Postmenopausal Calcified Pedunculated Large Subserous Leiomyoma: A Case Report

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Abstract

A 72-year-old postmenopausal and nullipar woman presented with abdominopelvic pain and a palpable mass in the right lower quadrant. Ultrasonography showed a large, hyperechoic, solid mass. Contrast-enhanced computed tomography (CT) of the abdomen demonstrated a well-circumscribed mass. Rutine laboratory tests and tumour markers revealed as normal. Total abdominal hysterectomy and bilateral salpingo-oophorectomy is the surgery of choice in this case. Histopathological examination confirmed a calcified leiomyoma. The majority of uterine leiomyomas are confidently diagnosed sonographically. However, large, degenerated tumours like in our case may be a diagnostic challenge and postmenopausal uterine leiomyoma with degeneration mimicking ovarian malignancy. A calcified pedunculated subserous leiomyoma in a postmenopausal woman is rare and CT may help further characterize large pelvic masses and determine their organ of origin.

Keywords

Subserous, Calcified, Pedunculated, Leiomyoma

Introduction

Fibroids are classified by their location in the uterus and subserosal fibroids, which originate from the serosal surface of the uterus, can be pedunculated. A calcified pedunculated subserous leiomyoma in a postmenopausal woman is rare [1]. Although fibroids are mainly a problem in the reproductive years, there are reports of problems from fibroids in postmenopausal women. Torsion and degeneration of a pedicle of a pedunculated myoma usually leads to pelvic pain subsequent to ischemia and necrosis within the tumor [2]. The majority of uterine leiomyomas are confidently diagnosed sonographically. However, large, degenerated tumours like in our case may be a diagnostic challenge and postmenopausal uterine leiomyoma with degeneration mimicking urologic stone, ovarian malignancy and teratoma.

Case Report

A 72-year-old postmenopausal and nullipar woman presented with abdominopelvic pain and a palpable mass in the right lower quadrant from 3 years. There was no history of surgery or medical illness. Per abdominal examination revealed a mobile hard pelvic mass in the right lower quadrant. Abdominal ultrasound examination showed a 15x10x8cm, hyperechoic, solid mass in the right lower quadrant. X ray of the abdomen showed a radioopaque mass in the same area. Contrast-enhanced computed tomography of the abdomen demonstrated a well-circumscribed mass (Figure 1). Laboratory tests including tumour markers and serum hormonal assays were normal in case. The patient was underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy. On gross inspection, the removed omental parasite vascular supply with pedunculated subserous mass (Figure 2). The mass was described as benign by frozen analysis and histopathological examination confirmed a calcified leiomyoma (Figure 3). The patient was discharged four days after the surgery and on follow-up, there were no further problems noted.
using sonography. However, degenerative changes may create heterogeneous or unusual appearances which contribute to diagnostic confusion. A pedunculated calcified leiomyoma in a postmenopausal woman is difficult to predict the clinical symptoms and physical findings. Pedunculated leiomyomas can have obscure origins and may be mistaken for a lesion of ovarian origin. A sonographic diagnosis of a pedunculated, subserosal leiomyoma can be made if a vascular pedicle is demonstrated. However, these features may not always be detected sonographically [6]. Computed tomography is not the primary modality for diagnosing leiomyomas but may facilitate characterization of giant calcified pelvic masses and determine the organ of origin [7].

In the literature, case reports of calcified pedunculated subserous leiomyoma in a postmenopausal woman is rare. Pedunculated leiomyomas with calcified degeneration should be considered in the differential diagnosis of a solid and calcified adnexal mass. CT may help further characterize large pelvic masses and determine their organ of origin.

References