

Abnormal uterine appearances in patient with previous desmoid tumour: a management challenge

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Objective

We report a case of a woman with a history of desmoid tumour excised, now presenting with intermenstrual vaginal bleeding and abnormal appearances of uterus on imaging. This case highlights the challenges in management due to the patient's complex surgical history and the diagnostic approach employed.

Case Report

A 50-year-old woman with a history of a desmoid tumour excised across four operations in 2003, was referred to the rapid access gynaecology service with persistent unexplained intermenstrual and heavy vaginal bleeding in 2023.

She had a complex surgical history, including:

- 4 operations for desmoid tumour resection
- 3 hernia repairs using mesh due to hernia recurrence
- 3 caesarean sections (one classical)
- Tubal ligation

Initial ultrasound scans revealed a heterogenous, and thickened endometrium and hysteroscopy was performed with benign histology. Image 1 demonstrate initial MRI results. A diagnostic hysterectomy was considered due to the high level of concern for malignancy but not performed because of extensive bowel adhesions to the anterior abdominal wall. Instead, conservative management with 3-monthly MRI scans and hysteroscopies were performed across 12 months, with no evidence of malignancy thus far. The last MRI scan revealed an abnormal appendix, and this was laparoscopically removed, and histology confirmed appendicitis.

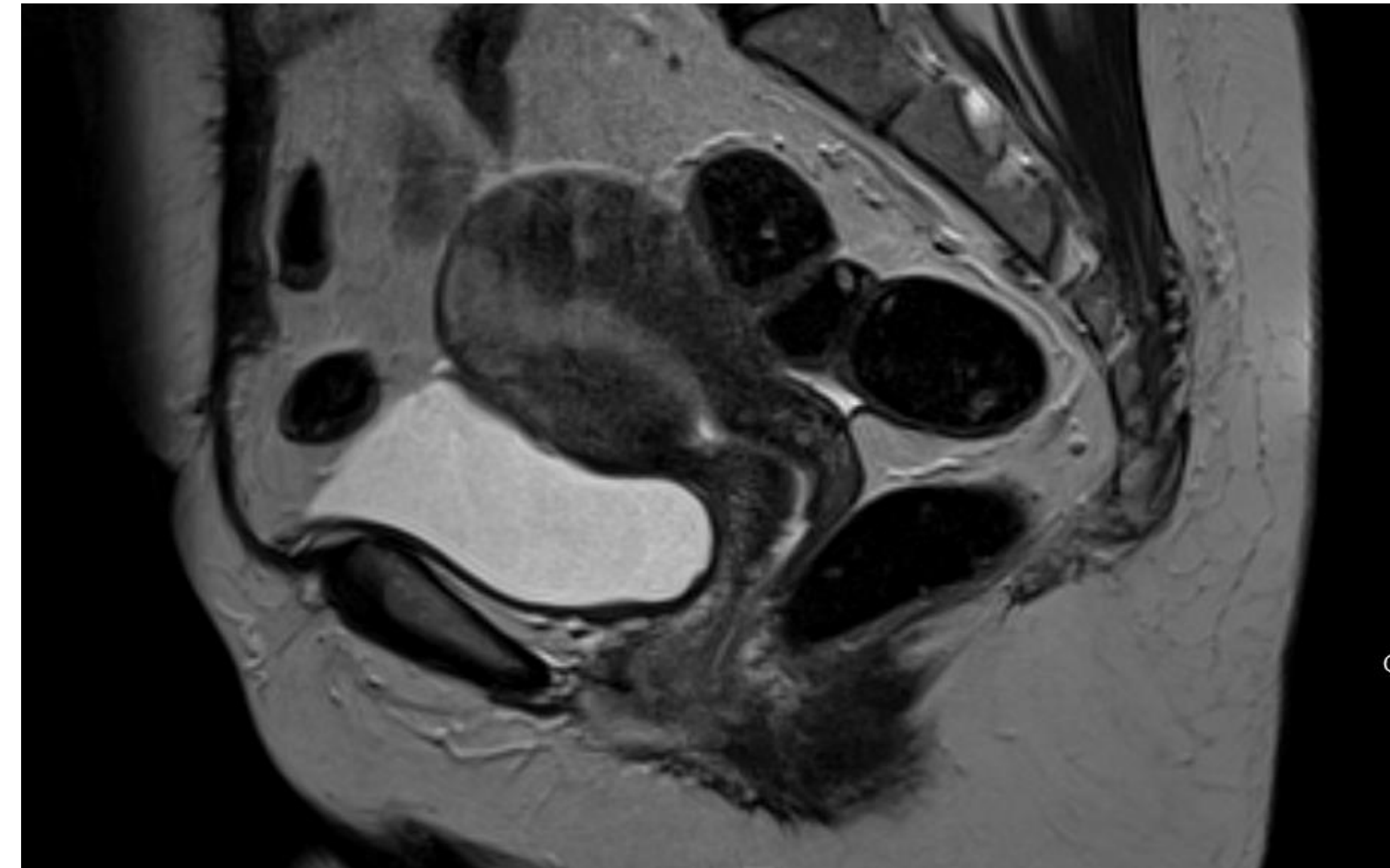


Image 1 – MRI scan demonstrated a grossly distended uterine cavity with abnormal soft tissue extending into the myometrium and serosa

