

Large Pelvic Sol: A Giant Cervical Fibroid Occupying Broad Ligament in an Young Unmarried Woman: A Complex Surgery and Fertility Preservation

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DOI: <https://doi.org/10.51244/IJRSI.2025.120700033>

Received: 07 July 2025; Accepted: 10 July 2025; Published: 30 July 2025

INTRODUCTION

Leiomyomas are the most common pelvic tumours, cervical myomas being the rarest fibroids with an incidence of 0.6% of all the uterine fibroids. Based on their location, cervical myomas can be classified as extra cervical and Intracervical and further anterior, posterior, central and lateral.

Cervical fibroid often present with varied symptoms like irregular vaginal bleeding, heavy menstrual bleeding, chronic pelvic pain and pressure symptoms in bowel and bladder habits.

Case Presentation

A 24 year old unmarried female presented in our gynaecology OPD with a complaints of lower abdominal pain and dysmenorrhea for 7 months. She also complained of pressure symptoms with urinary retention.

On PA examination 30 weeks size palpable mass felt. Mass was mobile with slight fixation at upper posterior part.

On PR examination rectal mucosa was free and 20*15 cm SOL felt likely occupying the entire uterus and adnexa.

USG done which revealed large abdominal pelvic SOL likely arising from ovaries mostly occupying the fundus of uterus this was followed by CECT WA Which showed large pelvic SOL with supra pelvic extension. All the biochemical markers including tumour markers were within the normal limits. Following Exploratory laparotomy a giant solid fibroid measuring 20* 15cm approximately was seen occupying the pelvis and abdominal cavity shown in Fig 1& Fig 2.

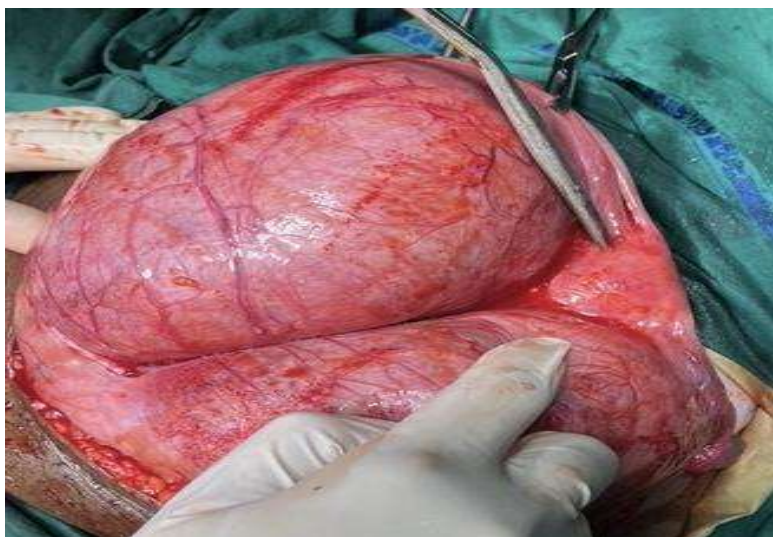


Fig 1 Fibroid occupying the entire uterus and broad ligament.

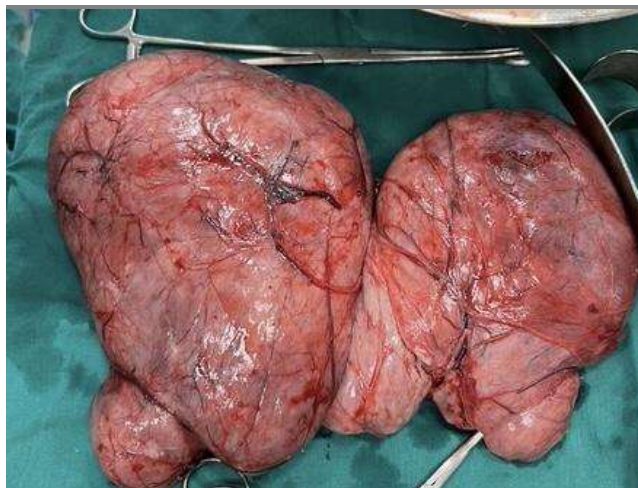


Fig 2 Enucleated Bilobed leiomyoma measuring 20*15 cm in size approximately.

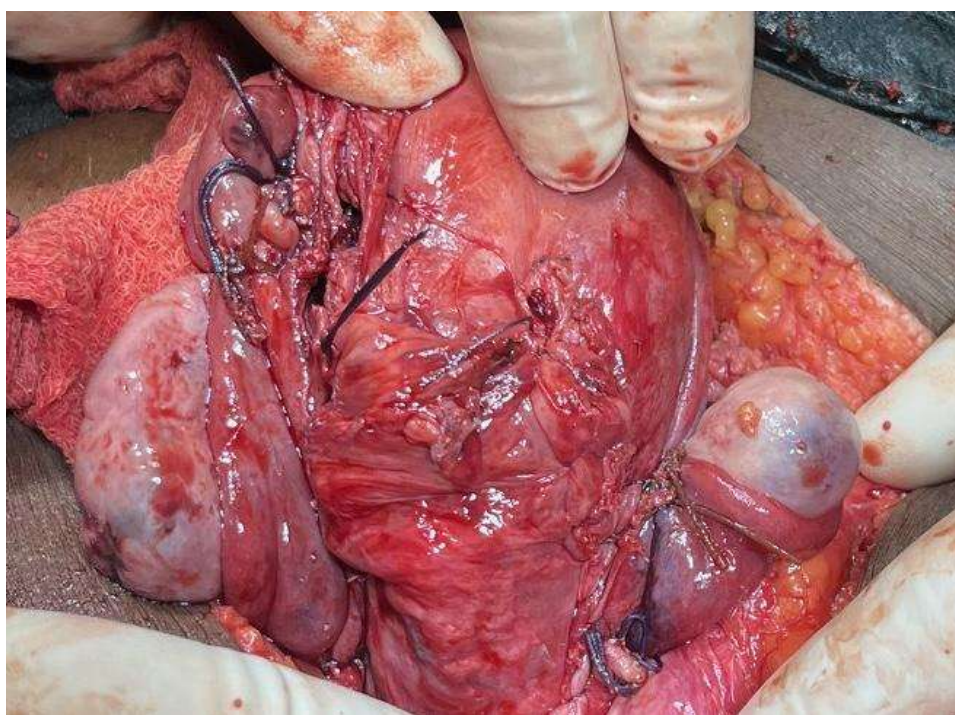


Fig 3 Repaired Uterus with fertility preservation.

DISCUSSION

Surgery depends upon the patient's age and childbearing remains the cornerstone in treatment of leiomyomas. Surgery is often difficult due to close proximity of the fibroid to bladder anteriorly and rectum posteriorly and bilateral ureters lying posterior to the cervix. Fig 3

CONCLUSION

Cervical fibroids are mostly benign can be present at extremes of ages and its atypical presenting symptoms pose difficulty in diagnosis. Its management still pose a challenge to gynaecologist as there difficult to operate due to proximity to pelvic structures.