

Spontaneous rupture of pyomyoma in a postmenopausal woman

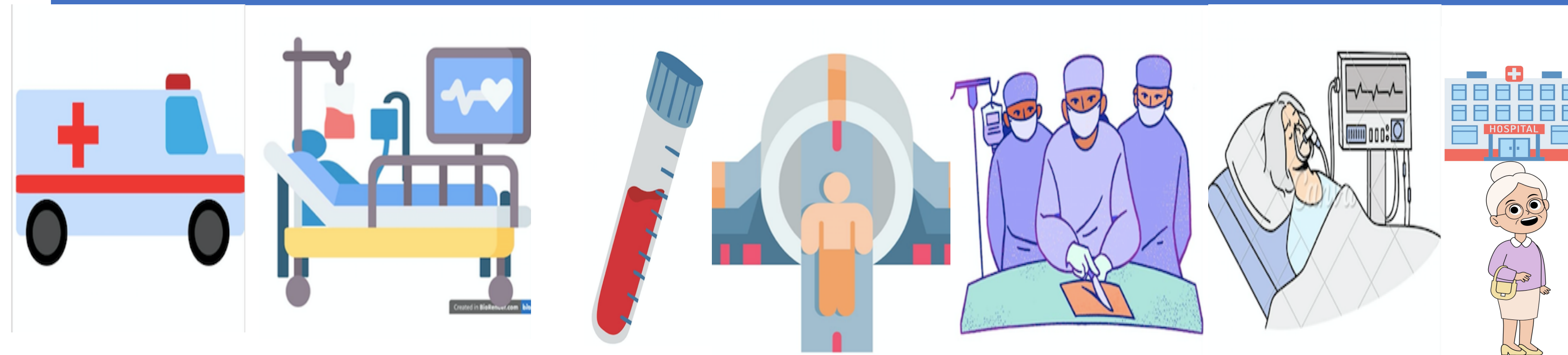
Introduction

- Pyomyoma, also known as suppurative leiomyoma, is a life-threatening condition with a 5.3% mortality rate.¹
- A serious complication of a pyomyoma is its spontaneous rupture, which could present as septic shock.
- Rapid diagnosis of pyomyoma remains challenging due to its low incidence, need to exclude malignancy and surgery requirement for definitive diagnosis.²

Aim

- We present a case of rupture pyomyoma causing severe sepsis in a postmenopausal woman.

Case report



Obs: ↓↓↓BP ↑RR
– HR – Temp
O/E: alert, clammy,
generalised abdominal
tenderness with
rebound tenderness
Initial Mx: IVF,
metaraminol and
antibiotics

**CT AP with
contrast:**
Rupture of
fibroid with
possible
hemoperitoneum
but no evidence
of active
bleeding

ITU: Metaraminol
stopped on D5.
Extubated &
stepped down on
D6

PC: sudden onset of
severe abdominal pain
Background: 70years
old, P0, hx of fibroids,
HTN, and T2DM

Blood tests:
anaemia
elevated
inflammatory
markers, new
AKI, and lactic
acidosis

Emergency
laparotomy +
TAH + BSO. 2
litres of pus in
the abdomen,
with a ruptured
uterus..

Home on
D10.
Histology:
benign
infarcted
fibroid.

