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Pyomyoma in a non-pregnant woman presenting with prolonged fever: a case report.

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Introduction

Pyomyoma is a rare and potentially life-threatening complication of uterine fibroids, characterized by infection and necrosis within a leiomyoma. It usually occurs during pregnancy, puerperium or after uterine instrumentation. Diagnosis can be challenging due to non-specific clinical presentation.

Case description

A 38-year-old G2P2 woman with previous Hodgkin lymphoma in long-term remission presented with persistent fever and headache without an identified infectious source. Laboratory tests showed leukocytosis, elevated C-reactive protein and iron deficiency anemia, with negative cultures and serologic studies. Transvaginal ultrasound revealed an enlarged uterus with a large heterogeneous anterior wall mass (117 × 113 × 124 mm), containing echogenic areas, irregular cystic components and moderate Doppler vascularity (score doppler 3).

MRI suggested a degenerating leiomyoma with inflammatory collections, raising suspicion of pyomyoma.

Management and findings

The patient underwent total hysterectomy with bilateral salpingectomy, with complete resolution of fever after surgery. Histopathological examination confirmed leiomyoma with extensive suppurative foci and ischemic necrosis, associated with focal acute endometritis and venous thrombosis, consistent with pyomyoma.

Conclusion

Pyomyoma should be considered in women presenting with persistent fever and a uterine mass, even outside the obstetric setting. Ultrasound and Doppler evaluation may provide important diagnostic clues, allowing timely management of this rare but potentially severe condition.

