Giant Pelvic Mass in a Young Female; A Rare Case Presentation

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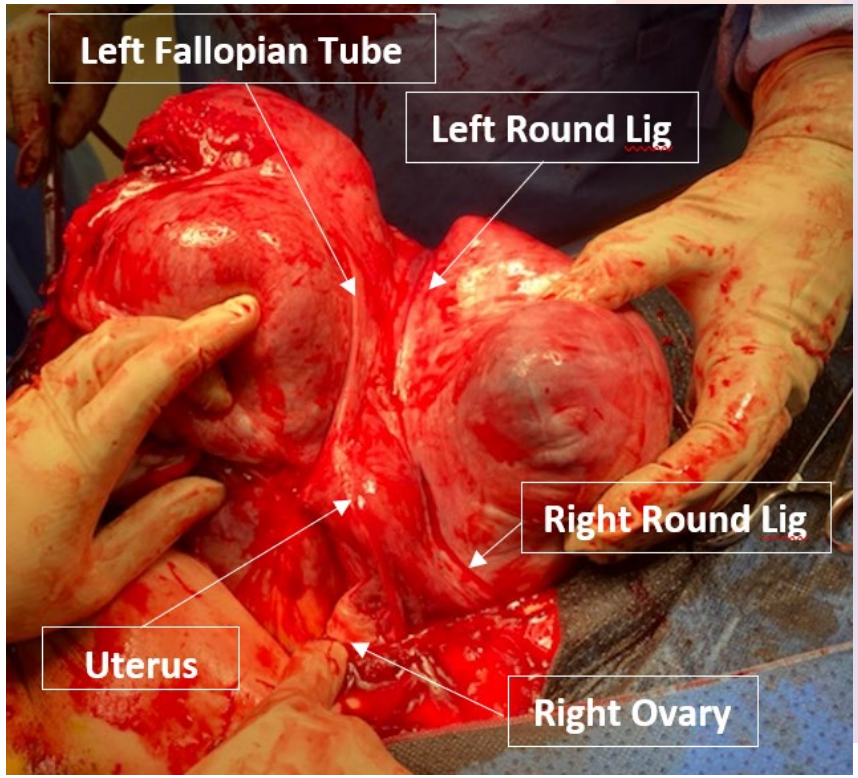
Background

Ovarian fibromas are rare benign tumours originating from the stroma of the ovarian cortex that account for 2% of ovarian tumours. Whilst they usually present in middle-aged females, a high index of suspicion should be maintained during investigation of young women. Giant pelvic masses extending to the upper abdomen pose a diagnostic and operative challenge.



Case

A 24-year-old non-English speaking nulligravid woman presented for a review after palpating a mass in her abdomen. Initial investigations with pelvic ultrasound diagnosed a large uterine fibroid and patient was planned for Myomectomy. While waiting for the procedure she presented to emergency department with sudden onset of abdominal pain. She was admitted overnight for pain relief. During her admission repeat pelvic ultrasound showed a giant solid pelvic mass extending to epigastrium measuring 28x22x10 cm with a normal uterus. The right ovary was normal in appearance, and the left ovary was not visualised. CT abdomen and pelvis was arranged which indicated that the mass was derived from the uterus, suggestive of leiomyoma while MRI showed the mass adjacent to the uterus, tethered by a vascular pedicle with additional blood supply from the ovarian artery. Intraoperatively a huge mass was identified weighing about 3.9 kg, predominantly ovarian in origin extending through the left broad ligament into the uterovesical fold, posteriorly into the Pouch of Douglas and laterally into the pelvic side wall encasing the ureter. There was no evidence of Meigs syndrome. Gynaecological Oncology assistance was required due to the surgical complexity and necessity to preserve the uterus. A salpingo-oophorectomy was performed with ureterolysis and pelvic drain was placed. Pt had uneventful recovery and was discharged from hospital on second post op day. Histopathology confirmed the mass as an ovarian fibroma.

Conclusion

Ovarian fibromas are commonly misdiagnosed as uterine leimyomas and malignant ovarian tumours. Surgical excision is necessary for histological diagnosis. Gynaecologists should consider rare ovarian tumours while assessing patients with giant pelvic masses.