

## A giant fibromyoma with aspectic necrobiosis mimicking an ovarian tumor

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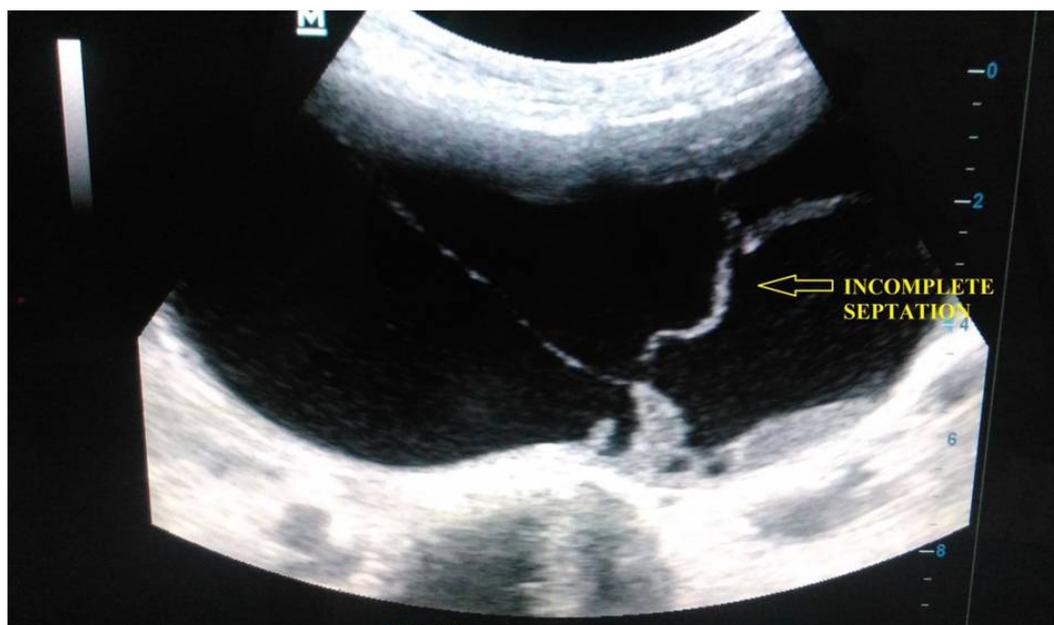
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### Description

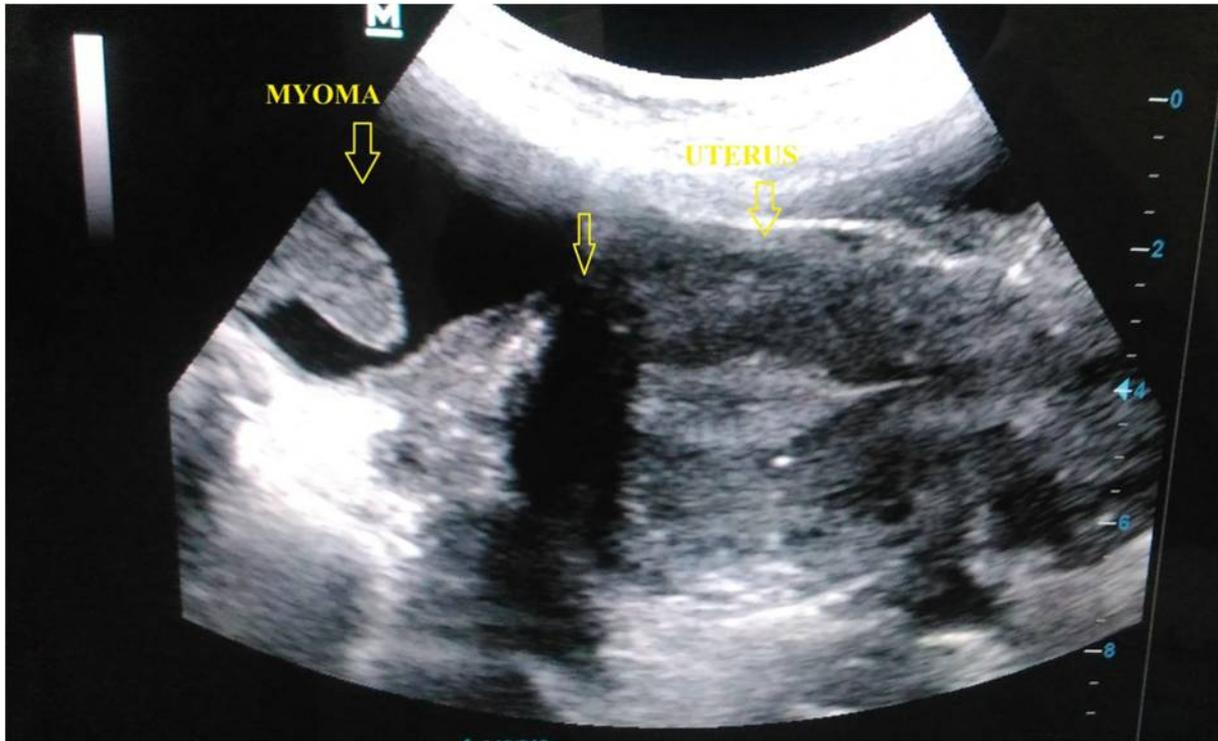
39-year-old women (gravida 5, para 1 and 4 miscarriages) referred with pelviabdominal pain and distension. She acquired a history of dysuria and constipation without menorrhagia nor fever. On examination she had a pelviabdominal tumor beyond the umbilicus. Laboratory results showed an inflammatory syndrome with CRP at 76 mg/L, leukocytosis at 15120, microcytic anemia with hb at 7.3 g/dL, CA 125 was increased to 72 IU. The ultrasound showed a cystic mass well limited with incomplete septations mimicking an ovarian cyst (Figure 1) but a senior ultrasonographer suggested that the large cyst was surrounded by myometrium, consistent with degeneration of fibroid (Figure 2). The MRI revealed a 17cm Subserosal pedunculated fibromyoma with aspectic necrobiosis (Figures 3 & 4).