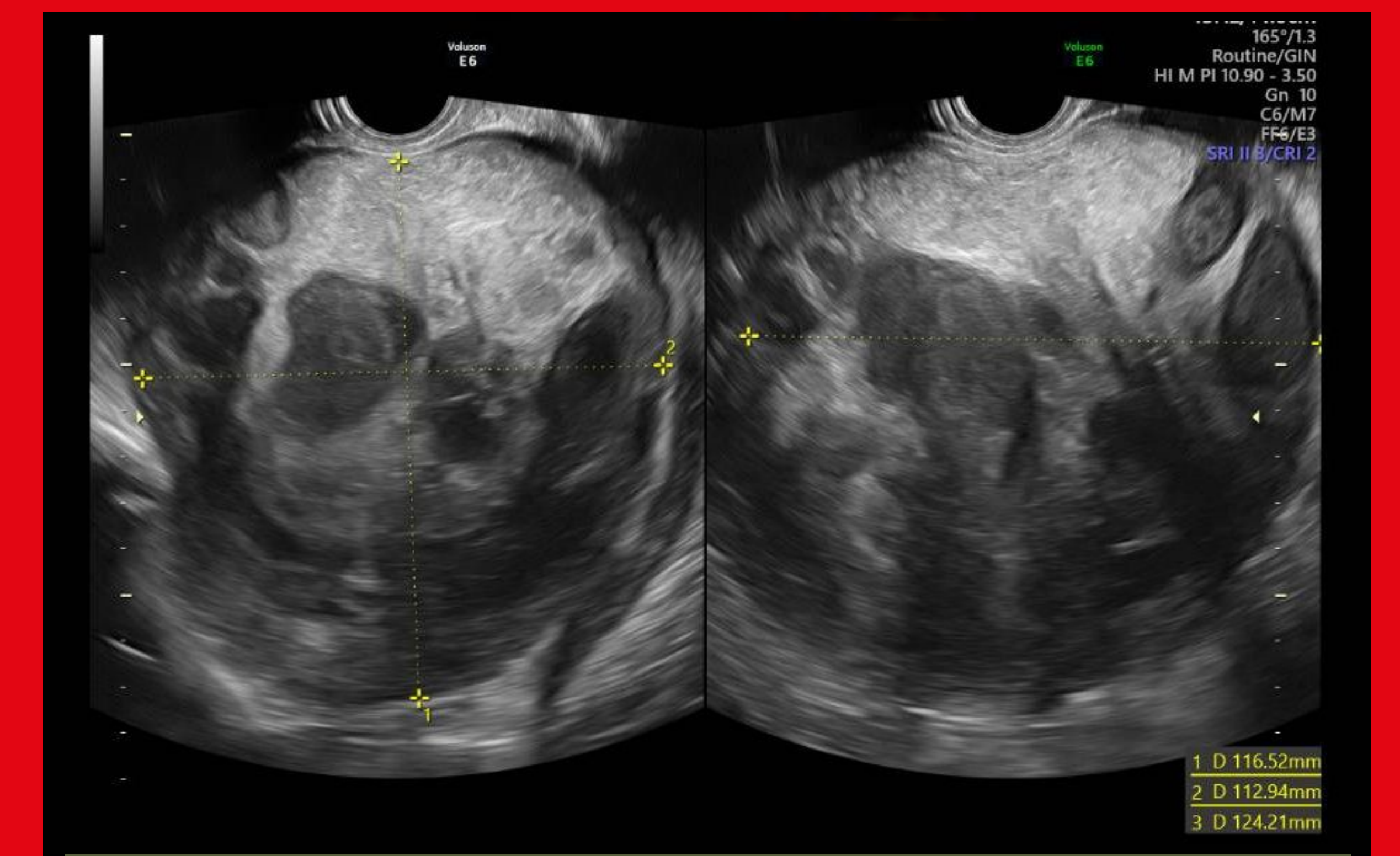


Figure 1. Solid heterogeneous lesion, with echogenic internal content and irregular cystic areas

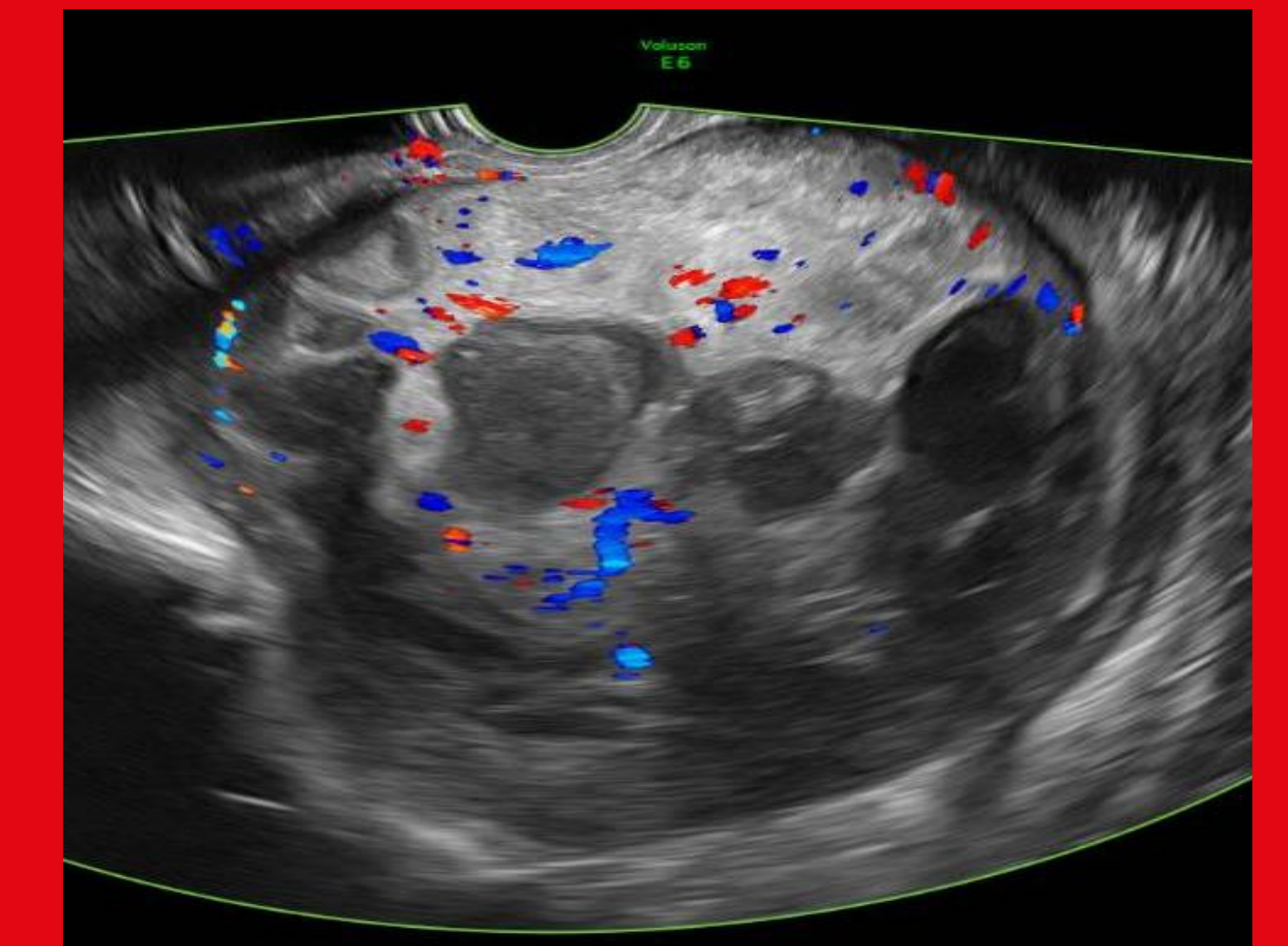


Figure 2. Moderate vascularity within the uterine mass (score doppler 3)

