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Medicine

VOLUMINOUS TUMOUR OF THE UTERINE BODY – THERAPEUTIC ATTITUDE

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ABSTRACT:
IN DEVELOPED COUNTRIES THERE IS AN INCREASE IN THE INCIDENCE OF UTERINE TUMOURS, WHICH BECAME THE THIRD LOCALIZATION AFTER BREAST AND RECTUM-COLON IN WOMEN, BEFORE CERVICAL CANCER.
WE PRESENTED THE CASE OF A 49-YEAR-OLD PATIENT HOSPITALIZED WITH PALE, ABNORMAL VAGINAL BLEEDING, DYSPAREUNIA AND FETID ODOR IN THE EXTERNAL GENITAL ORGANS. PHYSICAL EXAMINATION REVEALED A FRIABLE, IRREGULAR, BLEEDING TUMOUR OF 10/15 CM, WITH STRETCHED AREAS OF SUPPURATION AND NECROSIS, FETID ODOR, WHICH PROLAPSED UP TO VAGINA. LABORATORY TESTS SHOWED A LOWER LEVEL OF HAEMOGLOBIN 6 G –SEVERE ANAEMIA, WHICH WAS PARTIALLY CORRECTED UP TO 7.2 G WITH 2 VIALS OF BLOOD AND IT WAS DECIDED THE NECESSITY SURGICAL INTERVENTION.
THE SURGERY WAS DONE WITHOUT ANY PROBLEMS, TOTAL HYSTERECTOMY WITH BILATERAL SALPINGOOOPHERECTOMY WAS PERFORMED.
PLEASANT SURPRISE WAS THE HISTOPATHOLOGICAL RESULTS, WHO SHOWED UP A BENIGN LESION.

KEYWORDS: VOLUMINOUS TUMOR, HYSTERECTOMY, ANAEMIA

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INTRODUCTION

In developed countries there is an increase in the incidence of uterine tumours, which became the third localization after breast and rectum-colon in women, before cervical cancer.This thing happened because of the growth of the average life span of women, of estrogenic substitution therapy and obesity.

OBJECTIVES

By presenting the following case we want to emphasise that any prolapsed uterine tumour in the cervix should be biopsied and surgically sanctioned as the first intention or after radiotherapy in the case of malignant cervical tumours.

MATERIALS AND METHODS

In the Surgery Department of the CF Clinical Hospital from Craiova was presented on 04.07.2019 an obese patient (obesity grade II) with DZ, aged 49 years, with average general status, pale, with abnormal vaginal bleeding, dyspareunia and fetid odor in the external genital organs. Laboratory tests showed a lower level of haemoglobin- 6 g, blood glucose 96 mg%, L-11400/mm3, PLT 609000/mm3. Physical examination revealed generalized pallor, the abdomen with the adipose pan well represented (obesity grade II/III); on the genital exam vulva-vagina normal aspect, with supple walls until the uterine cervix, where we found a friable, irregular, bleeding tumour of 10/15 cm, with stretched areas of suppuration and necrosis, fetid odor, which prolapsed up to vagina, which occupies in the upper 2/3.

Rectal palpation has revealed the deformation of the anterior wall of rectum, who has normal mucosa. The annexes could not be examinated because of the big tumour dimensions. Multidisciplinary consultations show us a patient with DZ type II balanced, high cardiovascular risk, pulmonary X-ray without modifications.

Transabdominal ultrasonography showed a 20/11/9 cm uterus with polylobat contour and two myomas of 7.7 cm, respective 6.5 cm that compress and deform the endometrium.

After analyzing the patient's complaints, medical history, objective and visual examination data, the preliminary diagnosis was made: uterine body tumour prolapsed in the vagina.

After establishing the clinical diagnosis of voluminous, bleeding, infected tumor body prolapsed in the vagina, to a patient with a severe anaemia-6g Hb, the operatory time was dictated by the balancing of hydroelectrolyte, acid-base, and also severe anaemia. The anaemia could not be rectiffied because there was an active bleeding.

Anaemia was partially corrected up to 7.2 g with 2 vials of blood and it was decided the necessity surgical intervention.

Laparotomy and total hysterectomy with bilateral salpingooopherectomy were performed. Intraoperator, the uterus looked exactly how the ultrasound examination revealed.

