NOT SIMPLY A FIBROID UTERUS: A RARE DIAGNOSTIC DISCOVERY

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CHIEF COMPLAINT AND TIMELINE OF EVENTS

- 31 y/o AAF with complaints of menometrorrhagia and was initially admitted for total abdominal hysterectomy.
  - Initial abdominal laparotomy demonstrated a highly vascular, unresectable pelvic mass
  - Initial pelvic angio to assess vascularity and Gelfoam of Right iliac supply, non-diagnostic
  - Repeat laparotomy for biopsy was unsuccessful due to hemorrhage
  - Repeat pelvic angio for complete vascular embolization
RELEVANT HISTORY

- Past Medical History
  - G2P2 female

- Past Surgical History
  - Bilateral tubal ligation

- Family & Social History
  - Nonsmoker, 1-2 alcoholic drinks per day, single sexual partner

- Review of Systems
  - Fatigue
  - Pelvic pain
  - Abdominal distention
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A) Multifibroid Uterus  
B) Pelvic AVM  
C) Enlarged Uterus  
D) Hypervascular Pelvic Mass  
E) Uncertain
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At this point in the diagnostic workup, all possibilities are correct. No tissue diagnosis could be made. Although, an enlarged hypervascular uterus is demonstrated, which is most commonly secondary to leiomyoma.

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Biopsy could not be completed despite multiple laparotomy attempts secondary to hemorrhage.

Multiple imaging modalities were performed to possibly indicate diagnosis:
- Including CT with & without IV contrast, CTA of the pelvis, MRI/MRA
- CT w/ contrast demonstrated a large hypervascular mass concerning for a high-grade sarcoma, possibly angiosarcoma versus vascular malformation. Of note, hemoperitoneum was also present.
T2 coronal images are presented and the large pelvic mass is obvious. What do the serpiginous T2 hypointense areas demonstrate?

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C) Packed Tumor cells
D) Flow voids
CORRECT!

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Roberts catheter was used to isolate each iliac artery.

Right iliac artery is preferentially demonstrated on these images.

Multiple small branches are visualized originating from multiple internal iliac a. branches.
Initial pelvic angiogram was performed and gelfoam was used for Right Iliac branch vessel embolization. Why was gelfoam chosen over other embolization techniques?

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B) Acute Hemorrhage
C) Large Vessel Extravasation
D) Multivascular Supply
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Finally after EtOH embolization of all branching vessels and hemostasis was obtained a needle biopsy yielded results: *spindle cell tumor consistent with solitary fibrous tumor*

- Rare diagnosis
- Few case reports of pelvic solitary fibrous tumors; our case is one of the few reported uterine manifestation\(^2,3\)

Patient underwent en bloc resection of uterus, rectum, cervix, fallopian tubes, ovaries, and bladder
• In summary, our case demonstrates a rare diagnosis, which could have been easily masked for a common finding

• A multimodality approach helped to guide our diagnosis and eventual surgical cure for this patient

• Angiography contraindications
  - Anaphlaxis to contrast media, uncorrectable coagulopathy, severe renal insufficiency
  - Pregnancy, active pelvic infection, prior pelvic radiation, connective tissue disease

• Gelfoam is a good embolization technique with a multivascular case such as this

• Solitary fibrous tumor of the uterus is a rare finding
  - Most have a benign course but can cause extensive mass effect and require large anatomical resection, as in our case
REFERENCES