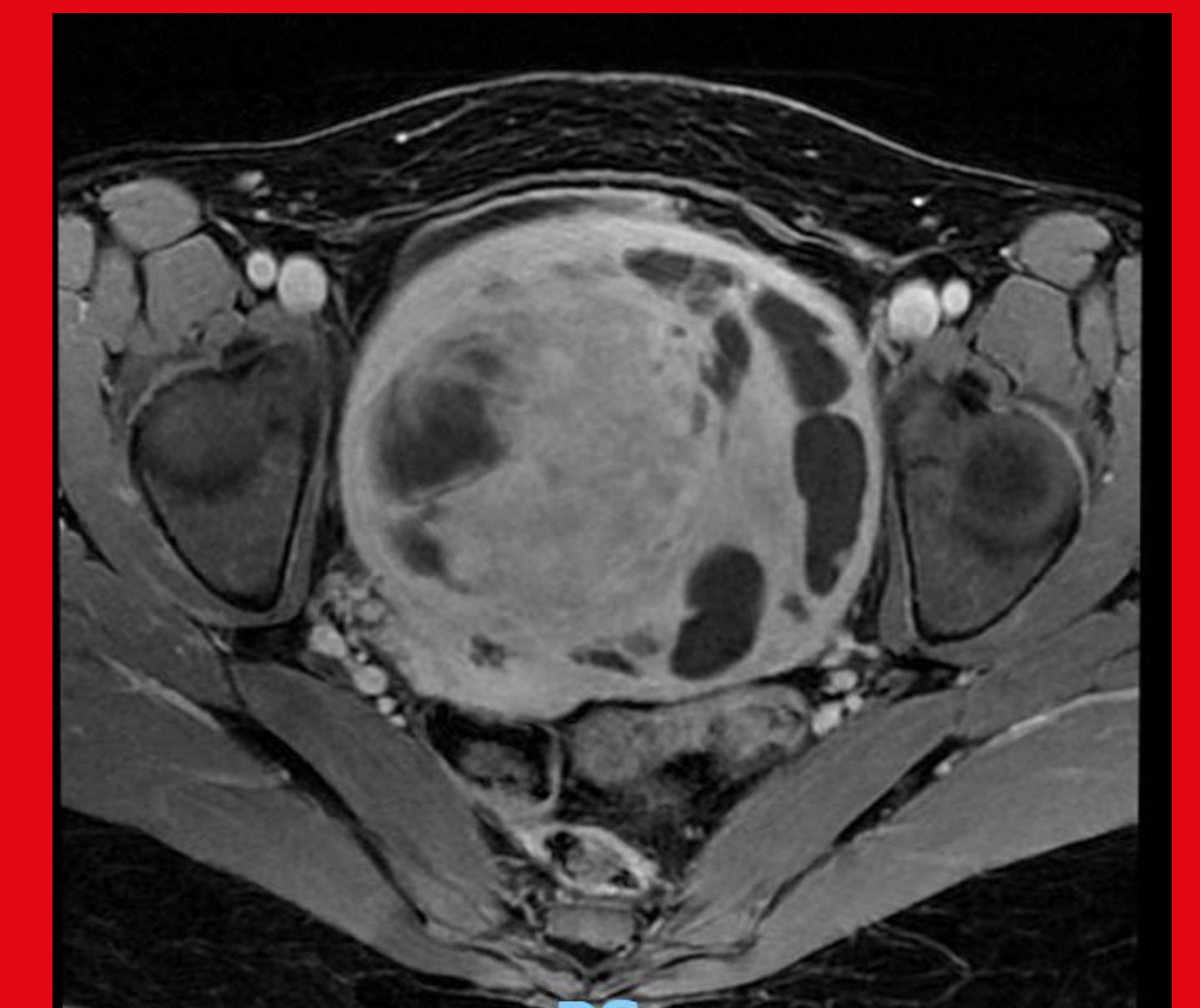


Figure 3. Pelvic magnetic resonance imaging