The surgery was performed and the pathological examination confirmed the diagnosis of degenerated myoma. The postoperative course was uneventful and the patient was discharged 5 days after the surgery.

### Figures



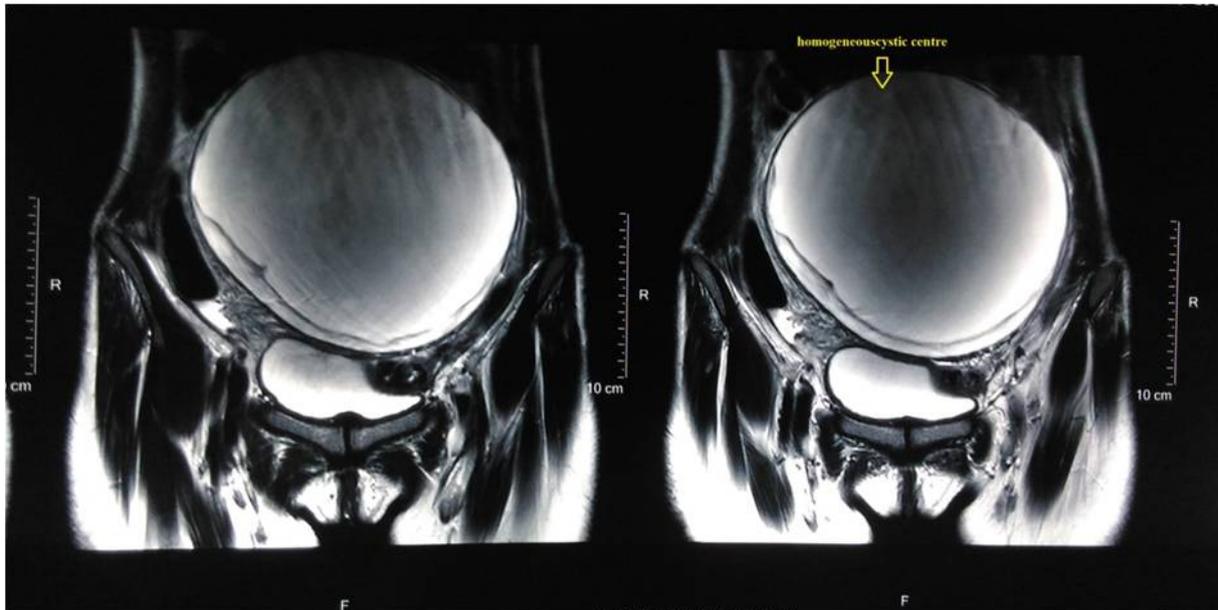
**Figure 1:** Abdominal ultrasound revealed a large cystic lesion filling the abdominal cavity with incomplete septations mimicking an ovarian cyst



**Figure 2:** A cystic mass in continuity with the uterus surrounded by myometrium with cystic degeneration of fibroid



**Figure 3:** MRI revealing Subserosal pedunculated fibromyoma with asptic necrobiosis Measuring 178×171×88 mm



**Figure 4:** MRI images showing the continuity of the wall of the cystic region with the body of the uterus. The cystic centre was quite homogeneous, with a CT attenuation value near that of water

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