

A Case of Red Degeneration in Fibroid of Perimenopausal Woman

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Abstract: Red degeneration is one of the five main types of degenerations that involve uterine leiomyomas. This uncommon type of degeneration found to be the most common form of degeneration of leiomyoma during pregnancy. It is not rare in cases of painful leiomyomas in women over the age of forty years. Red degeneration is believed to occur when a fibroid outstrips its blood supply leading to progressive degeneration and necrosis (cavernous degeneration/necrobiosis). It is a hemorrhagic infarction of leiomyoma that often occurs during pregnancy. A 48 year old patient presented with a complaint of pain in the lower abdomen and acquired dysmenorrhea of long duration, history of dysuria, history of increased frequency of micturition and fever of two days. No history of menorrhagia(excessive bleeding / prolonged duration of bleeding per vagina). Her menstrual cycles are regular, 3to5/30days, moderate flow and acquired dysmenorrhea, last menstrual period 6 days back. P₂L₂ and last child birth of 16years with history of normal vaginal deliveries and patient is tubectomised. She presented with tender uterus of 14 weeks size. Anterior wall fibroid uterus is present. Patient has leucocytosis, ESR raised to 30mm/1st hour. Urine culture sensitivity shows sensitivity to ciprofloxacin.TAH with RSO done on 10-09-2014. On cut section of uterus, purple red color of myoma noticed. The myometrium was of normal color only. Histopathological report was red degeneration of myoma

Keywords: red degeneration, cavernous degeneration, necrobiosis, acquired dysmenorrhea, menorrhagia, TAH with RSO.

I. Introduction

Red degeneration or cavernous degeneration is the commonest degeneration occurring in leiomyoma of the pregnant uterus. Patient presents as a case of acute abdomen and non specific symptoms of nausea vomiting and fever. It is treated conservatively and the patient is relieved of her symptoms in 7-10 days. In red degeneration the tumor itself assumes a peculiar purple red color/salmon pink with cut section revealing raw beef appearance. If the tumor is carefully examined, some of the large veins in the capsule and the small veins in the substance of the tumor will be found thrombosed. The discoloration is caused by the diffusion of blood pigment haemoglobin and the presence of haemolysed red cells from the thrombosed vessels. The haemolysing factor is probably a lipid substance formed as a result of the original necrosis. Little is known of the etiology why only the myoma should be involved and not the myometrium. The odour is fishy due to fatty acids. The condition is an aseptic one. On MRI the typical finding in red degeneration is the uterine fibroid with increased T1 signal intensity.

II. Case Report

A 45 year aged patient complaining of pain abdomen and secondary dysmenorrhea of long duration and dysuria, increased frequency of micturition and fever of two days. LMP of 6 days. Patient was Para2 and Live2 with Live child birth of 16years She had normal deliveries and she underwent tubectomy 16 years back. On examination patient is anaemic with tender uterus of 14 weeks. After improving the general condition and after completion of preoperative investigations, TAH with RSO done 10-09-2014. Cut section of uterus shows a purple red intramural myoma within the anterior wall of uterus. Postoperative period smooth and uneventful. Histopathological exam report came as red degeneration

Photos:



III. Discussion

Because of rarity of red degeneration in myoma of a perimenopausal woman, this paper was sent for presentation. In case of tender fibroid uterus, we have to think of red degeneration in addition to other causes of tender fibroid uterus like associated endometriosis, PID, extrusion of a fibroid polyp, torsion of a pedunculated subserous fibroid.

IV. Conclusion

Red degeneration in a fibroid in a perimenopausal woman is a rare presentation.

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