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RESEARCH ARTICLE
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GIANT SUBMUCOSAL LEIOMYOMA PRESENTING WITH A VERY LARGE ABDOMINOPELVIC SOFT TISSUE MASS WEIGHING 5 KG

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Abstract
We report a rare case of a giant submucosal leiomyoma weighing 5 kg and measuring 20 x 15 cm, presenting with abdominal pain, lower abdominal fullness, menorrhagia, and right-sided hydronephrosis. Despite significant thrombocytopenia, the patient successfully underwent total abdominal hysterectomy with right salpingo-oophorectomy after preoperative optimization. Histopathology confirmed a benign submucosal leiomyoma. This case highlights the importance of multidisciplinary management in complex presentations of uterine fibroids.

Keywords: Submucosal leiomyoma, giant fibroid, hydronephrosis, thrombocytopenia, total abdominal hysterectomy, benign uterine tumor.

Introduction
Uterine leiomyomas are common benign smooth muscle tumors of the uterus, typically subserosal or intramural.
Submucosal leiomyomas are less frequent and rarely present with extreme size. Very large fibroids may cause pressure effects on adjacent structures, such as bowel and ureters, leading to secondary complications including hydronephrosis. We present a rare case of a giant submucosal leiomyoma with compressive uropathy, managed successfully through surgical intervention.

Case Presentation
A 42-year-old female presented to the surgical outpatient department with complaints of abdominal pain, lower abdominal fullness, and menorrhagia. On examination, a large, firm, intra-abdominal mass arising from the pelvis was palpated, extending up to the umbilicus.

Investigations:
Ultrasonography and further imaging revealed a 17 x 13 x 9 cm abdominopelvic soft-tissue lesion inseparable from the uterus, suggestive of a fibroid. The mass displaced bowel loops and caused distal right ureteric compression with resultant hydronephrosis.

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The patient was anaemic and had thrombocytopenia. Despite transfusion of blood products, thrombocytopenia persisted. All coagulation parameters and platelet function tests were normal. Multidisciplinary discussions were held, and the patient was optimized with further platelet transfusions from the hospital blood bank.

Surgical Management
Under spinal anaesthesia administered by Senior Anaesthetist Dr. Nishikant Gupta, a total abdominal hysterectomy with right salpingo-oophorectomy was performed by the surgical team consisting of Dr. Kiran Rebello (Associate Professor) and Dr. Sukesh Gowda K.S. (Senior Resident), with intraoperative assistance by OT technician Sarita.
The resected specimen measured 20 × 15 cm and weighed 5 kg. The patient tolerated the procedure well and was managed postoperatively in the surgical ward.

Outcome and Follow-Up
The patient was discharged after 7 days in a stable condition, with complete relief of her preoperative symptoms. At follow-up, she remained asymptomatic.
Histopathological examination confirmed a very large submucosal leiomyoma, benign in nature, without evidence of malignancy.

Discussion
Submucosal leiomyomas are the least common type of fibroid but are often symptomatic even at smaller sizes. Giant submucosal fibroids exceeding 20 cm are rare and can lead to significant secondary complications such as hydronephrosis from ureteric compression. This case is unique due to its size, location, and associated haematological abnormalities, which required careful preoperative optimization and interdepartmental coordination.
Surgical excision remains the definitive treatment for symptomatic giant fibroids, and histopathology is essential to rule out malignant transformation, although this is rare.

Conclusion
We report a rare case of a giant submucosal leiomyoma presenting with abdominal mass, hydronephrosis, and thrombocytopenia. Successful management was achieved through multidisciplinary planning and surgical excision. This case reinforces the importance of thorough evaluation and collaborative treatment in managing large pelvic masses.