Disseminated peritoneal leiomyomatosis after laparoscopic myomectomy

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Madam Wong was a 43-year-old parity 2 woman, who had laparoscopic myomectomy performed on 25 April 2014 for a 6X7cm anterior wall intramural fibroid. The fibroid was morcellated in the peritoneal cavity laparoscopically and retrieved. The uterus was 6 weeks in size after the operation. She has complaint of on and off lower abdominal pain in June 2017. On physical examination, there was 18 weeks' size pelvic mass. Ultrasound scan showed three well defined heterogeneous hypoechoic mass at the left adnexa and lower abdomen, measuring 5X6X7cm, 4X5X4cm and 5X8X8cm. Tumor markers were checked and showed an elevated Ca 125 level to 167 units/mL. A computer tomography scan was done showing a 4 cm pedunculated fibroid and two heterogeneous shadow in the pelvis, both were separated from uterus, suspicious of peritoneal metastasis. USG-guided biopsy was performed on 1st December 2017 and the histology showed smooth muscle tumor. She was given Ulipristal afterwards. MRI was done one month later, showing the known three pelvic masses were decreasing in size. The provisional diagnosis was disseminated peritoneal leiomyomatosis. She finally had total abdominal hysterectomy with bilateral salpingo-oophorectomy done in March 2018. A 4X4cm pedunculated soft tissue mass was seen arising from the back of uterus and buried in the left para-rectal space, another 10X10cm soft tissue mass with cystic changes located around mid-portion of the thickened round ligament and another 4X4cm soft tissue mass was at the fundus of uterus. Frozen section showed spindle cell tumor. Bilateral fallopian tubes and ovaries were normal. The final histology showed leiomyoma, confirming the diagnosis of disseminated peritoneal leiomyomatosis. Disseminated peritoneal leiomyomatosis occurs in less than 1% of all patients who underwent a prior surgery with morcellation. It is postulated that the development of disseminated peritoneal leiomyomatosis is by seeding in various peritoneal sites and it often occurs two years after the primary surgery. Our case illustrates the importance of using in-bag morcellation of all fibroids. Not only it can avoid the spreading of a malignant tumor, but it can also avoid the occurrence of disseminated peritoneal leiomyomatosis.

Biography
Mei Yun Chan is an Associate Consultant in United Christian Hospital in Hong Kong. She has special interests in advanced laparoscopic surgery and reproductive medicine. She has performed wide range of advanced laparoscopic surgery including laparoscopic myomectomy and total laparoscopic hysterectomy for large uterine sizes. She is also a Trainer for laparoscopic courses in Hong Kong.

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