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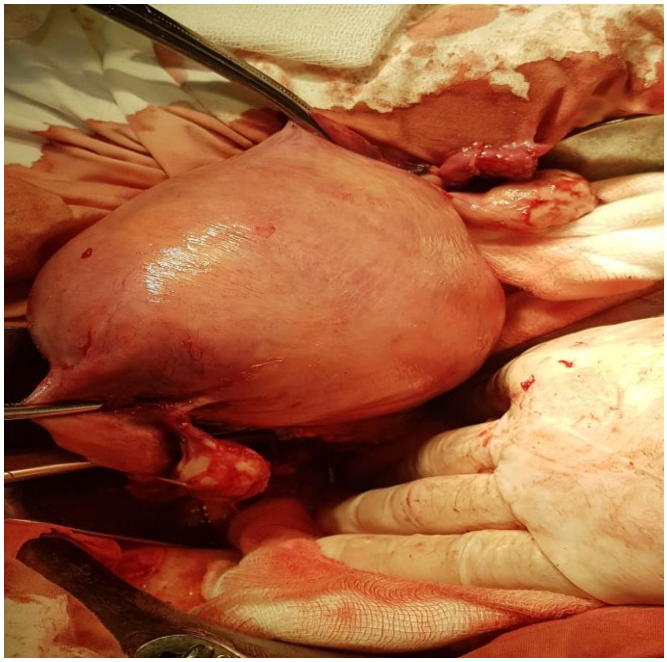

Figure 1.Intraoperative aspect of the uterus

Because of the big size of uterine body and the obese patient, there was some problems during the surgery, the surgical marks being disbanded (the boundery between the body and cervix uterus couldn't be identified).

It was made visible both ureters until their implantation in the urinary bladder, dissection on vagina and cervix uterus was very deeply to not injury the surrounding elements. We cut the posterior wall of vagina and with the index we have been fishing the mass tumour, which we picked up with the whole uterine body.

