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Case Report

Acute Presentation of Ovarian Fibroma as a Pelvic Abscess – Case Report

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ABSTRACT: We present a case of a female patient, who was referred to our department because of pain in the lower abdomen lasting for a couple of days. The preoperative abdominal computed tomography showed a well defined irregularly shaped hyperdense formation in the pouch of Douglas with no contrast uptake. The patient underwent a laparoscopy with a consequent conversion to the lower median laparotomy with the removal of the tumor. The pathohistologic diagnosis was an ovarian fibroma with an extensive infarction and stromal hemmorhage.

Key Words: ovarian fibroma, laparoscopy, laparotomy, acute abdomen.

INTRODUCTION

Ovarian fibromas and fibrothecomas are uncommon [3]. They are the most common benign solid tumors of the ovary (1-4%), typically detected in middle aged women [1]. In one study, 80.9% of the women were over 40 years old, and 49.0% of the patients were postmenopausal [4]. They are usually benign. The most frequent symptoms are abdominal discomfort and pain, but many patients do not experience any specific symptoms. Ovarian fibromas account for the majority of benign tumors causing Meigs' syndrome, which is a rare but well-known syndrome defined as the triad of benign solid ovarian tumor, ascites and pleural effusion [2]. Histologically, these tumors have a stromal origin and are composed in variable proportion of spindle cells forming collagen and theca cells containing lipids [3].

We present an unusual case of acute abdomen caused by ovarian fibroma diagnosed later after the surgery in the setting of postoperative diagnostics and histopathological examination.

CASE REPORT

In this article we present a case of a 61-year-old female patient, who was referred to our department because of pain in the lower abdomen presumably due to an abscess in the lesser pelvis. The pain has been present for 4 days prior to hospitalization at our department. The patient was nauseous, febrile (up to 37°*C*) and had diarrhea with pain during defecation. Abnormal laboratory values included glucose 7,1 mmol/l, C-reactive protein 241 mg/l, leukocytosis 12,2 x 10^9/l and microscopic hematuria (2E).

The abdominal ultrasound showed a 3x6x8 cm irregularly shaped dense liquid formation between the rectum and uterus, presumably an abscess. Right next to this liquid formation resided a 8x6x9 cm solid heterogeneous formation. The abdominal computed tomography showed a well defined irregularly shaped 10x7x7cm hyperdense formation in the pouch of Douglas with no contrast uptake but the exact cause could not be definitely confirmed.

The patient was sent to the operating room. She was placed in supine position. Preoperative antibiotic prophylaxis was administered with gentamicin and metronidazole. The operative field was prepared in a sterile manner. An explorative laparoscopy was then performed. There were no abnormalities in the upper abdomen, small bowel and colon were normal. Then the uterus was lifted and a haematoma like solid formation between the uterus and sigmoid mesecolon was observed. We have partially opened it with an aspirator and aspirated it. In agreement with the consultant gynecologist a lower median laparatomy was then performed. The formation was easily removed from the surrounding structures and extirpated completely. No other abnormalities were found in the pelvis. Haemostasis was complete at the end of the operation. We irrigated the abdominal cavity with saline and closed laparotomy with interrupted resorbable sutures and inserted an abdominal drain. The skin wound was closed with staples. The postoperative course was uneventful. On the second postoperative day the patient started with liquid diet. On the seventh postoperative day she was discharged from the hospital.

After a while we have received a pathohistologic report which has spoken for an ovarian fibroma showing torsion and infarction with no signs of malignancy.

DISCUSSION

Ovarian fibromas are sex cord stromal tumors [4]. They are usually solid, spherical, slightly lobulated, encapsulated, grey-white masses covered by a glistening, intact ovarian serosa [6]. Ovarian fibroma can be bilateral in 4-8% of patients and multiple in 10% of cases, especially in Gorlin syndrome or associated with pleural effusion and ascites in Meigs'

syndrome. Sometimes they can manifest with abdominal enlargement, urinary symptoms, abdominal pain, and occasionally with torsion, which is rare in the postmenopausal patient. Also, ovarian fibroma can mimic ovarian cancer because of his solid nature and elevated CA-125 levels (which is more pronounced in torsion due to necrosis and inflammation) [1]. The typical sonographic features of ovarian fibroma are adnexal hypoechoic masses with clear border and acoustic attenuation as well as minimal Doppler flow signals. They are often unilateral with a diameter smaller than 5 cm. Combined with clinical information and CA125, ultrasound imaging could be used as an imaging tool for improving the preoperative diagnostic accuracy [5]. It has been reported that 34% of ovarian fibromas were misdiagnosed preoperatively as uterine myoma [4]. Ovarian fibromas are almost always benign. Very rarely, fibromas without any atypical features, are associated with peritoneal implants. Surgical removal of these solid ovarian tumors is recommended because of the low probability of malignancy [6]. The operative approach, whether laparoscopic or open has not been discussed sufficiently. Surgeons are reluctant to use laparoscopic surgical management, as the benign nature of the tumor cannot be definitely diagnosed preoperatively and it might be difficult to laparoscopically resect the tumor safely with preservation of ovarian function, especially in young patients [4].

In our patient the abdominal pain was the main symptom. We have started the operation with laparoscoy but then we had to convert to open surgery. The fibroma was removed without any difficulties, both ovaries have been preserved. Pathohistologic report spoken of no signs of malignancy.

CONCLUSION

Ovarian fibromas are uncommon but still the most common benign tumors of the ovary.

One can possibly manifest with signs and symptoms of acute abdomen which is why it is important to keep it in mind as a potential diferential diagnosis especially in older menopausal patients. Surgical removal is the treatment of choice.

CONFLICT OF INTEREST STATEMENT

None declared.

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