



## CASE REPORT

# A giant uterine myometrium cyst mimicking an ovarian cyst in pregnancy: An uncommon presentation of hydropic degeneration of uterine fibroid



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### KEYWORDS

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Aspiration

**Abstract** Myometrial cysts of the uterus are extremely rare. Uterine leiomyomas commonly undergo degenerative changes, which can lead to variable imaging features. Diffuse hydropic change is an unusual form that presents a considerable diagnostic challenge to both radiologists and pathologists. A 27-year old nulliparous patient admitted to our hospital for antenatal care and left sided pelvic pain. Transvaginal ultrasonographic examination revealed a 20 cm intramural cystic lesion in the left region of the corpus uteri suspicious of degenerated myoma. Repeated aspiration was done. Spontaneous abortion occurred in the first trimester. Rapid distension of the abdomen despite repeated aspirations occurred. MRI revealed degenerated myoma. Ultrasound performed one day before surgery revealed a turbid content instead of the clear fluid. Laparotomy was performed revealing a huge interstitial myoma with bloody collection inside so, myomectomy was performed. Histopathology showed hydropic degenerated myoma. Although fibroids usually have a characteristic sonographic appearance, degenerating myomas have variable patterns and can pose a diagnostic dilemma. Extensive cystic degeneration can mimic an ovarian tumour.

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## 1. Introduction

Fibroid is the most common uterine neoplasm, with a prevalence of 20–30% in females older than 30 years of age (1). Most patients are asymptomatic, but may be infertile or with uterine bleeding, pain, or palpable pelviabdominal mass (2).

The ultrasound appearance of a uterine myoma is usually characterized by a homogeneous or heterogeneous hypoechoic mass, but can be variable, with degenerative changes that poses a diagnostic dilemma.

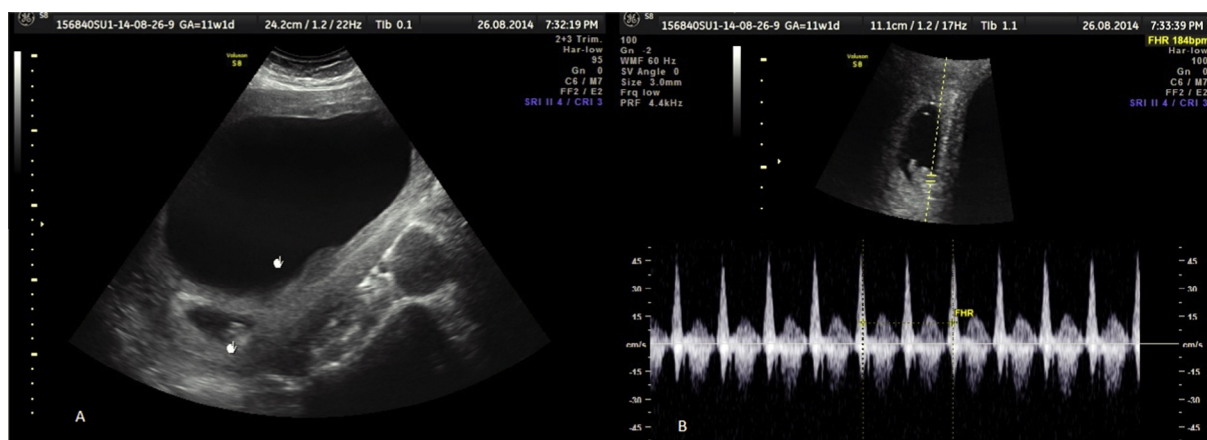
A form of degeneration known as hydropic change may be present in a focal form in up to 50% of leiomyomas; rarely, diffuse hydropic degeneration may occur and can present a diagnostic challenge to radiologists and pathologists, as its imaging and histological appearances often suggest a malignant tumour (3). We report the case of a rapidly enlarging hydropic leiomyoma, presented in a young woman in the first trimester of pregnancy.

