CASE REPORT

Large Uterine Fibromyoma: Association with DVT of Pelvic veins and Pulmonary Thromboembolism. A Series of Four Such Rare Cases

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Introduction

Large uterine fibromyomata causing mechanical obstruction of the pelvic veins and inferior vena cava have been reported [1–11]. Four cases of uterine fibromyoma presenting with deep vein thrombosis (DVT) are reported in this article because of rarity of this complication.

Case Report-I

A 39-year-old woman, P2L2, LCB-16 years, presented with deep vein thrombosis of Left lower limb. Therapeutic anticoagulation was given for left ileo femoral thrombosis after confirmation by Doppler venous study. A fibromyoma of 22 weeks' gestation was detected on clinical examination and USG. She was asymptomatic and not on hormones. Her CA-125 levels were normal and ET-3 mm. Total Abdominal Hysterectomy was performed 2 months later after confirming partial recanalization of the thrombosed iliofemoral veins. The patient who was on T. Acitrom after DVT was given pre and postoperatively LMWH and later again T. Acitrom. HPE revealed fibromyoma.

Case Report-II

A 28-year-old woman married for 4 years presented with an abdominal mass, swelling, and pain over Left Lower limb and difficulty in walking, and fever of 1-week duration. She did not have any menstrual disturbances.

Gynecologic examination revealed a 22-week size fibromyoma uterus. Duplex venous ultrasonography showed extensive thrombus extending from saphenous vein in mid thigh upward into femoral, external iliac, and common iliac veins. She was on LMW Heparin and later on T. Acitrom. Repeat Doppler studies revealed partial DVT, good collateral veins, and absent thrombus in common iliac vein. She underwent myomectomy. Postoperatively, anticoagulants were used for 2 months.

Case Report-III

A 33-year-old woman, married for 6 months and having used OC pills for 2 cycles, presented with chest pain and shortness of breath for 20 days. X-ray chest revealed left lower lobe consolidation. In spite of antibiotics, shortness of breath continued. Repeat Chest-X-ray revealed pleural effusion. CT scan of chest revealed pleural effusion with underlying lung collapse. With this report, she was admitted in Kamineni hospital on September 30, 2009. Routine USG revealed large fibromyoma of uterus of size of 22 weeks' gestation and evidence of IVC thrombosis. Pleural fluid aspirate was not found to be of infective etiology. CT

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Fig. 1 Fibroid uterus

pulmonary and abdominal angiogram reports revealed pulmonary thromboembolism involving the bilateral lower lobe segmental arteries, minimal left pleural effusion with pneumothorax (post aspiration) and thrombosis of infrahepatic part of inferior venacava (IVC) of 4.1-cm length and multiple fibromyomata four in numbers with the largest one with size of 11.2×10.4 cm. Her congenital and acquired thrombophilia profiles were normal (Fig. 1). Therapeutic anticoagulation was conducted; Blood transfusion was given for severe anemia. Though she was advised myomectomy, she had not reported to us thus far.

Case Report-IV

A 45-year-old woman, P3 L3, 3 vaginal deliveries, presented to us with pain abdomen and polymenorrhagia of 2 months duration, on May 18, 2010. She had a fibromyoma of size of 26 weeks' gestations. Past history revealed that she had DVT in the left lower limb 6 years ago for which she had been treated with anticoagulants and advised surgery for fibromyoma. Doppler study on May 18, 2010 revealed partial chronic thrombosis of common femoral vein (CFV), superficial femoral vein (SFV), and complete thrombosis of popliteal veins, incompetent left saphenous femoral junction (SFJ) with dilated great saphenous vein (GSV), and varicosities. Total abdominal hysterectomy + bi-lateral salpingo oophorectomy (TAH + BSO) was performed on May 20,

2010, and she was given prophylactic anticoagulation LMWH for 4 days postoperatively. Screening for thrombophilia revealed no abnormality.

Discussion

An enlarged uterus of 24–28 weeks with fibromyoma can cause impedance to blood flow in the pelvic veins and owing to firm consistency can cause damage to pelvic veins predisposing to thrombus formation.

All these patients of the above case studies had ilio-femoral thrombosis on the left side. Majority of DVTs occur on the left side (85 %) as compared with 55 % out with pregnancy. This may be a consequence of the right iliac artery and the right Ovarian artery crossing the left iliac vein.

Conclusions

1. It is important not to overlook DVT of the leg and pelvic veins on preoperative image evaluation of large uterine myoma using USG, CT, and MRI. (Doppler of the pelvic and leg vessels). It is reported that most venous thrombi are clinically silent without typical symptoms.
2. While managing conservatively, to control menorrhagia associated with large fibroids of the uterus, it is better not to use combined OC pills, as it would compound the risk of DVT associated with fibroid.
3. We must educate women and OBGYN specialists in the field that life-threatening complications like DVT in the pelvic vessels and IVC can occur and may lead to PTE with fatal consequences in association with large fibroids. Hence, surgical intervention should be advised for large fibromyoma.
4. Placement of IVC filter and emergency embolectomy and thrombectomy maybe needed in certain cases.

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