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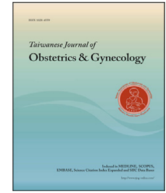

Short Communication

Torsion of pedunculated subserous uterine leiomyoma: A rare complication of a common disease

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A R T I C L E I N F O

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A B S T R A C T

Objective: To evaluate the clinical presentations, diagnosis, management, and outcomes of torsion of the pedunculated subserous uterine leiomyoma.
Materials and methods: We retrospectively reviewed medical records of patients with subserous uterine leiomyomas undergoing surgeries at National Taiwan University Hospital from January 2001 to December 2015.
Results: Five cases of torsion of pedunculated subserous uterine leiomyoma were identified. All presented with sudden onset abdominal pain. Two patients received emergent surgeries, the other three cases received scheduled surgeries. The postoperative courses of these five women were uneventful without sequelae.
Conclusions: Torsion of pedunculated subserous uterine leiomyoma is rare. Accurately diagnosing it prior to surgery is a major challenge. It should be one of the differential diagnosis in patients with uterine leiomyoma presenting with acute abdomen.
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Introduction

Uterine leiomyomas (uterine fibroids) are the most common pelvic tumors of reproductive aged women. The prevalence of uterine leiomyoma ranges from 20 to 50% of woman and peaks in their 30s and 40s but declines after the menopause [1]. Considerable evidence indicates that estrogens and progestogens affect the tumor growth [2]. They are classified into intramural, submucous, subserous, cervical, and extrauterine (intraligamentary or intraovarian) groups according to the position. Only 50% of women with fibroids exhibit a variety of symptoms, including menorrhagia, dysmenorrhea, pressure symptoms and infertility [1]. It is not common that fibroids could cause acute complications, one of which is acute torsion of pedunculated subserous leiomyoma [3]. Removal of the twisted fibroids usually resolves the problem, but the diagnosis is always intraoperatively confirmed due to limited imaging-based diagnostic characteristics [4]. The purpose of this study was to review the clinical manifestations, imaging characteristics, management and outcomes of patients diagnosed as having torsion of pedunculated subserous uterine leiomyomas.

Patients and methods

The medical records of patients with subserous uterine leiomyomas undergoing surgeries at National Taiwan University Hospital from January 2001 to December 2015 were retrospectively reviewed. Records were analyzed for demographic details, clinical symptoms, procedural details, pathologic details, and outcomes.

Results

Clinical description

Case 1

A 53-year-old virgin complained of sudden onset diffuse abdominal dull pain for several days. Physical examination revealed diffuse tenderness and rebound tenderness. Laboratory tests showed elevated C-reactive protein level (10.2 mg/dL, normal value < 0.5 mg/dL) with normal white blood cell counts. Transabdominal sonography

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revealed multiple intramural and one subserous uterine leiomyoma measured 12.0 × 10.0 cm. The abdomino-pelvic computed tomography (CT) showed multiple uterine fibroids with calcification (Fig. 1A). Exploratory laparotomy showed a necrotic pedunculated leiomyoma with torsion (Fig. 1B and C). Hysterectomy was done smoothly. The pathologic examination showed uterine leiomyoma with focal necrosis (Fig. 1D).

Case 2

This 41-year-old virgin without major medical problem felt right lower quadrant pain for two days. Physical examination revealed diffuse lower abdominal tenderness and rebound tenderness. Transabdominal sonography showed an exophytic uterine leiomyoma (13.0 cm in largest diameter) with degenerated appearance. Laparotomy was performed for acute abdominal pain. A pedunculated subserous fibroid with torsion was noted. Myomectomy was done smoothly. Pathology revealed uterine leiomyoma with focal hemorrhage and necrosis.

Case 3

A 36-year-old nulliparous woman was admitted for acute onset right lower quadrant pain and nausea with stable vital signs. Physical examination revealed diffuse lower abdominal rebound tenderness. The results of blood tests showed normal white blood counts and anemia. Transabdominal sonography revealed one subserous uterine leiomyoma (11.0 cm in largest diameter) and one 5.0 × 4.0 cm multiloculated cystic right adnexal tumor. Although the total white blood cell counts appeared normal, given the sonographic appearance and clinical symptoms, tubo-ovarian abscess was highly suspected. Thus, emergent laparotomy was performed. During the operation, a pedunculated uterine leiomyoma with torsion and a right chocolate cyst were found. Myomectomy and right oophorocystectomy were performed smoothly. Ovarian endometriosis and uterine leiomyoma with focal hemorrhage and necrosis were confirmed in the pathology.

