

## Rare Pelvic Fibroid – Round Ligament Fibroid

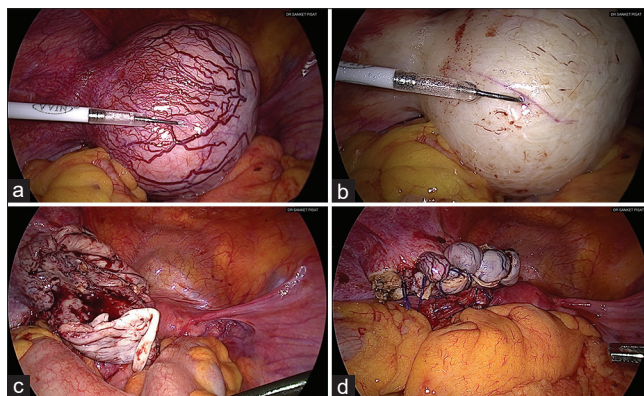
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A 24-year-old, thin built, virgin, female presented with swelling and pain on the left side of the abdomen and no menstrual complaints. Abdominal examination showed approximately 10 cm × 8 cm mobile solid mass palpable in left iliac fossa. Ultrasonography showed 10 cm × 8 cm × 7 cm hyperechogenic mass on the left lateral wall of the uterus. Laparoscopic findings revealed approximately 10 cm × 8 cm left round ligament fibroid having extensive blood supply, but uterus and adnexa were normal [Figure 1a].

Injection vasopressin (dilution 20 unit in 200 m NS) was injected with the help of visual vasopressor injection needle<sup>[1]</sup> which resulted in blanching [Figure 1b]. Fibroid was excised and two flaps of round ligament seen after enucleation of fibroid [Figure 1c]. The fibroid was removed from the abdominal cavity by morcellation. The round ligament flaps were sutured with vicryl [Figure 1d]. The postoperative recovery was uneventful, and the patient was discharged on the next day.

The round ligament is the extension of uterine musculature and mainly consists of smooth muscle fibers, connective tissue, vessels, and nerves. It derives its blood supply from small branch of uterine or ovarian artery known as Sampson artery.<sup>[2]</sup> Fibroid of female genital tract is because of somatic mutation of smooth muscle and complex interaction between sex steroids and growth factors mainly estrogen. Uterine fibroid is remarkably common benign tumor with the incidence of 77% in hysterectomy specimen, but round ligament fibroids are rare entity. Round ligament fibroid can present with adnexal neoplastic masses, inguinal hernia,<sup>[3]</sup> inguinal mass,<sup>[4]</sup> or vaginal mass with a low rate of painful symptoms. Preoperative diagnosis with ultrasonography and magnetic resonance imaging is challenging because of anatomic location near to the uterus and ovary.<sup>[5]</sup>



**Figure 1:** (a) Round ligament fibroid with extensive blood supply. (b) After injecting injection vasopressin. (c) Round ligament flaps after enucleation of fibroid. (d) Round ligament flap sutured

Laparoscopic management is the first choice which is safe and feasible in this new era of minimal invasive surgery.<sup>[6]</sup>

Informed consent was obtained to publish this case. This original article was exempt from Institutional Review Board at Akanksha Hospital, Mumbai, Maharashtra, India, because there is no more than “minimal risk” and fits one of the exempt review category.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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We thank our patient for giving us permission to publish our work.

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### Conflicts of interest

There are no conflicts of interest.

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