



Clinical images

Laparoscopic management of intraligamentary fibroid originating from the round ligament

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A 42-year-old woman, gravida 4, para 2, with a regular menstrual cycle and menorrhagia had mild right lower abdominal pain that started approximately 4 months prior to the admission to our hospital. The pain hampered her daily activities. Bimanual examination showed a palpable mass in the right lower abdomen immediately beneath the muscular layer. Ultrasonography revealed the presence of a solid mass (8 cm in diameter) with the echogenic characteristics of a uterine fibroid in the right adnexal area and multiple intramural fibroids (Fig. 1). The most probable diagnosis was multiple uterine fibroids of the intramural and pedunculated types. Laparoscopic hysterectomy was proposed to resolve her symptoms.

During laparoscopy, a large fibroid of the right round ligament, fixed to the right abdominal wall, was seen (Figs. 2 and 3). The overlying peritoneum was opened, and dissection was performed carefully. Myomectomy of this intraligamentary fibroid was performed with ease, followed by hysterectomy. No ureteral and great vessel injuries occurred during surgery. Operating time was 80 minutes, and operative blood loss was 100 mL. The weight of the

uterus including the fibroid was 500 g. The patient was discharged home on postoperative Day 3.

Broad ligament fibroids should be differentiated from retroperitoneal tumors. Preperitoneal lipoma, lymphadenitis, hematoma, neurofibroma, desmoid tumors, endometriosis, and dermoid and epidermoid cysts can mimic the presentation of uterine fibroids and should be taken into account both pre- and intraoperatively. A round ligament fibroid is one of the broad ligament fibroids, and its

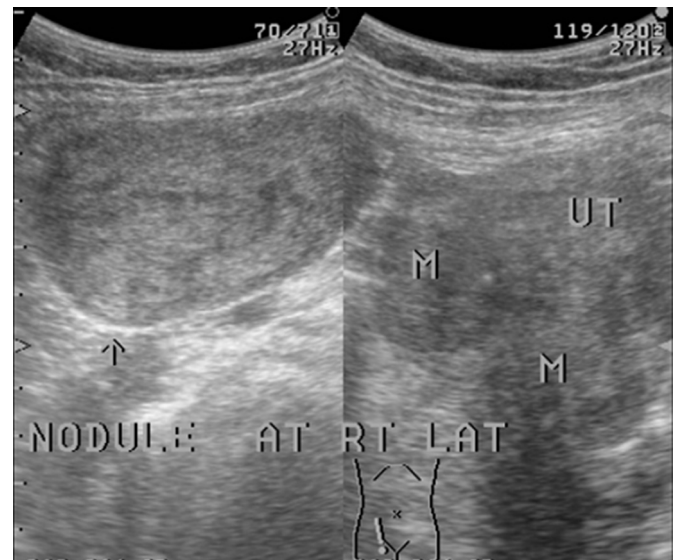


Fig. 1. Longitudinal view of the lower abdomen showing a mass with echogenic characteristics of uterine fibroid in the right adnexal area and multiple intramural fibroids in the uterine corpus. M = multiple intramural fibroid; UT = uterine fibroid.

Conflicts of interest: The authors declare no conflicts of interest.

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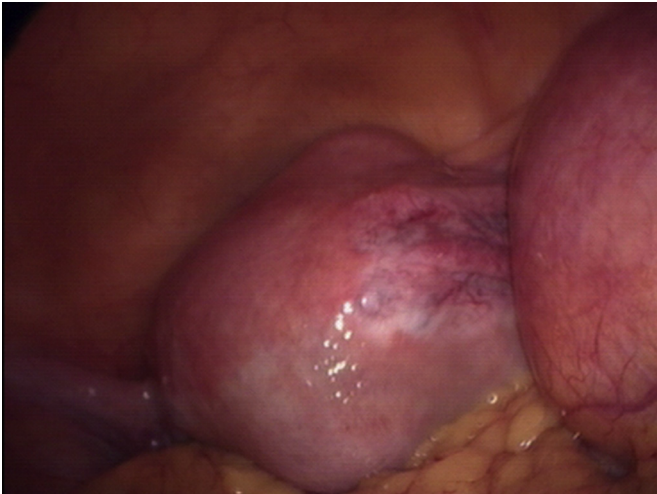


Fig. 2. Distant view of an 8 cm ovoid, smooth, firm mass originating from the right round ligament.



Fig. 3. Near view of the mass shown in Fig. 2.

incidence is rare. It occurs predominantly in premenopausal, middle-aged women and is more common on the right side.¹ Pre-operative imaging studies such as computed tomography scans or magnetic resonance imaging can be helpful in diagnosing the condition, but these are not usually employed preoperatively due to their high costs.² If the diagnosis is made, fibroids can be managed by laparoscopic approach.^{2–5}

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