

A Very Rare Case of Spontaneous Rupture of a Degenerated Uterine Fibroid

Background	Conclusion	
Uterine fibroids (leiomyomas) are the most common benign pelvic tumours in women of reproductive age, affecting up to 70% by the age of 50 [1]. While they typically present with chronic symptoms such as heavy menstrual bleeding, pressure effects, or pelvic pain, they can occasionally lead to acute complications including torsion, infection, or red degeneration. One of the rarest acute presentations is the spontaneous rupture of a fibroid, which can result in significant intraperitoneal hemorrhage and an acute abdomen [2]. Awareness of this rare but serious complication is vital for prompt diagnosis and life-saving management.	The fluid demonstrated a density of 18 Hounsfield units, suggestive of blood, raising concern for active intra-abdominal hemorrhage from a fibroid source. The patient was taken for emergency exploratory laparotomy. Intraoperative findings included 1.6 litres of hemoperitoneum and active bleeding from a ruptured degenerating subserosal fibroid. A subtotal abdominal hysterectomy was performed. She was transfused 2 units of packed red cells intraoperatively. Histopathological examination confirmed multiple leiomyomas with areas of degeneration, haemorrhage, and infarction. Postoperative recovery was uneventful, and she was discharged on postoperative day five with appropriate follow-up.	
Case Presentation	Discussion	References
We report the case of a 49-year-old multiparous woman (P4+2) with a known history of a multi-fibroid uterus. She was under gynaecology follow-up and awaiting elective hysterectomy. She presented to the Emergency Department with sudden, severe lower abdominal pain, associated with nausea and progressive abdominal distension. On clinical examination, she appeared pale and uncomfortable, with a blood pressure of 96/60 mmHg, heart rate of 112 bpm, and signs of peritonism on abdominal palpation. Her abdomen was tense and distended with generalized tenderness. Blood tests revealed hemoglobin of 8.5 g/dL, and an elevated lactate of 3.2 mmol/L. A CT abdomen and pelvis with contrast demonstrated a bulky, fibroid-laden uterus with a large volume of intraperitoneal fluid.	Spontaneous rupture of uterine fibroids is an exceptionally rare entity, with an estimated incidence of <0.05% of fibroid complications [3]. Risk factors may include rapid fibroid growth, red degeneration, or underlying vascular abnormalities within the tumour [4]. This case illustrates several important clinical learning points: • Acute abdomen in women with fibroids should include rupture or degeneration in the differential diagnosis. • Early CT imaging can assist in identifying hemoperitoneum and excluding other causes (e.g., ruptured ectopic, splenic injury). • Multidisciplinary management and early surgical intervention are essential in preventing maternal morbidity and mortality. A literature review by Zhao et al. (2021) described fewer than 50 documented cases globally, with most requiring surgical intervention and good outcomes following timely management [5]. However, delays in diagnosis may be fatal, especially in perimenopausal women where the cause may not be immediately suspected.	•Smith R et al. Epidemiology of Uterine Leiomyomas. <i>J Obstet Gynaecol Res.</i> 2018;44(3):456–462. •Walker C, Pelz J. Rare complications of fibroids: A review. <i>Obstet Med.</i> 2020;13(2):97–101. •Taguchi T et al. Hemoperitoneum due to spontaneous rupture of uterine fibroids: Case report and literature review. <i>Int J Gynaecol Obstet.</i> 2019;146(1):111–113. •Gupta S et al. Degeneration and infarction in fibroids: Imaging clues. <i>Clin Radiol.</i> 2017;72(10):855–861. •Zhao Y et al. Spontaneous rupture of uterine fibroids: a systematic review of case reports. <i>Case Rep Obstet Gynecol.</i> 2021;2021:1–8.

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