Large subserosal uterine leiomyoma and hydronephrosis

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Context: Uterine leiomyomas are common monoclonal tumors arising from the myometrium; the highest incidence is between 30 and 45 years. Even if several women are symptoms-free, "bulk" symptoms, related to the compression of the enlarged uterus on adjacent structures, are frequent. Myomas may result in compression of ureters with consequent hydronephrosis and kidney disease.

Patient&Method: We report the case of a 32-year-old woman with an abdominal tumefaction which extended up to 2 fingers above the umbilicus, and a history of heavy menstrual period, severe pelvic pain and mild back pain from 1 year. TV USS highlights a mass of parenchymal echotexture, poorly vascularized at Dopplers, of possible uterine origin. At the abdominal TC scan (with and without contrast), the uterus is of markedly increased dimensions due to a voluminous tumefaction of 13.8x11x15 cm, equipped with irregular contrast enhancement and hypodense areas. The neoformation imprints the bladder dome, displaces and compresses the surrounding anatomical structures and, particularly, the ureters appear dilated upstream with bilateral consensual renal calyx-pelvis dilatation; ureters in their middle and distal tract not visualized. PAP-smear, tumoral markers and indices of renal function are normal.

Intervention and outcome: The patient had a laparotomy: the tumefaction was enucleated from the anterior uterine wall, inclusive of the exuberant tissue around. The intraoperative histopathology reported a leiomyoma. The uterine wall was closed by haemostatic stitches on the bed of myoma, muscle-muscular suture in a double layer, muscle-serous introflexing suture and Tabotamp. Post-op was uncomplicated and on Day 3 TV USS showed normal uterus (87x61x62 mm) and no dilated urinary tract.

Conclusion: As pointed out in this case report, in presence of a large myoma is necessary even a proper renal assessment.