



# Are we creating our own devil! : A Case series with review of literature on Leiomyomatosis Peritonealis Disseminata (LPD).

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## Introduction

Uterine fibroids are benign tumors, mostly affecting reproductive age group females, managed surgically through myomectomy and hysterectomy. With the advancement of minimally invasive techniques, they are managed through laparoscopic techniques including power morcellation. LPD is mainly related to iatrogenic planting and spreading, characterized by multiple smooth muscle nodules throughout abdomino-pelvic cavity.

## Cases

Two cases with history of laparoscopic myomectomy with power morcellation developed LPD in due course. Underwent exploratory laparotomy for myoma excision with abdominal hysterectomy and salpingectomy with second case requiring small bowel resection and anastomosis because of 4x4 cm fibroid attached to small bowel. On HPE diagnosis of LPD was confirmed.

## References

### Case X:



### Case Y:



## Discussion

During morcellation, small tissue fragments are easily lost in the peritoneal cavity and can regrow into parasitic myomas. Clinically, any mass separated from the uterus in case of a prior laparoscopic morcellation of myoma should raise the suspicion of LPD. Since parasitic myomas grow from retained fragments of morcellated myomas, every attempt should be made to reduce fragmentation and dissemination during specimen removal. Mini-laparotomy, contained in bag and colpotomy with manual morcellation within a specimen bag are options to reduce the occurrence of parasitic myomas. According to AAGL and FDA, laparoscopic power morcellators are contraindicated for removal of uterine tissue containing suspected fibroids in patients who are peri- or post-menopausal, or candidates for en bloc tissue removal.

## Conclusion

We recommend explaining the risk about morcellation to the patients undergoing laparoscopic procedure with meticulous risk assessment of individual patients.

Other treatment options for women with uterine myoma should be provided, many of which do not involve removal of the myoma itself, and are uterus-preserving by definition.