



A Case of Parasitic Leiomyoma at Caesarean Section

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Introduction

Parasitic leiomyomas (PL), also known as ectopic fibroids, are a rare diagnosis defined as leiomyomas which attach to extrauterine tissues and develop new vascular sources (1). Clinical presentation can vary from no symptoms to severe abdominal pain and distension.

This case discusses and outlines the difficulties with diagnosis and management of this uncommon condition, in a young gravid woman.



Investigation and Outcome

MRI identified peritoneal and omental deposits, para-aortic lymphadenopathy, and necrotic changes within some masses which raised suspicion for leiomyosarcoma.

Histopathology showed benign leiomyoma and bland fluid cytology. Tumour markers showed slightly raised Ca-125. A CT-guided lymph node biopsy revealed only bland smooth-muscle cells, and a PET-guided biopsy again showed smooth muscle tumour consistent with benign leiomyoma.

This case was discussed at the Gynaecology Multidisciplinary Meeting, and the patient was started on goserelin injections to treat as benign fibroid, with a plan to repeat imaging in 2 months.

Case

A 33-year-old G1P0 was admitted at 37 weeks and 3 days gestation, for elective caesarean in the context of placenta praevia, multifibroid uterus, and previous open myomectomy.

On surgical entry, there was a large volume of intraperitoneal fluid seen, and the uterus was densely adherent to the anterior abdominal wall. Multiple large fibroids, both sessile and pedunculated, were attached to surfaces of the uterus, bowel, rectus muscle, paracolic gutters, and Pouch of Douglas.

A high lower-segment incision was made on the uterus, and a small baby was easily delivered via podalic breech, with placenta delivered shortly after.

There were multiple submucosal fibroids seen within the uterine cavity, which were not removed. The 'rectus muscle' and 'left uterine serosa' fibroids were resected and sent for histopathology, and intraperitoneal fluid was taken for cytology testing.

The patient's admission was complicated by intra-abdominal sepsis and acute urinary retention, requiring urology, gastroenterology, and infectious disease teams' input. She recovered well with close monitoring and an extended course of antibiotics.

Discussion

Parasitic leiomyomas are an uncommon form of a common diagnosis; there are few papers on PL, and even fewer that provide recommendations for management. This case demonstrates the dilemma that clinicians may face when making a rare diagnosis of exclusion, and the need for further literature to help guide future management.

(1) Barik A, Singh V. A Curious Case of Parasitic Fibroid in a Postmenopausal Woman. *Cureus [Internet]*. 2022 May [cited 2023 July];14(5):e25048. Available from: <https://doi:10.7759/cureus.25048>