




A CASE OF ABDOMINAL MASS

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Under guidance of Dr. S.Rudra (Professor)

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- **51 yr old**
 - **Perimenopausal**
 - **P2L2- Tubectomised**
 - **Presented to orthopedics OPD with complaints of**
 - **Bilateral lower limb pain and pedal edema for 4-6 months.**
 - **Lower limb doppler revealed dilated superficial veins.**
 - **There was an incidental finding of a large mass in the abdomen with significant vascularity.**
 - **Hence referred to us.**



With us

- **Besides her pedal edema, she also complained of increased frequency of micturition for 2 months, not associated with dysuria or burning sensation.**
- **She didn't have any discomfort, pain, or dragging sensation in the abdomen.**
- **Menstrual history**
 - **Her cycles were delayed, once every 2-3 months, lasting for 5-6 days with the average flow, for the last 1 year. Previous cycles were normal.**
- **Obstetric history**
 - **She has 2 living issues, both delivered vaginally.**
 - **LCB 28yr back.**



On examination

- **General physical examination was within normal limits.**
- **Except, bilateral pitting pedal edema observed.**
- **Systemic examination was also within normal limits.**
- **Per abdominal examination ;**

A midline mass in the abdomen was found, reaching upto the umbilicus, firm in consistency, and freely mobile from side to side.

No tenderness was present.



➤ **On gynecological examination**

**P/S- cervix and vagina was healthy
small polyp seen protruding from os.**



P/V- uterus ~ 10-12 week size

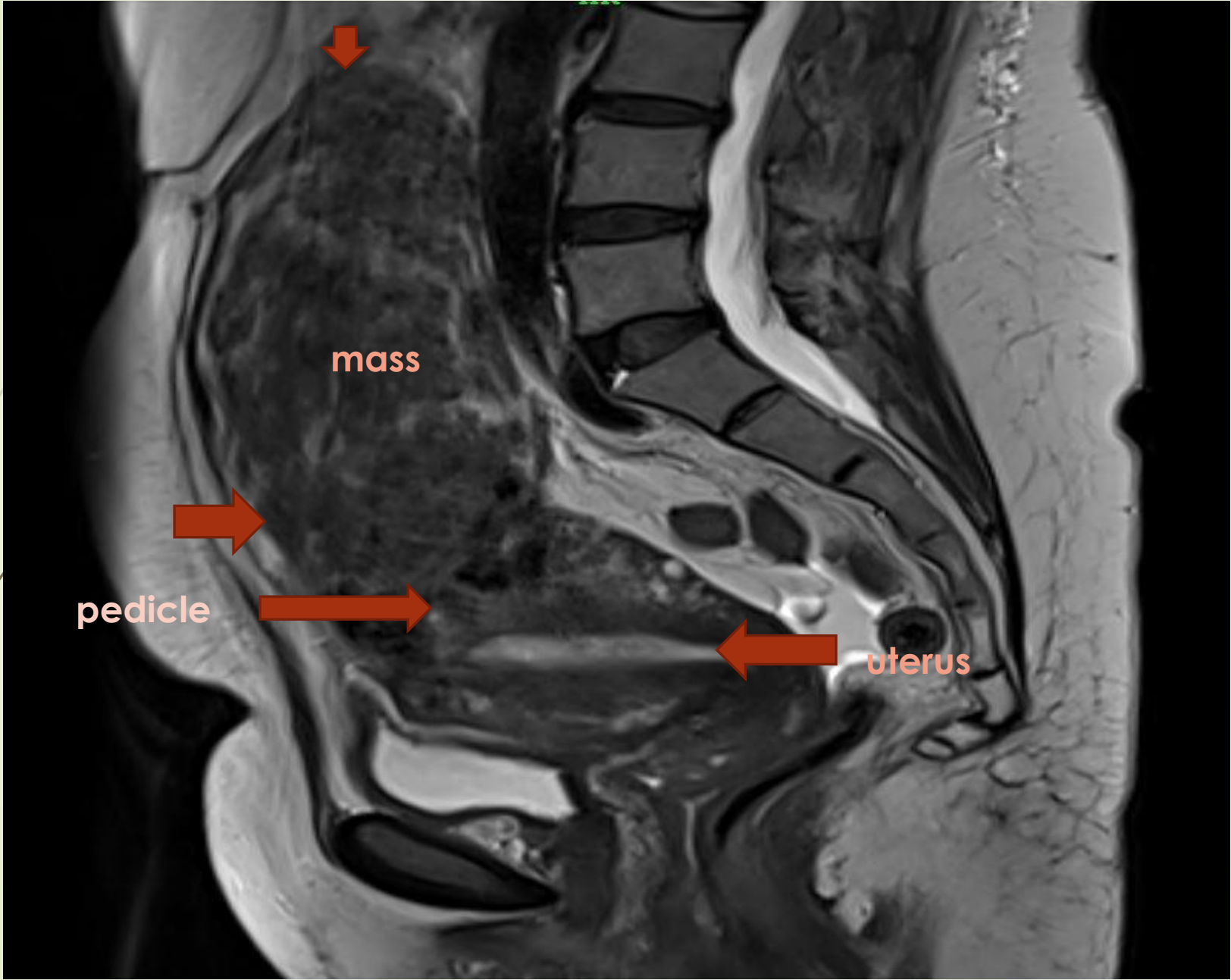
**A separate mass ~24-week size felt superior to the uterus.
clinically appeared separate from the uterus.
no other mass felt in the pelvis or adenexa.**