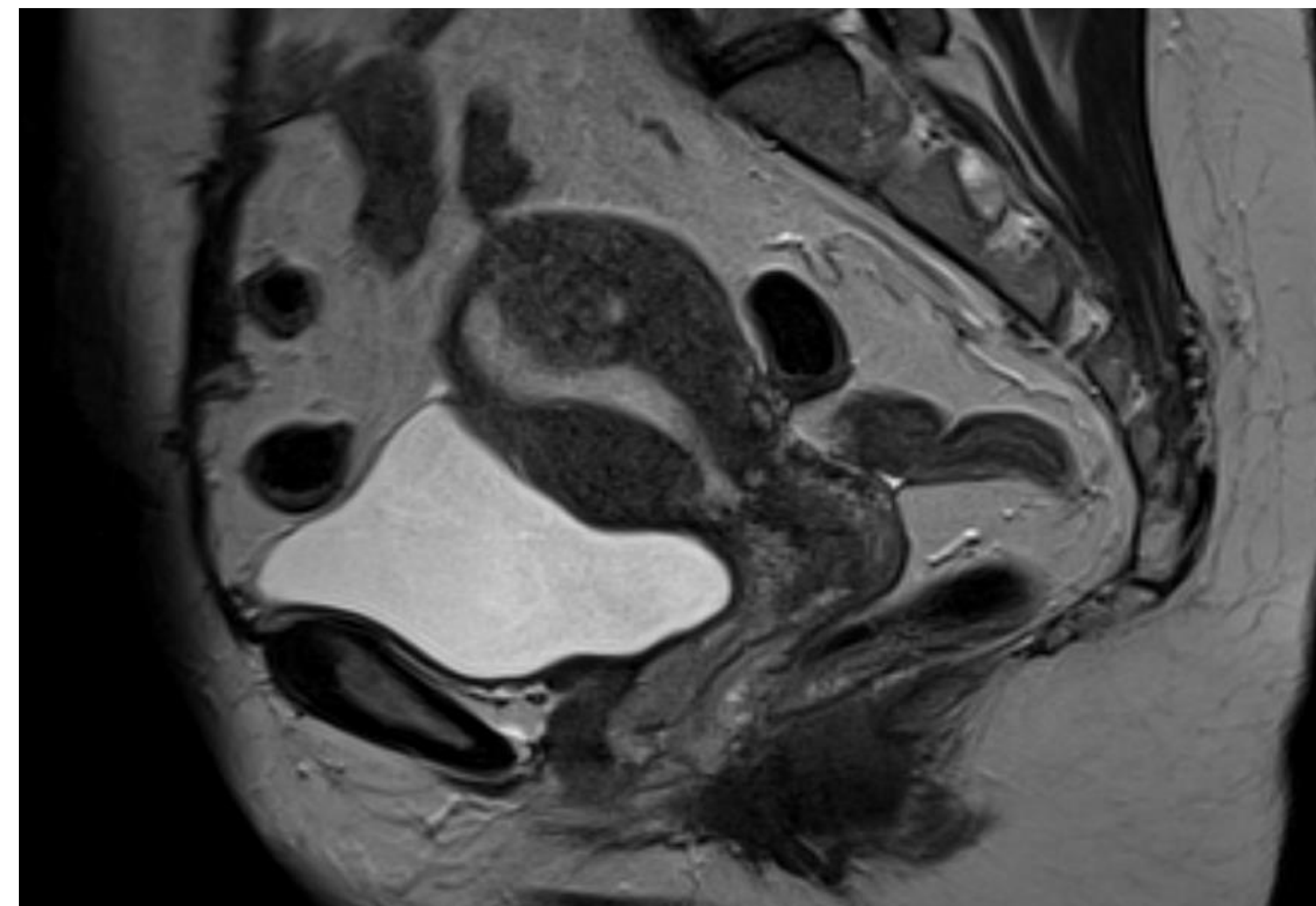


Image 2 – MRI taken 3 months after image 1 demonstrating stable appearance of the uterus.

Discussion

Desmoid tumours are benign but locally aggressive tumours with a high recurrence rate between 25-80%, occurring in the first 3-5 years⁽¹⁾. Uterine desmoid-type fibromatosis is exceedingly rare with only a few case reports found in the literature^(2, 3). They present both diagnostic challenge given their large size and location, but also a management challenge in patients with previous complex surgical interventions.

The abnormal uterine appearances noted on MRI and ultrasound suggested possible recurrence with uterine involvement, but lack of evidence of malignancy on hysteroscopy and histology guided us to continue with a conservative approach. The complex interplay between previous desmoid tumour excision and risk of injury in view of significant abdominal adhesions have necessitated a careful, tailored management plan to balance the risk of significant morbidity with further surgery, while also monitoring for any potential progression of uterine pathology.

References

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