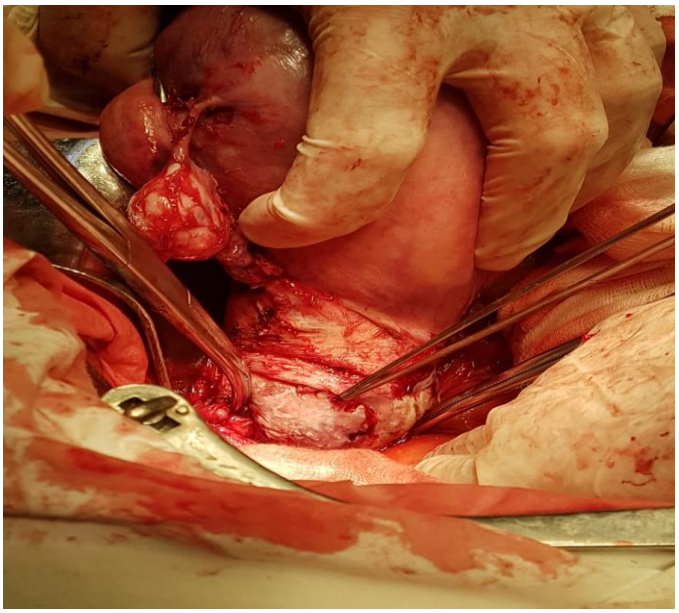

Figure 2.Abscission of the posterior wall of the vagina

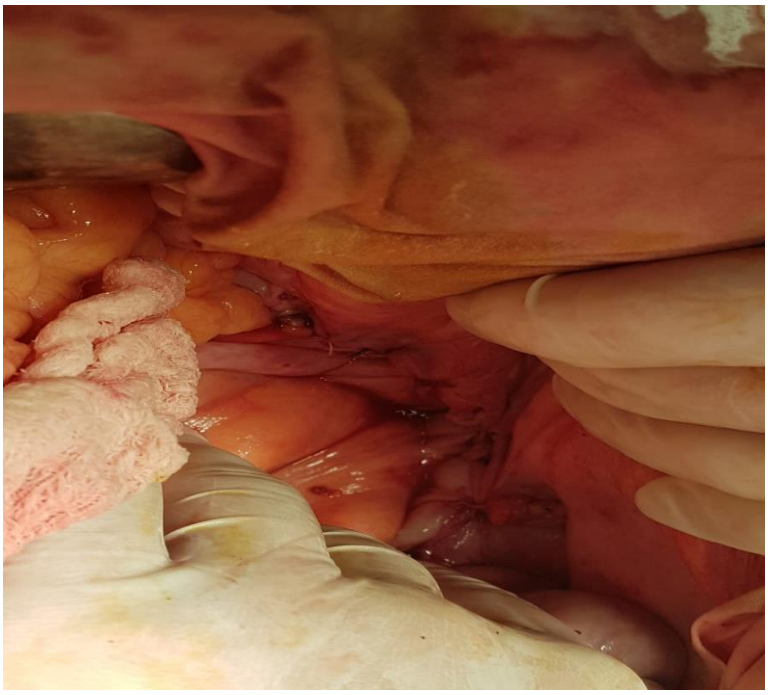

Figure 3.Closure of the vaginal breach

The surgery was done without any problems, after all those steps in the end total hysterectomy with bilateral salpingooopherectomy was performed.

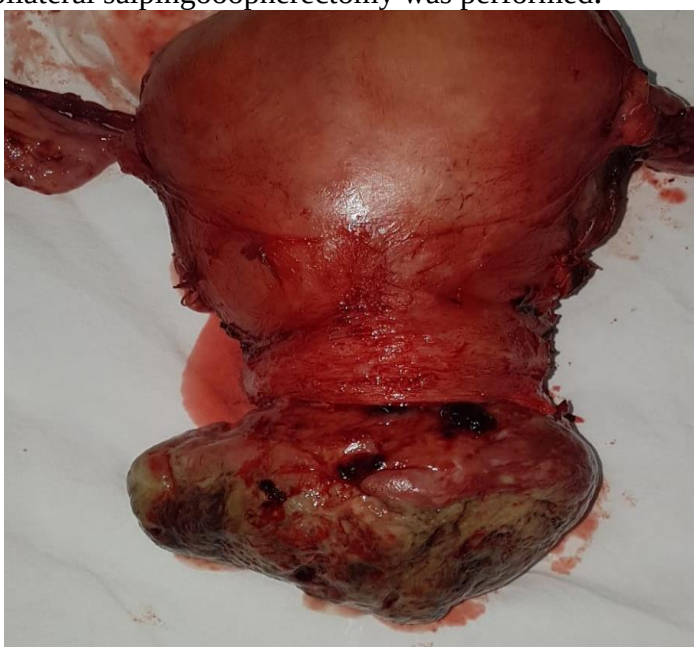

Figure 4.Macroscopic aspect of the exeresis piece

Postoperative the patient received blood transfusion, haemoglobin increase to 9,3 g. The evolution was favorable and the patient was discharged at 6 days after operation.

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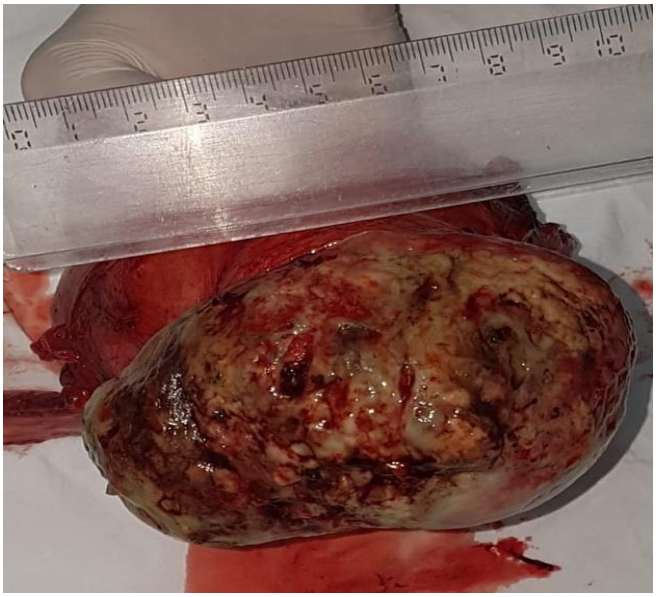

Figure 5.Aspect of the cervix

Particularity of the case

Pleasant surprise was the histopathological results, who showed up a benign lesion.

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All authors had the same contribution.

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