

EP16.165

Pedunculated fibroid degeneration at 34 weeks gestation: atypical clinical manifestation and ultrasound features

Manuela Neagu, UMF Carol Davila, SCOG Prof. Dr. P. Sirbu, Bucharest, Romania



Abdominal pain in the third trimester is challenging due to a broad differential diagnosis including physiological changes and pathological conditions related or unrelated to pregnancy.

Fibroids in pregnancy are underdiagnosed, as ultrasound differentiation from physiological myometrial thickening can be difficult.

We report the case of a 30-year old pregnant woman at 34 weeks who presented with constant, moderate right-sided abdominal pain, exacerbated by walking and fetal movements, associated with loss of appetite but no nausea or vomiting.

The pregnancy was managed as high risk, with micronized progesterone for threatened miscarriage.

Multiple intramural fibroids (~10 mm) and one 45 mm pedunculated subserosal right-sided had been previously followed, with stable size and appearance.

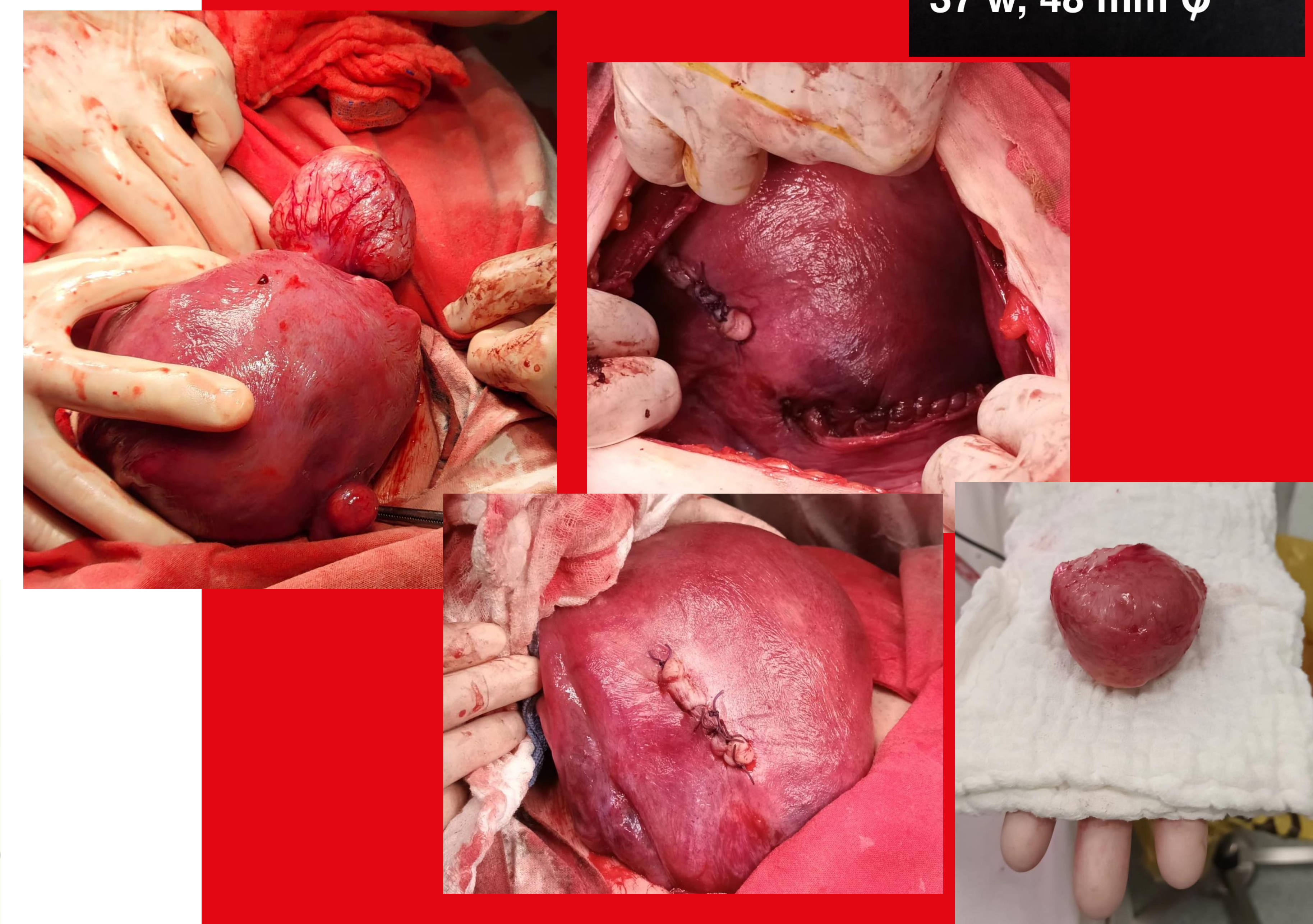
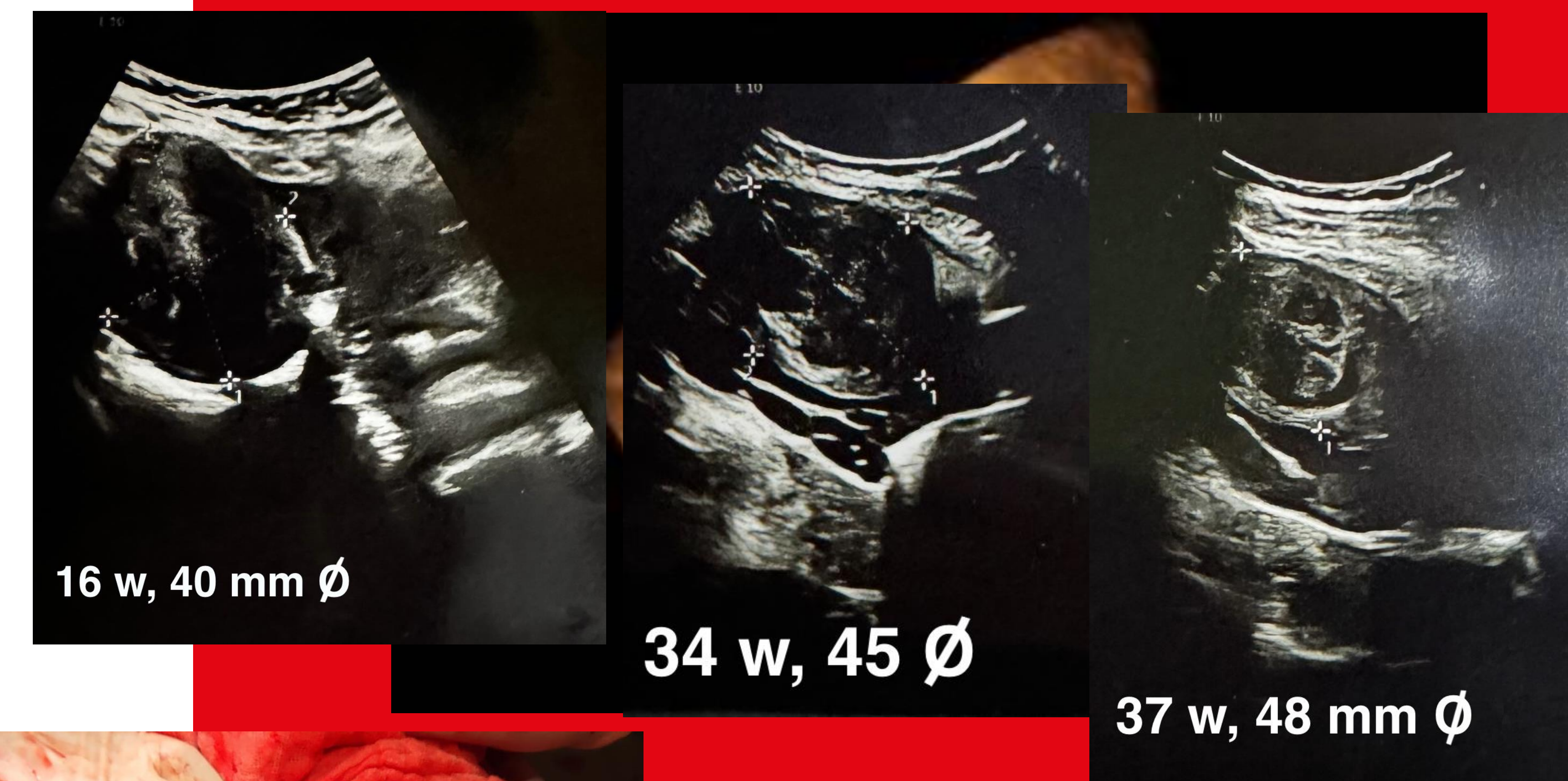
Gynecological examination excluded preterm labor or placental abruption. Abdominal palpation revealed uterine tenderness, sensitivity in the right side and a positive psoas sign.

To rule out surgical emergencies like appendicitis, torsion of the adnexa or the pedunculated fibroid, ultrasound was performed. It demonstrated normal appendix and right adnexa, as well as pedunculated fibroid, with unchanged size, echogenicity, well-defined margins, and preserved vascular flow in the stalk.

The patient was admitted and treated with analgesics. MRI showed a pedunculated fibroid with reduced central vascularity and minimal peripheral degeneration.

Symptoms resolved in 5 days and the patient was discharged.

At 39 weeks, a C-section was performed for breech presentation, along with myomectomy of the pedunculated subserosal fibroid. Histopathological examination described a 60 mm congestive fibroid with central ischemic necrosis and calcifications.



The atypical clinical presentation, mimicking appendicitis, and imaging findings may be explained by physiological dextrotation of the uterus, which displaced the pedunculated fibroid posteriorly, contributing to diagnostic difficulty.