

Surgical resection of a giant 42-kilogram pelvic tumour

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Overview

This case report details the surgical management of a patient with a giant pelvic tumour.

Due to its size, the pelvic mass caused significant challenges for pre-operative optimisation, intraoperative and post-operative management.

Pre-operative presentation and management

A woman in her 40s presented to hospital with massive abdominal swelling and associated bilateral leg oedema. On cross-sectional imaging this appeared to be a massive leiomyoma, although sarcomatous change could not be ruled out.

She was admitted to hospital for stabilisation prior to surgery, in view of severe anaemia and a pleural effusion with lower lobe compression-collapse.

Her anaemia was managed with five units of red blood cells and a chest drain was inserted to manage her pleural effusion.

Intraoperative findings

A large mass was dissected out of the abdominal cavity (Image 1). It was adherent to the anterior abdominal wall, pelvic side walls, small bowel, large bowel, uterine fundus, and the left ovary. There were multiple large feeding vessels. The mass required extremely careful manipulation and dissection to avoid pressure on the retroperitoneal organs.

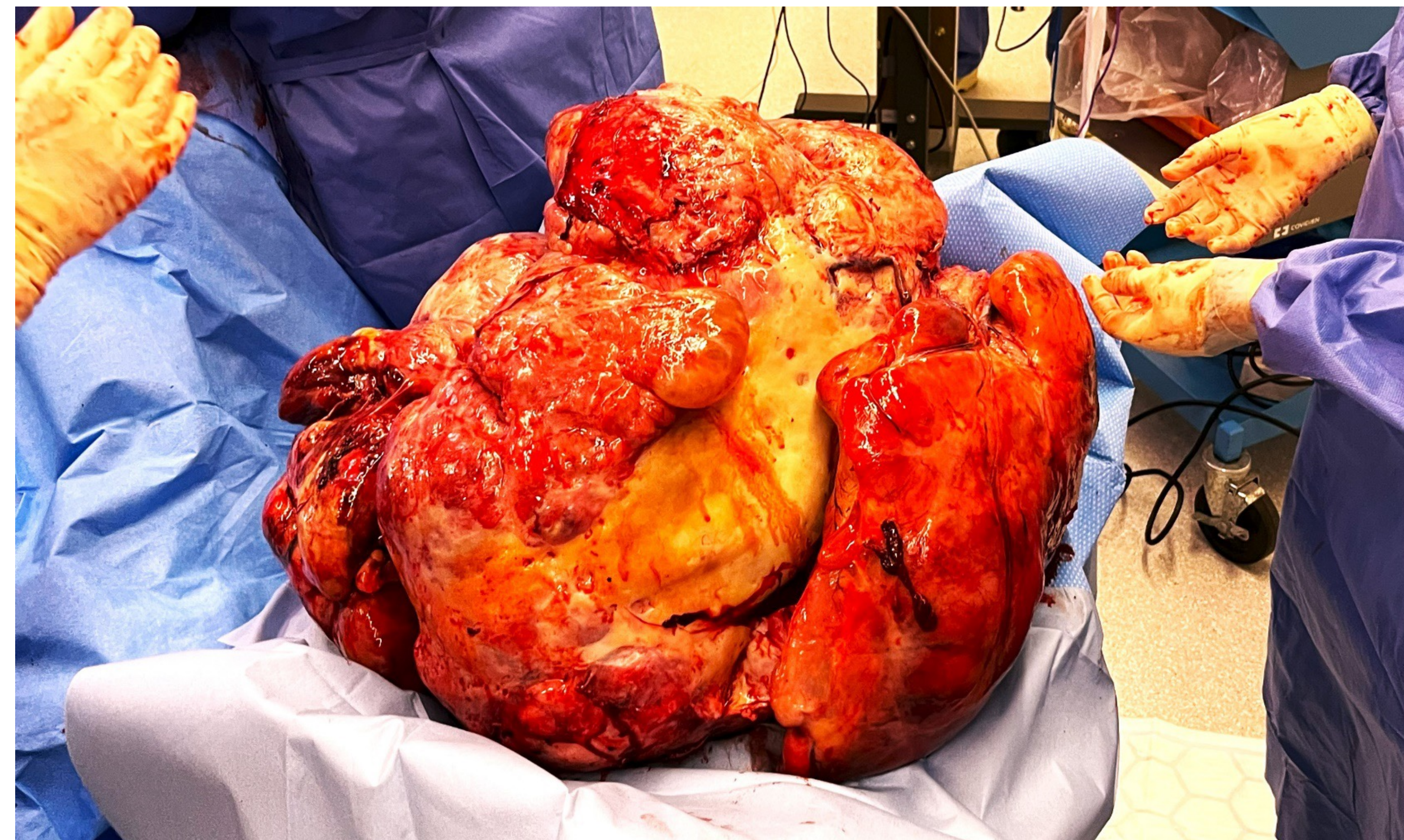


Image 1. 42-kilogram mass following dissection and removal from the abdominal cavity.

Post-operative management

After drainage of 8 litres of viscous fluid from the multilobulated mass, the mass weighed 34 kilograms. The patient required a total of 10 units of blood and 4 units of fresh frozen plasma (FFP).

Post-operatively she recovered in intensive care. Other than developing pulmonary emboli, she recovered uneventfully and was subsequently discharged.

Outcomes and learning points

1. Subsequent histopathology revealed a high grade leiomyosarcoma
2. Pre-surgical optimisation for large uterine masses is essential – pre-operatively, the patient was significantly anaemic requiring five units of red blood cells, which allowed for an anticipated drop in haemoglobin during surgery; a chest drain was also inserted to drain her pleural effusion to allow the patient to be adequately ventilated during surgery
3. Good communication between anaesthetists, surgeons and the theatre team is essential to achieve good outcomes due to the complexity of these operations