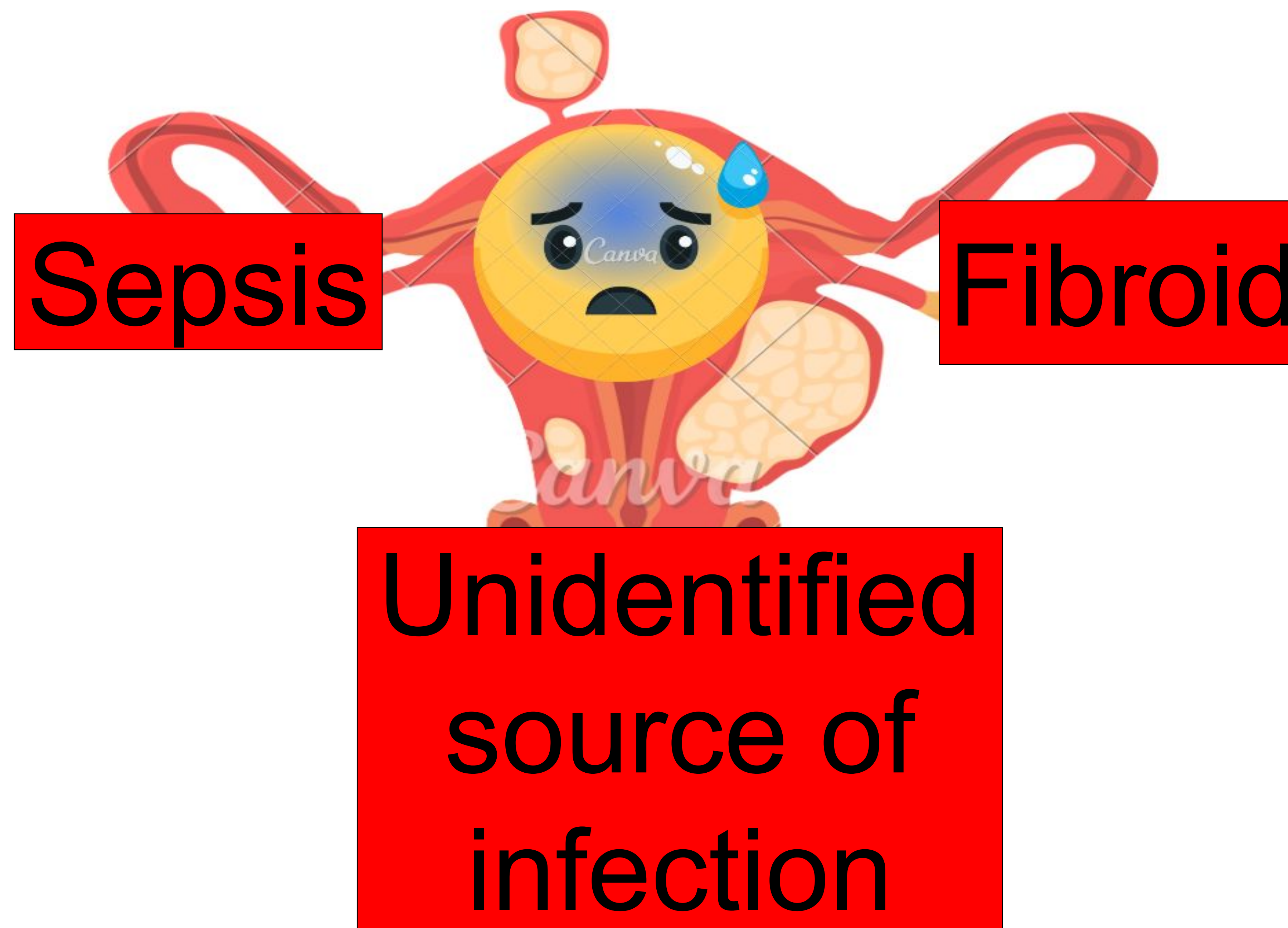


Figure 1: anterior fundal degenerated fibroid with multiple calcific components



Figure 2: rupture of degenerative fibroid with a large amount of free intra-abdominal fluid.

Discussion

- Pyomyoma is a rare complication stemming from infarction due to vascular disease and infection due to bacterial seeding from direct, haematogenous or lymphatic spread.²
- Our patient had risk factors of diabetes and hypertension, which may have led to ischaemia, necrosis and subsequent seeding from the vaginal flora.
- The history of fibroid and the acute presentation were key to diagnosis.
- Our patient made a complete recovery due to timely management of sepsis and surgery.
- There have been published case reports of pyomyoma but so far none have reported spontaneous rupture of pyomyoma in a postmenopausal woman.
- While most cases present with acute or subacute symptoms, pyomyomas may present with vague chronic symptoms which make it difficult to distinguish from a malignant tumour in a postmenopausal woman.
- The presence of gas within the fibroid on a CT scan is a pathognomonic feature of pyomyoma. However, even in the absence of this, pyomoma must be suspected in a patient with a history of fibroid, sepsis and unidentified source of infection.
- The gold standard treatment is hysterectomy. Mortality rate depends on the treatment modality, with 40% antibiotic alone and 2.5% with hysterectomy.¹

Conclusion

- Ruptured pyomyoma is a complication of pyomyoma which could cause septic shock.
- Currently there is no guideline on managing pyomyoma, therefore further research is recommended to allow evidence-based practice.

Acknowledgement

- We are grateful for our patient for agreeing to share her story so gynecologists could learn, and patients receive the optimal care they deserve.
- I also thank my supervisor Miss Tamhankar for her continuous academic support.

References

- Azimi-Ghomi et al., 2017. SM J Case Rep, 3(4): 1054
Iwahashi et al., 2016. Molecular and Clinical Oncology, 5(6) 527-531