UNSHACKLING THE BOWEL: A RARE CASE OF DISSEMINATED LEIOMYOMATOSIS CAUSING SMALL BOWEL OBSTRUCTION

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Introduction:
Disseminated peritoneal Leiomyomatosis is a rare disease that can mimic other conditions. Here we present a case of peritoneal leiomyomatosis causing small bowel obstruction

Case Report:
A 49-year-old female presented to the emergency department with severe right lower quadrant abdominal pain, non-bilious emesis, and a two-day absence of gas and bowel movements. Examination revealed tenderness, abdominal distension, and guarding.

Past medical history included uterine fibroids, duodenal ulcer, and prior fibroid surgery.
Abdominal CT with contrast indicated dilated small bowel loops, free pelvic fluid, and no clear obstruction. Laboratory tests showed normal white blood cell counts, electrolytes, creatinine, and a lactate level of 0.5. Management involved IV fluids, nasogastric decompression, nil-per-os, and serial abdominal exams. When her condition worsened, a diagnostic laparoscopy was performed.

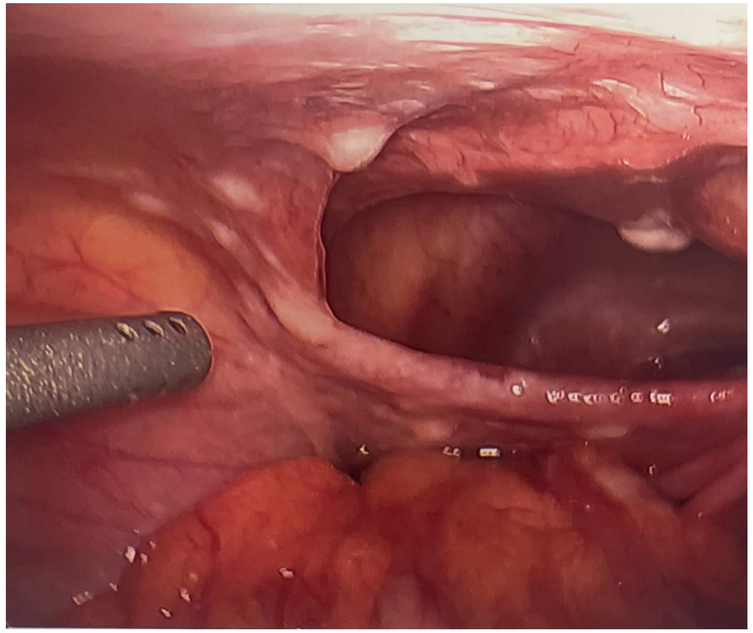
Intraoperatively, hemorrhagic ascites was found, and a sample sent for analysis. Multiple loops of small bowel were adhered and several white peritoneal and serosal intestinal implants were discovered, intraoperative consult to gynecology suggested endometriosis. A biopsy was taken and the adhesions were released, and the bowel examined for peristalsis and decompression. A drain was left in place.

The patient recovered well, had negative tumor markers, and had complete return of bowel function on postoperative day 2. She was discharged and remained complication-free during follow-up. The final diagnosis by pathology was disseminated peritoneal leiomyomatosis (DPL).

Discussion:

DPL is a rare and benign condition that often resembles peritoneal carcinoma or metastatic disease It afflicts women in their reproductive years and carries a low risk (2-5%), of malignant transformation. There are currently no established treatment guidelines for its management.

DPL is characterized by the widespread proliferation of peritoneal and sub-peritoneal lesions, primarily originating from smooth muscle cells. Rare cases of malignant transformation into leiomyosarcoma have been documented. Iatrogenic DPL may occur due to unconfined morcellation during surgical procedures, leading to the dissemination of small myoma fragments onto various organs or into port sites. The overall incidence of DPL following laparoscopic uncontained morcellation is estimated to range from 0.12% to 0.95%. Treatment for DPL involves surgical resection of myomas and regular follow-up.



Peritoneal seedings found during diagnostic laparoscopy