OBSTRUCTIVE UROPATHY AND CONSTIPATION SECONDARY TO LARGE PROLAPSED UTERINE LEIOMYOMA

Dr Jessica Brown, Dr Nisha Subramaniam
Department of Gynaecology, Northern Beaches Hospital, Sydney, Australia

CASE SUMMARY

A 35-year-old nulliparous woman presented recurrently to the emergency department with acute symptoms of obstructed defecation (OD), voiding dysfunction and left flank and pelvic pain, managed with an enema. On her subsequent visit, she had acute urinary retention (AUR) of 800mls requiring an in-dwelling catheter. Vaginal examination revealed a large round shaped smooth mass impacting the upper two-thirds the vagina with inability to palpate the cervix completely. Ultrasound imaging showed a vaginal mass that was difficult to delineate and and moderate left hydronephrosis. MRI confirmed a prolapsed SMUF measuring 70 x 50 x 35 mm arising from the left side of posterior uterine wall and cervical lip.

MANAGEMENT

The patient underwent vaginal resection of the prolapsed submucosal fibroid under general anaethesia. The fibroid was mobilised using tenaculums and the broad but thin pedicle was successfully accessed cephalad to the myoma, excised with diathermy and ligated with figure of eight stitch to achieve haemostasis. Estimated blood loss was 50 mls. She had an uneventful recovery and passed trial of void. The histology report confirmed a benign leiomyoma measuring 70 mm.

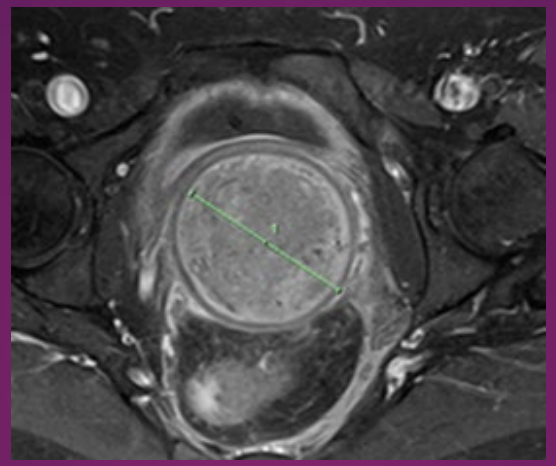

Figure 1: Magnetic resonance imaging, uterus (coronal).

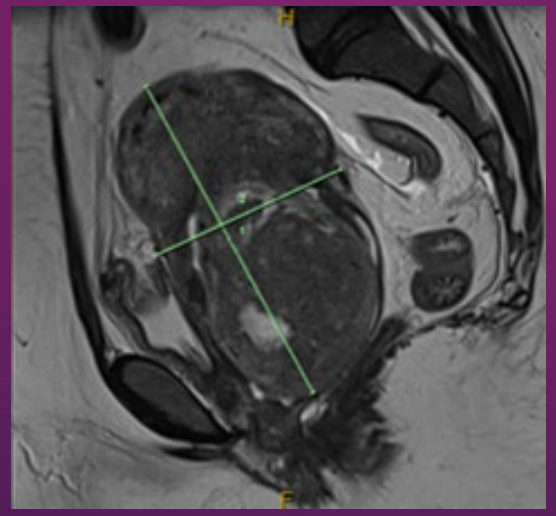

Figure 2: Magnetic resonance imaging, uterus (sagittal).

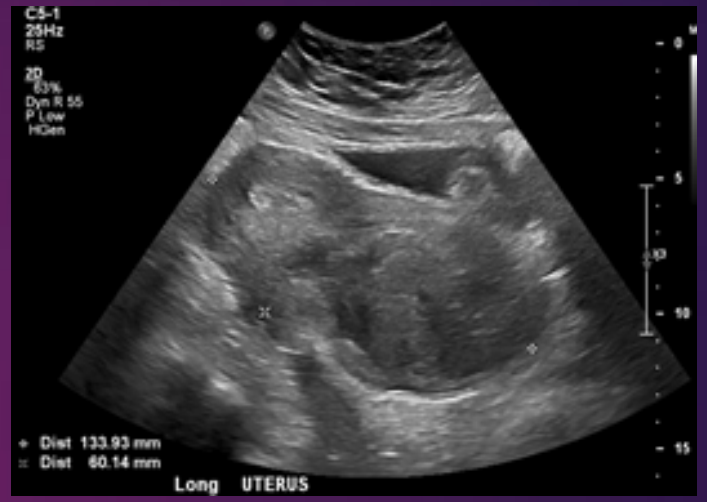

Figure 3: Ultrasound image of uterus.

DISCUSSION

SMUF are uncommon but when complicated by prolapse, typically presents with heavy menstrual bleeding. In this case, the prolapsed SMUF was initially not recognised given the atypical complications secondary to mass effect on the bladder and bowel. Hysteroscopic approach to devascularise the pedicle was not feasible as the stretched out cervix negated adequate seal for cavity distension medium. However, in our case, the success of vaginal myomectomy was determined by the mobility of the myoma and the vaginal laxity.

LEARNING POINT

- AUR and OD/constipation should raise the suspicion of uterine fibroid which warrants urgent symptomatic management.