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Case Report

Torsion of sub serous fibroid-A case report

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ABSTRACT

Uterine leiomyoma in torsion is an uncommon surgical emergency. Here, we report a case of torsion of a pedunculated sub serous fibroid in an unmarried girl who underwent myomectomy for the same. There are fewer than 10 cases reported in the literature of torsion of uterine leiomyoma in non pregnant women.

Key words: Leiomyoma, Myomectomy, Torsion, Subserous fibroid

1. INTRODUCTION

Leiomyoma is the most common benign tumor of the uterus [1]. Acute onset of abdominal pain is a rather uncommon presentation of fibroid uterus. The most common causes for abdominal pain are red degeneration of fibroid, infection, process of expulsion of a sub mucous myoma, uterine torsion, and compression of myoma between the uterus and sacrum or torsion of a pedunculated sub serous myoma [2]. There are fewer than 10 cases reported in the literature of torsion of uterine leiomyoma in non-pregnant women.

2. CASE REPORT

A 30 year old unmarried lady presented to the emergency block of R.L. Jalappa Hospital with the complaints of acute onset of pain in the abdomen associated with episodes of vomiting. On examination, patient appeared pale, had tachycardia and a BP of 90/60mmHg. On abdominal examination, there was generalized tenderness with guarding and rigidity. A firm distinct mass of size 10x10cm was felt in the supra-pubic region. Vaginal examination was not done since the patient was a virgin. Her hemoglobin was 9g%. Ultrasound examination revealed two heterogeneous well defined, predominantly solid masses in the right pelvic region, one measuring 10x12x13cm communicating with uterus not showing vascularity and another mass seen separately of 11x6.7x10cm, showing vascularity [Fig 1]. After adequate blood and fluid resuscitation, she underwent emergency laparotomy. Intra-operatively, there was torsion of sub-serous pedunculated fibroid of 20x10x15cm. at the right cornual end. Also, there was a pedunculated fibroid of 15x12x12cm at the left cornual end [Fig.2 and Fig.3]. A small amount of serosanguineous fluid was noted in the peritoneal cavity. Myomectomy was done on both sides.

3. DISCUSSION

Torsion of sub serous leiomyoma is very rare .Review of literature could not reveal the true incidence of this condition. Torsion of the pedicle of a sub serous leiomyoma interrupts first the venous and then the arterial supply, leading first to extravasation of blood and then to gangrene [2]. Hence, it becomes a surgical emergency. Rarely, the torsion is overlooked and the myoma degenerates and forms adhesions to the omentum and other structures.

Ultrasound cannot delineate torsion of leiomyoma if the pedicle is too thin. MRI is considered the best diagnostic modality when ultrasound is inconclusive [3]. Immediate surgical management is crucial to avoid potential life threatening complications. Uterine artery embolization is

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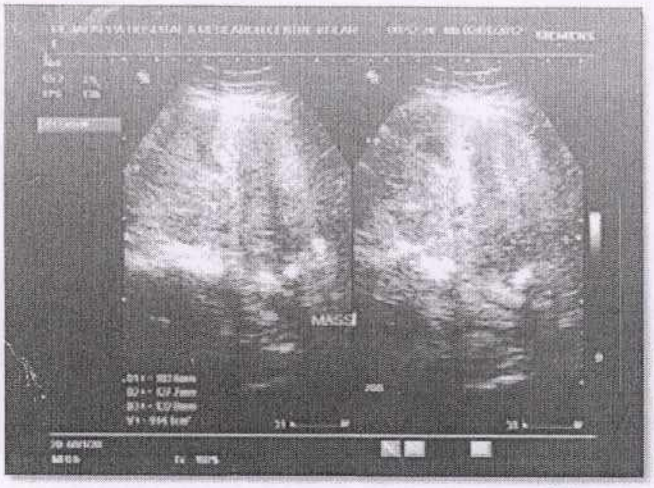

Fig.1. Ultrasound showing a large fibroid

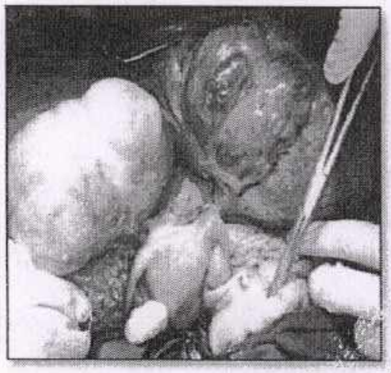

Fig.2. Two large cornual fibroids seen

Fig.3. Right cornual fibroid has undergone torsion of 2 turns

considered as an alternative to surgery, for the management of fibroids. But, pedunculated fibroids have long been considered as a relative contraindication to UAE, mainly because of the risk of separation from the uterus after embolization, which can lead to complications and also because of adhesions to the bowel leading to necrosis of the bowel wall, peritonitis and sepsis [4]. Katsumori *et al* found no serious complications after uterine artery embolization for pedunculated sub serosal fibroids with a stalk diameter of 2 cm or larger [5]. Though UAE is an alternative for the management of sub serous fibroids, surgery is the only option, once torsion has been diagnosed.

This patient had two large pedunculated fibroids arising from the cornual ends, with torsion of one of them. Ultrasound helped to diagnose torsion in this patient. More often than not, torsion is missed by ultrasound and MRI may be needed if there is a high degree of clinical suspicion. Myomectomy was resorted to and not hysterectomy, considering the fact that the patient was a nulliparous lady.

CONCLUSION

Timely intervention is needed in the management of torsion of sub serous pedunculated leiomyoma.

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