

## Parasitic Leiomyoma

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We report a clinical image of a patient with a suspected iatrogenic parasitic leiomyoma, given her prior history of laparoscopic myomectomy.

A 42-year-old, gravida 1, para 1 female, with the surgical history of laparoscopic myomectomy many years ago, presented with progressively severe dysmenorrhea and hypermenorrhea in recent months. Transvaginal ultrasound showed a large mass, greater than 10 cm in size, situated at the uterine fundus. Under the impression of recurrent uterine myoma, she was admitted for laparoscopic myomectomy. Surprisingly, upon entry into the pelvic cavity, the uterus and bilateral adnexa were all grossly normal [Figure 1a]. A large mass (12 cm × 6 cm × 9 cm), isolated from the uterus but connected to the right posterior peritoneum, was seen [Figure 1b and c]. Coagulation of its vascular supplies and careful dissection from the surrounding tissues were

performed to excise the mass [Figure 1d], which weighed 298 g. The patient recovered smoothly postoperatively, and the final pathology indicated leiomyoma.

Parasitic leiomyoma has no connection with the uterus itself and obtains its blood supplies from the surrounding tissues. It is classified as subgroup 8 in the FIGO classification.<sup>[1]</sup> First described in the early 1900s, parasitic leiomyoma appeared to be a rare entity until the advent of laparoscopic surgeries and associated power morcellation, which increased the number of such clinical cases in recent years.<sup>[2,3]</sup> Although atypically located myoma may originate *de novo* from myoblasts in the pelvic mesenchymal tissue, the tumor described in our case most likely arose from the iatrogenic spread of myoma debris by the morcellator. It then obtained its vascular supply from the pelvic tissue [Figure 1b and c].<sup>[4]</sup> When approaching female patients with abdominal masses, especially those with prior surgical history, we should include parasitic myoma as part of her differential diagnoses.

### Ethical approval

This study has been approved by the institutional review board of the Human Investigation and Ethical Committee of Chang Gung Medical Foundation (Project No. 202000327B0; March 18, 2020). The IRB approves the waiver of the participants' consent.

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Nil.

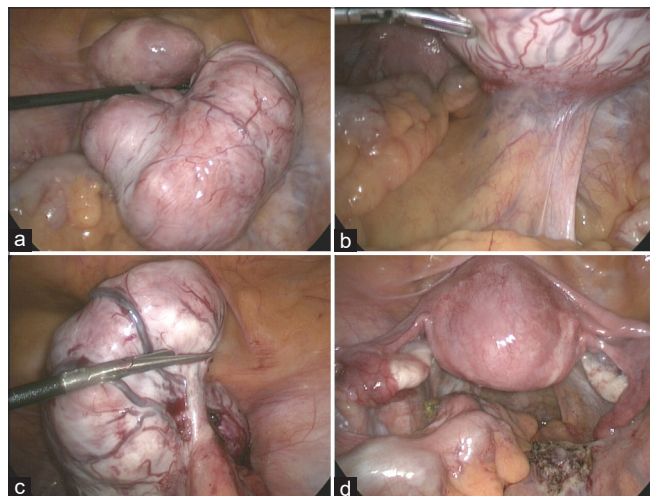
### Conflicts of interest

There are no conflicts of interest.

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**Figure 1:** (a) Upon entry into the peritoneum, a large, solid mass was seen in proximity to the uterus. (b) Careful inspection revealed adherence of the mass to the posterior peritoneum. (c) A stalk with feeding vessels from the peritoneum to the mass was identified. (d) After excision, the uterus and bilateral adnexa were unharmed while an electrocauterized postoperative lesion could be seen on the peritoneum near sacral promontory

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