

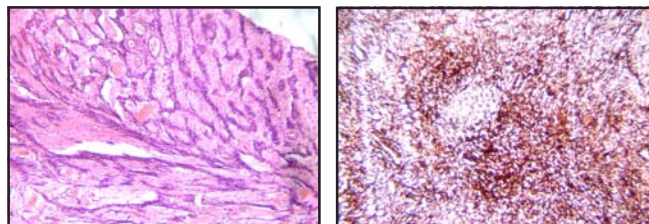


## RESEARCH LETTER

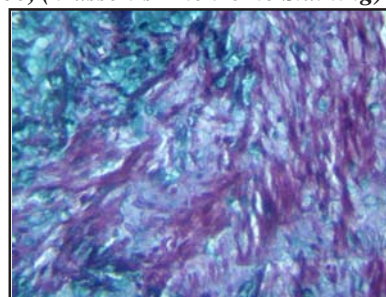
**Broad Ligament Fibroid with Neurilemoma Like Pattern**

Sarita Asotra, Rajni Kaushik, Anchana Gulati

Leiomyomas are rarely reported outside uterus. Paraovarian leiomyomas can present as inguinal masses and acute abdomen (1,2). These have been reported with Mayer-Rokitansky-Kusterhausner syndrome (3). Among extrauterine fibroid, broad ligament fibroid are most common. Because of its rarity it poses specific diagnostic difficulties causing error in final diagnosis and management (4). 33 year old patient presented in the hospital with pain lower abdomen for one month. Operative findings- Uterus, bilateral tubes and ovaries grossly normal. There was one solid tumor mass arising from left broad ligament measuring 12x10x9cms. with intact capsule with no surface growth. On C/S of tumor, solid area with mucinous material in cystic area was positive. Investigations -On USG and CT diagnosis of right tuboovarian mass was given. Pathology- Gross-Received 11x9x3cms. sized soft tissue mass with smooth outer surface and well circumscribed margins. C/S shows variegated appearance with foci of myxoid, mucoid and cystic degeneration. The preserved grey solid foci reveal whorling appearance. M/E- Shows intersecting fascicles of spindle cells with eosinophilic cytoplasm, spindle nuclei with blunt ends, there is marked myxoid degeneration, hyalinization and cystic foci. These cells revealing palisading in these areas and foci of increased cellularity. (Fig-1). Mitotic Count-0-1/10 H.P.F. No foci of necrosis or cellular atypia are seen. Special Stains- Masson's trichrome -reveals longitudinal striations. (Fig-2) PAS-Intracellular glycogen. (Fig-3). Fibroids are known to arise from uterus. They are most commonly intramural., subserosal., Submucosal and cervical myomas. Fibroid in the broad ligament are not so common, but among extra uterine fibroid, broad ligament fibroid occurs most commonly (4). Myomas in round ligament and broad ligament are often found in association with uterine tumor and their pathology is same as that of uterine fibroid. Giant fibroids are known to arise from the uterus but occasionally from the broad ligament (5,6). We report a case where a patient presented with pain lower abdomen for one month. On USG and CT diagnosis of right tubo-ovarian mass was given. On gross examination it was well circumscribed and well encapsulated showing



**Fig1 & 2 Microscopic Examination of Leiomyoma Showing Neurilemoma like Pattern X 400 ( H& E staining) and Revealing Longitudinal Striation X 400, (Masson's Trichrome Staining)**



**Fig 3. Microscopic Examination Showing Intracellular Glycogen X 400, (PAS Staining)**

whorling pattern..Microscopically it showed predominantly neurilemoma like pattern Therefore we did special staining -Masson's trichrome and PAS staining. In Masson's Trichrome-revealed longitudinal striation and PAS Staining demonstrated intracellular glycogen.

**References**

1. Chan SC, Yuen PM. Torsion of a paraovarian myoma in a teenage woman. *J Am Assoc Gynecol Laarosc* 2004; 11:96-98.
2. Lazarevaki M, Ristovae P. Leiomyoma of round ligament of uterus. *Jugosal Gieukol Perintol.* 1990; 30:107-08.
3. RheeCS, Kim JS, Woo SK, Suth SJ. MRI of round ligament leiomyoma with Mayer-Rokitansky-Kusterhuser Syndrome. *Abdom Imaging* 1999; 24:202-04.
4. V. Irene Yuel Kaus V. Broad ligament fibroid -An unusual presentation. *JK Science* 2006; 8(4): 217-18.
5. Gowriv, Sndheendra R, Oumachiqui A, Sankaran V. Giant broad ligament leiomyoma. *Int J Gynecol Obstet* 1992; 37(3):207-10.
6. Banerjee N, Kriplani A, Takhar D. A case of liye true broad ligament fibroid. *J Obst Gyne India.* 1996; 46(5):724-25.

From the Department of Pathology, IGMC, Shimla HP-India

Correspondence to : Dr. Sarita Asotra, Flat No-5, Block No-5, Phase-III, New Shimla-171009