occlusion of the uterine arteries [5].

The present case represents a classical presentation of several large uterine leiomyomas in a peri-menopausal woman, manifested by menorrhagia and a palpable abdominal mass. In order for the condition to be appropriately managed, early diagnosis is needed via clinical and imaging evaluation. Further, hysterectomy is considered a definitive treatment for symptomatic patients with multiple or large fibroids who are near menopause.

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