



Giant myoma of a schizophrenic women : a case report

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ABSTRACT

Giant myomas of the uterus are uncommon, particularly in developed countries.

A 58 years old schizophrenic woman admitted to hospital after realizing a bulging in her abdomen. Upon initial work up a solid mass occupying the whole abdomen was observed but USG scan was unable to visualize the uterus or ovaries. MRI showed the mass to have solid areas indicating that it may be myoma uteri. Patient was prepared for operation.

Those with giant uterine leiomyomata are a very unique and represent a small portion of millions of women with fibroids. The knowledge of the different clinical manifestation of these myomas may allow to face that with adequate perioperative care, in order to assure a carefully and successfully surgery, although sometimes a benign pathology may be not easy to suspect in a first time.

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1. Introduction

A giant uterine tumour is one whose weight exceeds the arbitrary limit of approximately 11.4 kg (Jonas et al., 1977). Giant myomas of the uterus are uncommon, particularly in developed countries. However, they may be life threatening because of pressure effects on the lungs and other contiguous organs. Appropriate surgical management and careful perioperative care are necessary to obtain a good result after removal (Luigi et al., 2008). This report illustrates a case of a Schizophrenic woman with a giant myoma of the uterus.

Uterine leiomyomata are benign neoplasms arising from uterine smooth muscle. Although their pathogenesis remains unclear, they are the most common tumor of the female reproductive tract, occurring in as many as half of women older than 35 years. By age 50 years, 80% of African American women and nearly 70% of Caucasian women have fibroids. Forty percent of abdominal hysterectomies and 17% of vaginal hysterectomies are performed for fibroids, and 77% of hysterectomy specimens contain fibroids. Although they may cause menorrhagia, dysmenorrhea, and symptoms related to pressure and mass effect, half of women with fibroids are asymptomatic. Most of these patients have small fibroids. On rare occasions, however, fibroids can grow extremely large (Ryan et al., 2010).

2. Case

A 58-year-old women was brought to our clinic with the history of abdominal pain and distention for several months. The mass extended to the xiphoid and bilateral flanks and measured 50 cm above the pubic symphysis. Laboratory results including tumour markers (CEA, Ca 125, alpha-fetoprotein) were normal. The patient's weight was 89 kg, blood pressure 120/80, pulse rate 85 beats per minute, and respiratory rate 24 per minute.

Sonographic and magnetic resonance evaluation confirmed a multilocular mass occupying the whole inferior abdomen, but they cannot allow to understand the uterine or adnexal origin and its nature. At laparotomy the uterus was increased by huge mass. Ovaries and tubes were found to be normal. The mass was found to be solid and fibroid and occupied the entire abdomen, pushing the lungs and diaphragm upward. The patient then underwent total abdominal hysterectomy and bilateral salpingoophorectomy because the fibroid encompassed both adnexae. Partial omentectomy was necessary to remove the uterine mass because of adhesions between the myomas, the abdominal wall, and the omentum. After the miomectomy and the hysterectomy, there was an enormous dead space, and so a drain was packed gently into the pelvis. The leiomyoma measured 50x45x35 cm and weighed 14.5 kg (Fig. 1). The uterus itself weighed 165 g. Histopathology

confirmed the diagnosis of a leiomyoma with no evidence of malignancy. Blood loss during surgery has been estimated in some liters (contained in the myomas). Three units of blood were transfused (preoperative haemoglobin value 12.3 g/dl; post-operative haemoglobin value 8.1 g/dl). The drain was removed on the four post-operative day and the patient discharged 9 days after the operation in excellent condition



Fig. 1. Giant myom

3. Discussion

The largest uterine fibroid ever reported weighed 63.3 kg; it was removed postmortem in 1888. A 60.7-kg myoma was removed from a patient in 1930, but she died of pneumonia 48 hours later. The largest uterine tumor ever removed from a patient who survived the procedure weighed 45.4 kg (Ryan et al., 2010). Most giant abdominal tumors are ovarian rather than uterine. The largest reported ovarian tumor, 148.9 kg, was removed by Spohn in 1905.

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There are several reports that large uterine leiomyomata may be a rare but possible cause of pelvic or lower limb thrombosis, secondary polycythemia,⁹ or sciatic neuropathy,¹⁰ but none of the leiomyomata reported in these reports weighed above 11 kg (Gabriel et al., 2003). These case had different clinical manifestations.

Our case was referred to our clinic due to abdominal pain and bulging. Because she was schizophrenic she didn't complain about her symptoms for a long time hence diagnosis was very late. This emphasises the importance of routine check up especially on those who have communication problems.

Imaging studies (ultrasound, CT, MRI) and tumor markers are helpful to define the extent of the mass and the likelihood of malignancy, respectively. Preoperative pelvic angiography with or without arterial embolization may help prevent blood loss related to neovascularization (Rubens et al., 1988). Correction of anemia, if present, is of paramount importance because blood loss is expected during the surgery. Decreased renal and respiratory function and an increased chance of pelvic and lower extremity venous thrombosis (due to pressure effects) should be managed accordingly. Optimization of nutritional status is helpful in light of the "parasitic effect" of the fibroid. Preoperative mechanical bowel preparation may decrease the risk of bowel injury and aid visualization (Ryan et al., 2010).

The knowledge of the different clinical manifestation of these myomas may allow to face that with adequate perioperative care, in order to assure a carefully and successfully surgery, although sometimes a benign pathology may be not easy to suspect in a first time. Moreover, vascular assessment of the lower circle should be performed in order to understand the haemodynamic effects of such huge masses.

Today myoma uteri is considered to be an easily diagnosed and treated case but sometimes be it reluctance or poverty or as in our case lack of awareness, it may yield very difficult situations.