Case 4

A 30-year-old woman presented at the emergent department with a complaint of sudden onset lower abdominal pain. Vital signs were stable with normal blood test results. Transvaginal sonography showed one 7.5 × 7.5 cm subserous leiomyoma and the other 3.6 × 3.0 cm intramural leiomyoma. Torsion of leiomyoma or degenerative leiomyoma was considered. The symptom subsided after analgesics use. Because the abdominal pain was on and off in the following two weeks, laparoscopic surgery was performed. One 8.0 × 6.0 cm subserous leiomyoma with torsion and the other 5.0 × 3.0 cm pedunculated leiomyoma were removed. Leiomyoma with necrosis was confirmed by the pathology.

Case 5

This 36-year-old, nulliparous woman suffered from sudden onset right lower quadrant pain on and off for 2 months. Laboratory tests were within normal limits. Transabdominal sonography showed one 7.0 × 6.0 cm subserous uterine leiomyoma. Physical and pelvic examination showed mild pelvic tenderness. Analgesics could relieve the pain temporarily, however the similar symptom

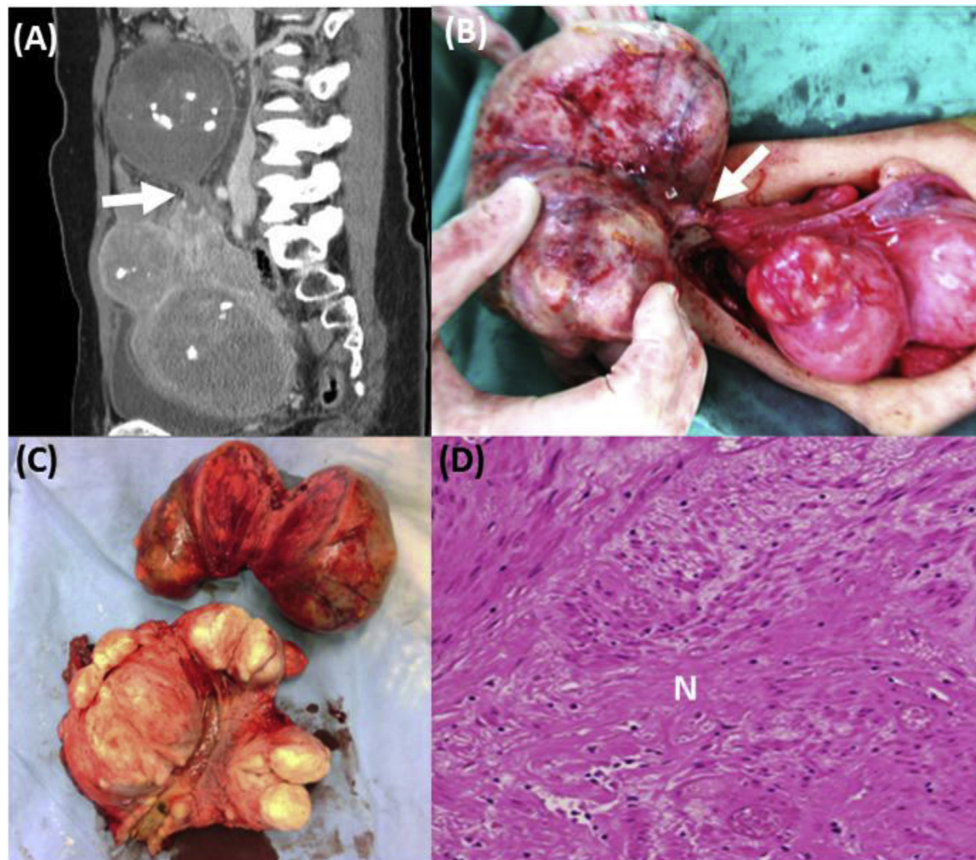

Fig. 1. **(A)** Sagittal CT scan showed a leiomyoma with a pedicle (arrow) connected to a polymyomatous uterus. (**B**) A necrotic pedunculated leiomyoma (star) with complete torsion (arrow). **(C)** Gross view of the cut surface of pedunculated leiomyoma (upper) and uterus (lower). **(D)** Histologic examination showed leiomyoma with infarct necrosis (N). (hematoxylin and eosin, original magnification × 200).

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