Paraovarian leiomyoma: an unlikely differential diagnosis of adnexal mass

Margarida Cunha1,2, Carolina Carvalho2, Maria José Bernardo2, Dusan Djokovic3.

Department of Obstetrics and Gynaecology of: 1Centro Hospitalar de Setúbal, Portugal; 2Centro Hospitalar Lisboa Central, Portugal. 3Centro Hospitalar Lisboa Ocidental, Portugal.

INTRODUCTION
The diagnosis of adnexal masses may be challenging.

CASE REPORT
A 67-year-old multiparous woman with a past history of a seven centimeters pedunculated fibroma, diagnosed seven years ago, presented with abdominal pain and a ultrasound revealing a left ovarian mass.

On the physical exam she had a palpable mass on the left adnexal area. The patient repeated ultrasound and Doppler imaging in our Department, which revealed a solid mass in the left ovary with regular lobulated borders and stripy shadows, measuring 70x27x47 mm (Figure 1), painful with vaginal probe mobilization. This mass had abundant vascularization (color score 3-4) (Figure 2), and visible normal ovarian tissue with 21x12x18 mm, suggesting an atypical fibroma. The value of CA 125 was 7 U/mL.

A total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed by an experienced gynecological surgeon. Intraperatively a paraovarian tumor with benign features was seen. Histology diagnosed a leiomyoma.

DISCUSSION
Myomas most commonly arise from the uterus. Extrauterine fibroids are uncommon and paraovarian leiomyoma is an extremely rare condition with only one report in the literature. Although extrauterine myomas have been associated with previous morcellated hysterectomies or myomectomies, this woman had no such surgical past. On the other hand, this case highlights the possible misdiagnosis of a paraovarian fibroid with a pedunculated myoma or an ovarian fibroma/fibrothecoma.

CONCLUSION
The exact location of a paraovarian leiomyoma is difficult to confirm with ultrasound imaging and may only be determined intraoperatively.