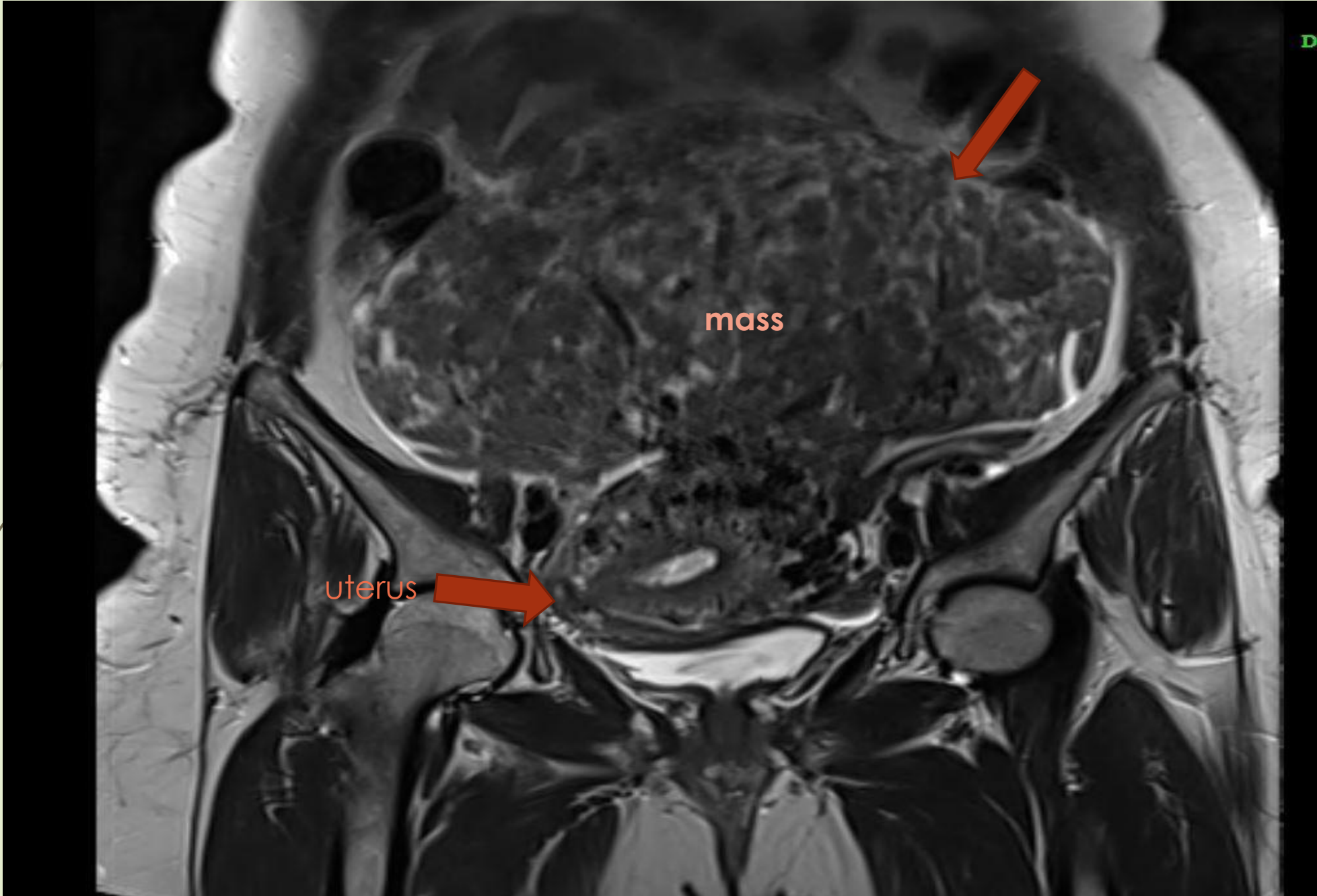


At this stage, various possibility came to our mind are.

1. Uterine Fibroid
2. Ovarian mass
3. Other abdominal mass

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- Routine lab parameters and PAP smear was done. Reports were normal
 - USG abdomen and pelvis.
revealed a midline mass in the abdomen **20x9x20 cm with dilated vessels.**
 - MRI abdomen and pelvis with contrast
Imaging revealed a large sessile subserosal fibroid **14x8x22cm** arising from the posterior wall of the uterine fundus with dilated periuterine vessels.
A cystic lesion of **2x1cm** noted in right ovary.
 - Other viscera's in the abdomen were found normal.







Decided to go ahead with

Laparotomy and proceed.



