

Sub-mucosal fibroids, intra-cavitary fibroid-A case report

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Abstract

Introduction: The majority of women with fibroids go through life, have their children without knowing they harbor fibroids in their wombs. These women with fibroids have no symptoms of their condition. Women who do have symptoms, includes pain and heavy menstrual bleeding. Fibroids can put pressure on the bladder, causing frequent urination, or the rectum, causing constipation and rectal pressure or discomfort. Sometimes, the fibroids get very large and can cause the abdomen to enlarge, making a woman look pregnant. Fibroids are classified according to their location within the uterine wall- Intramural fibroids are located within the wall of the uterus and are the most common type. Sub-serosal fibroids are located underneath the mucosal (peritoneal) surface of the uterus and can become very large. Sub-mucosal fibroids are located in the muscle beneath the endometrium of the uterus and distort the uterine cavity; even small lesion in this location may lead to bleeding and infertility. A pedunculated lesion within the cavity is termed an intra-cavitary fibroid and can be passed through the cervix. Cervical fibroids are located in the wall of the cervix. Rarely fibroids are found in the supporting structures (round ligament, broad ligament, utero-sacral ligament) of the uterus that also contain smooth muscle tissue.

Case Presentation: A 43 years old lady having two kids came with the chief complaint of excessive bleeding with clots, pelvic pain, incontinence, painful sexual intercourse and prolonged monthly periods. She also complained of fatigue. On her speculum examination, it was noted - fibroid extend through the cervix. So, a provisional diagnosis of intra-cavitary fibroid was made. All routine investigations were normal RBC 4.34 (N3.8-5.3); WBC 10.58 (N3.5-10.0); PLT 368 (N140-400); only - Hb -85 (N 120-160); HCT -26.39 (N 36-48); Urine routine examination and microscopic examination: Normal specific gravity, urine culture – no organism isolated. Ultrasound was done in full bladder showing normal size uterus, endometrial cavity was filled by a hypoechonic solid mass of 33x28 mm, with polype or pedunculated lesion, which is projected from the inner lining the uterus and extended through the cervix. No intra mass degeneration or calcification was seen and diagnosed as sub-mucosal fibroid. Bilateral ovaries were enlarged and cystic degenerated. Total abdominal hysterectomy with bilateral salpingo-opheractomy was done. Histo-pathological report confirmed intra-cavitary fibroid. Her recovery was smooth. Sutures were removed after 10 days.

Conclusion: Fibroids are the most common benign tumors in females and typically found during the middle and later reproductive years. The most common type of fibroids is Intramural fibroid. The rare type of fibroids is sub-mucosal fibroid, especially intra-cavitary, pedunculated fibroid. The most fibroids are asymptomatic; they can grow and cause heavy bleeding, painful sexual intercourse and urinary frequency. Menstrual cycle may last for more than seven days and may notice large blood clot formations. Excessive blood loss can lead to anemia, a condition that can lead to fainting episodes and easy fatigue. Symptoms caused by uterine fibroids are a very frequent indication for hysterectomy.

