

## CLINICAL IMAGE

# Leiomyoma originating from left round ligament presents as symptomatic inguinal hernia

Konstantinos Kypriotis  | Nikolaos Kathopoulos  | Maria Tsiriva |  
Dimitrios Zacharakis  | Ioannis Chatzipapas | Athanasios Protopapas

1st Department of Obstetrics and Gynecology, Faculty of Medicine, National and Kapodistrian University of Athens, "Alexandra" Hospital, Athens, Greece

**Correspondence**

Konstantinos Kypriotis, 36 Konstantinoupoleos str. 15236 N.Penteli, Athens, Greece.  
Email: kypriotisk@gmail.com

**Funding information**

No funding has been received by any of the authors for this work.

**Abstract**

Leiomyomas may develop at extra-uterine locations and pose diagnostic dilemmas. This is a case of a fibroma originating from the left round ligament presenting as a symptomatic inguinal hernia.

**KEY WORDS**

inguinal hernia, laparoscopy, round ligament leiomyoma

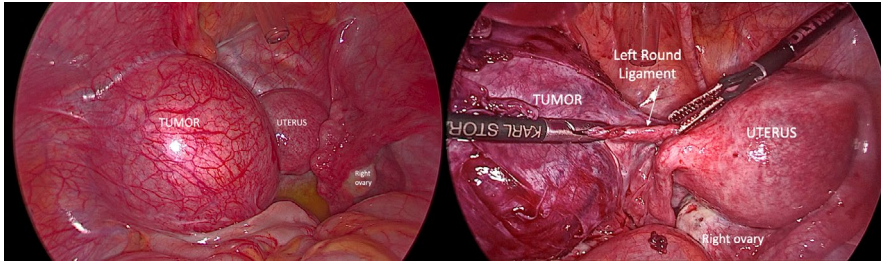
Leiomyomas are common uterine tumors. Occasionally, they may be found at unusual extrauterine locations developing from embryonic remnants or nonuterine pelvic smooth muscle causing problems in the differential diagnosis.<sup>1,2</sup> We present the rare case of a 26-year-old patient with a leiomyoma originating from the left round ligament, independently from the uterus. The patient presented with progressively deteriorating left-sided discomfort, aggravated during exercise and heavy weight lifting. Pelvic ultrasonography revealed the presence of a solid tumor measuring  $7.5 \times 6.6 \times 5.9$  cm. No apparent connection to the uterus was detected, and differential diagnosis included pedunculated or inter-ligamentous

uterine leiomyoma versus ovarian fibroma or thecoma. At laparoscopy, it was found developing retroperitoneally 2 cm from the left side of the uterus, independently of it and the ipsilateral ovary (Figure 1). It was densely adhered to the antero-lateral pelvic wall, the underlying retroperitoneal tissues, and the rectosigmoid. After careful retroperitoneal dissection, avoiding traumatization of the tumor through direct grasping, the proximal and distal parts of the round ligament were coagulated and cut, resulting in its complete mobilization (Figure 2). The exposed left inguinal hernia (Figure 3) which resulted from chronic tumor compression was repaired with three interrupted nonabsorbable sutures.

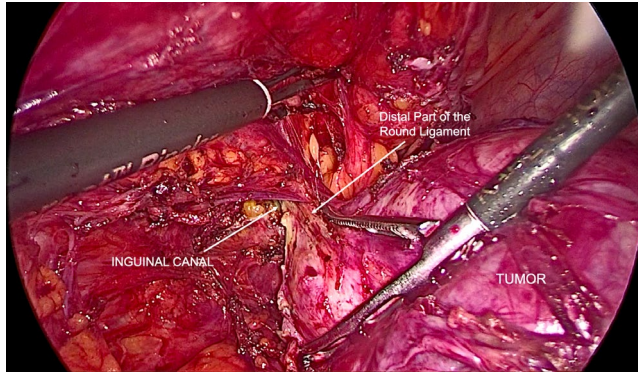
Institutional Review Board (IRB) Exemption: This is to certify that for the study entitled "Leiomyoma originating from left round ligament presents as symptomatic inguinal hernia" was not required institutional review board approval as it represents a case report/operative technique for which the patient involved has provided informed consent and has been informed on the possibility of anonymous publication of her case. The above decision complies with the common practices of our department "Alexandra" Hospital, 1st Department of Obstetrics & Gynecology, Medical School of the National and Kapodistrian University of Athens, Greece. Every precaution has been taken to protect the privacy and the confidentiality of the patient's personal information.

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

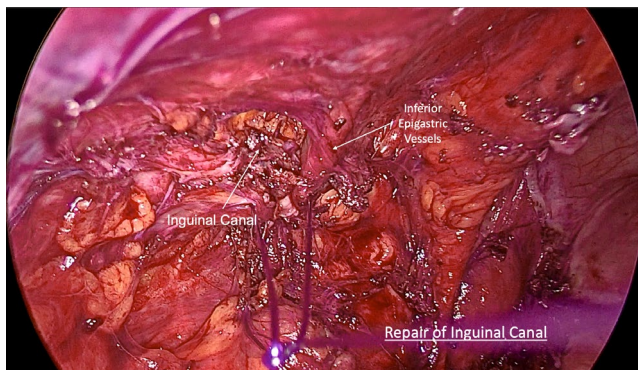
© 2021 The Authors. *Clinical Case Reports* published by John Wiley & Sons Ltd.



**FIGURE 1** The tumor is developing retroperitoneally 2cm from the left side of the uterus, independently of it and the ipsilateral ovary



**FIGURE 2** Complete mobilization of the tumor after careful retroperitoneal dissection



**FIGURE 3** Repair of the left inguinal hernia

## ACKNOWLEDGMENTS

Published with written consent of the patient.

## CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest and nothing to disclose.

## AUTHOR CONTRIBUTIONS


KK involved in conception and study design, manuscript preparation, and patient recruitment. NK involved in data collection, statistical analysis, and patient recruitment. MT and DZ involved in data analysis and interpretation, manuscript preparation, and patient recruitment. IC served as responsible surgeon or imager. AP served as responsible surgeon or imager. All authors reviewed the results and approved the final version of the manuscript.

## DATA AVAILABILITY STATEMENT

Data openly available in a public repository that issues datasets with DOIs.

## ORCID

Konstantinos Kypriotis  <https://orcid.org/0000-0003-0790-2421>

Nikolaos Kathopoulos  <https://orcid.org/0000-0002-0031-809X>

Dimitrios Zacharakis  <https://orcid.org/0000-0002-5099-9452>

## REFERENCES

1. Fasih N, Prasad Shanbhogue AK, Macdonald DB, et al. Leiomyomas beyond the uterus: unusual locations, rare manifestations. *Radiographics*. 2008;28(7):1931-1948.
2. Kan Ö, Sükür YE, Aytac R. Extraperitoneal leiomyoma of the round ligament of the uterus mimicking adnexal mass. *J Obstet Gynaecol*. 2017;37(2):257-258.

**How to cite this article:** Kypriotis K, Kathopoulos N, Tsiriva M, Zacharakis D, Chatzipapas I, Protopapas A. Leiomyoma originating from left round ligament presents as symptomatic inguinal hernia. *Clin Case Rep*. 2021;9:e4445. <https://doi.org/10.1002/ccr3.4445>