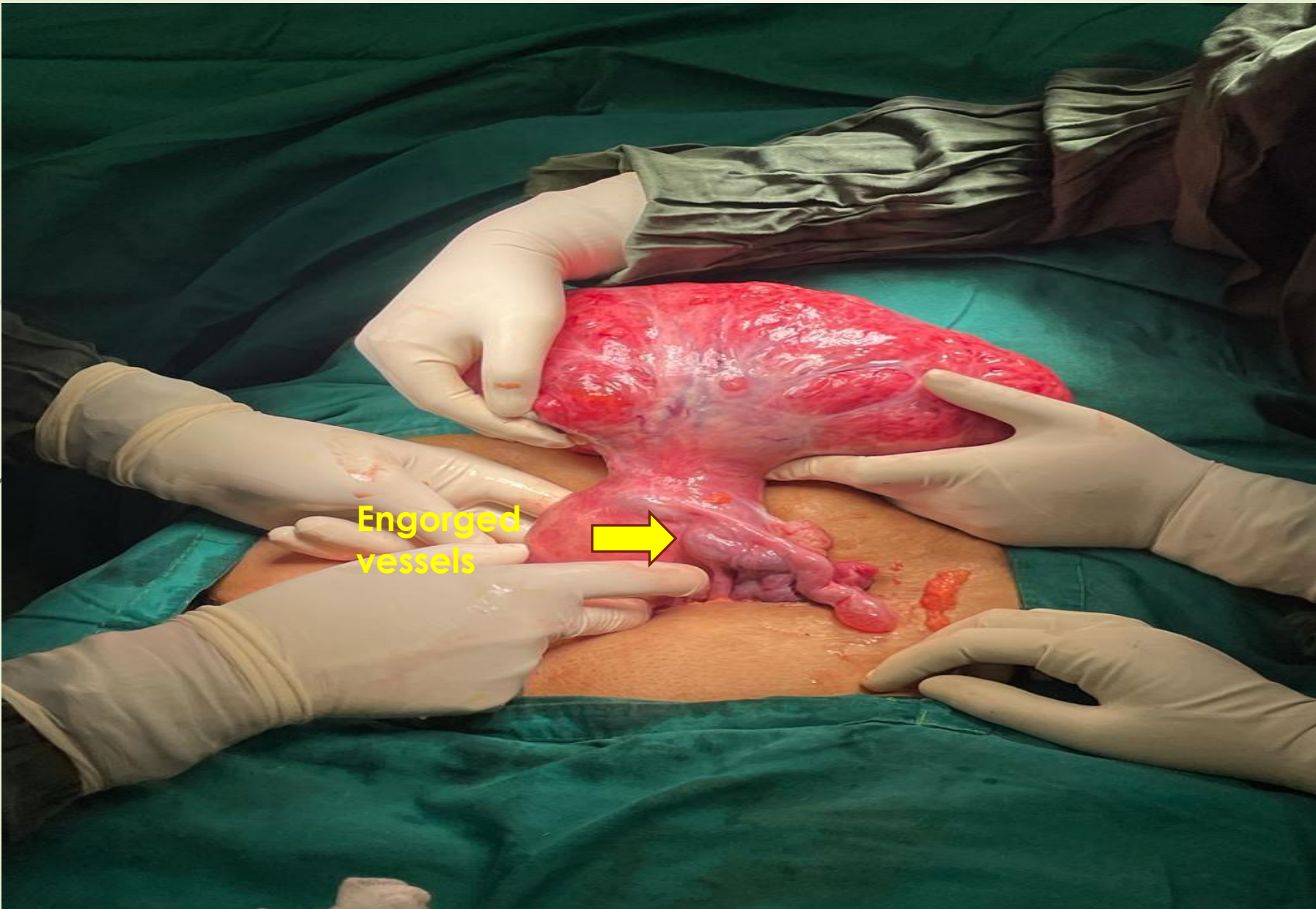
➤ On opening the abdomen

- Straw colour ascitic fluid was found, sent for cytology.
- A Firm solid mass of **~24x14x10cm** in size arising from the fundus of the uterus, with dilated engorged periuterine vessels and in broad ligaments. This mass was attached by a thick pedicle of **~5x3 cm**. which also contained engorged vessels in it.
- The upper surface of the mass was rough but the serosa was not breached.
- Uterine vessels were dilated almost like iliac vessels.