## 2. Case report

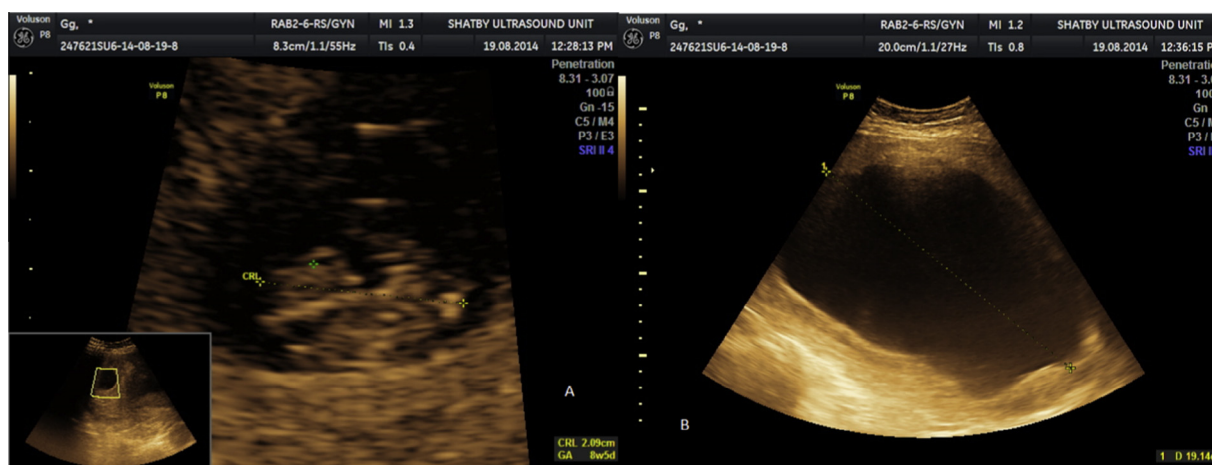
A 27-year-old female, gravida 1, para 0, was referred to our department for antenatal care in her first trimester with pelviabdominal pain and distension. The patient had a history of midline laparotomy 6 months ago in a district hospital for proposed ovarian cyst. The operative report revealed no cyst but pelvic inflammatory aspirate on cytology with no more data in the operative report as regards the uterus. Transabdominal and endovaginal sonography showed a single,

pulsating intrauterine pregnancy (IUP) with a gestational age of 8 weeks 5 days. A huge 19 cm irregular cystic mass without septation was located in the left uterine wall. A skilled ultrasonographer reassessed the case suggested that the large cyst was surrounded by myometrium, consistent with cystic degeneration of fibroid. Also, imaging was able to show the continuity of the wall of the cyst with the remainder of the uterine myometrium, thus confirming that its origin from the myometrium. Also, the echogenicity of the cyst wall followed the same echogenicity of the myometrium (Figs. 1 and 2).

The patient had undergone ultrasound guided drainage of the cyst for relieving of pain (Fig. 3). Aspiration by Chiba needle-20G of about 700 cc, clear serous amber yellow odourless fluid with symptomatic relief of the patient discomfort. Fluid Culture and biochemistry were free. Cytology revealed trace of myometrial fibres. Aspiration after a few days for pain relief using pigtail catheter (8fr) for 1700 cc until terminal tip plugged by the myometrium with symptomatic relief, viability of the foetus was maintained. Because of the large size of the cyst, the possibility of spontaneous rupture, torsion, or development of infection was considered, and so, sonographically guided repeated aspiration was done. Another reason was also to provide continuous drainage until no flow. Follow-up



**Fig. 1** Ultrasound showing a posterior myometrial cyst with surrounding myometrium and intrauterine early pregnancy (A). Pulsating foetal pole confirming living pregnancy (B).



**Fig. 2** Crown rump length around 8 weeks and 5 days (A). Large myometrial cyst measuring 19.14 cm in diameter (B).

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