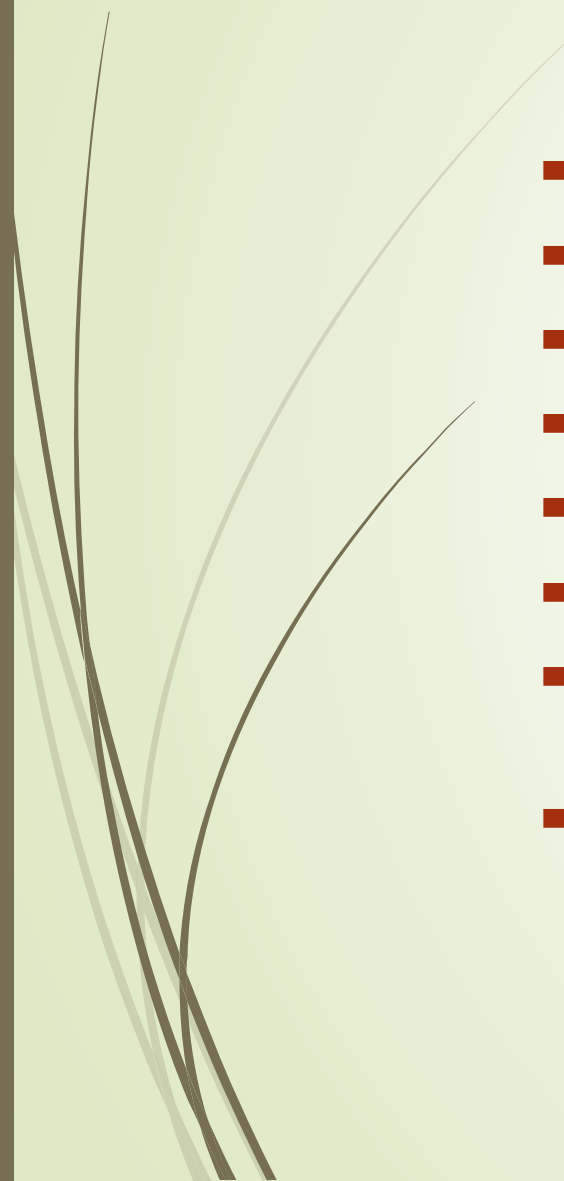
Pedicle

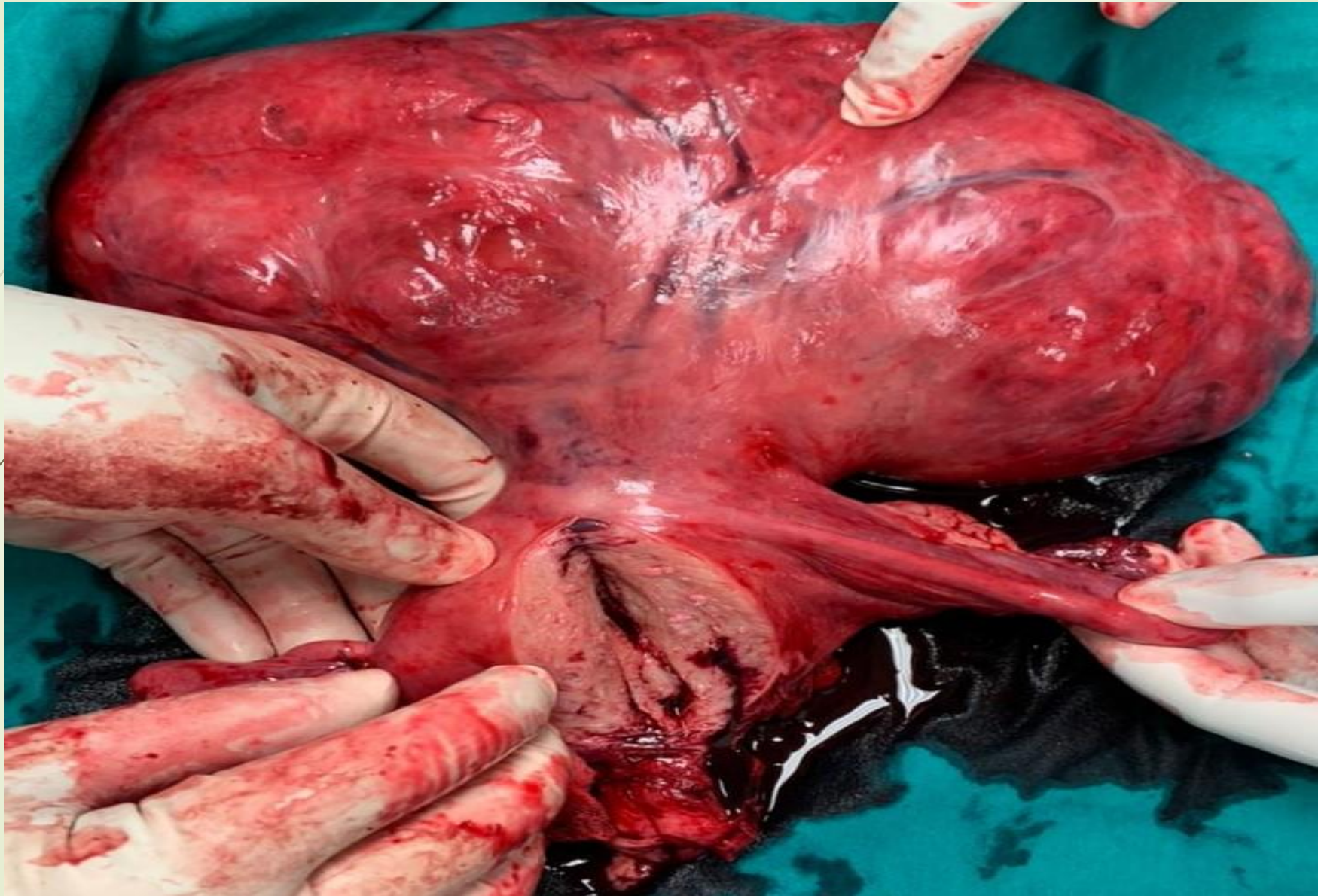


Engorged
vessels



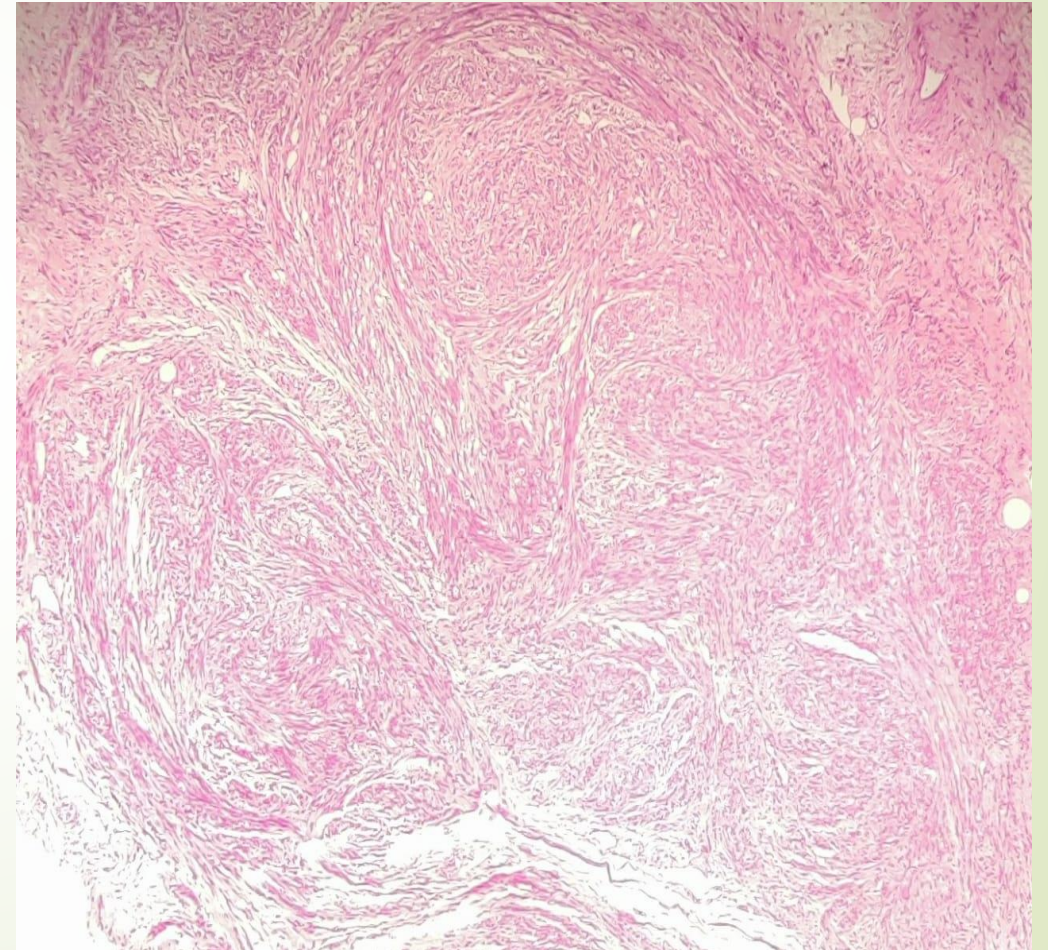
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- ▶ **Both ovaries and tubes appeared normal, there were few small cysts in right ovary.**
 - ▶ **There was**
 - ▶ **no adhesion with neighboring viscera's.**
 - ▶ **no omental deposits seen.**
 - ▶ **No significant palpable pelvic or para aortic lymphnode found.**
 - ▶ **From the gross appearance of mass and other intraoperative findings in the abdomen, we decided to go ahead with Total Abdominal Hysterectomy with bilateral salpingo-oophorectomy.**

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- **Surgery was uneventful.**
 - **Total blood loss was ~300 ml.**
 - **Weight of the mass was 2 kg.**
 - **Postop period was uneventful**
 - **the patient was discharged on POD 4.**
 - **Patient had a uneventful postoperative recovery.**
 - **Reviewed on 7TH postoperative day for suture removal, suture removed and wound was healthy.**
 - **Follow up: Her pressure symptoms like pedal edema and urinary complaints were relieved.**



CYTOLOGY & HPE REPORT

- Cytology for peritoneal fluid was negative for malignant cells.
- HPE REPORT :
 - Mass -Subserosal leiomyoma
 - Myometrium -Hypertrophied
 - Endometrium secretory.
 - Cervix – chronic inflammation
 - Right ovary Borderline serous cystadenoma





FINAL DIAGNOSIS

Large Subserosal leiomyoma

Borderline serous cystadenoma of right ovary





AIM OF PRESENTATION

- To emphasize that, such a large mass in the abdomen can present without any symptoms whatsoever, except pressure symptoms like mild pedal edema or increase frequency of micturition.
- Relevance of a thorough clinical examination, even in asymptomatic patients, to be emphasized.
- Also shows the usefulness of imaging in present day practice.



Thankyou ...

