Case Report

A rare inguinal mass: leiomyoma of round ligament of uterus

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INTRODUCTION

The round ligament extends from the uterus through the inguinal canal and terminates in the region of the mons pubis and labia majora. Embryologically, it is the female equivalent of the gubernaculum testis. This structure is responsible for the descent of the ovary from the posterior abdominal wall to the uterus. It is mainly composed of smooth muscle fibers, connective tissue, vessels, and nerves with a mesothelial coating.1,2 Leiomyoma of the round ligament is a rare condition occurring predominantly in premenopausal middle-aged women. Abdominal, inguinal, and vulvar locations have been described.3 We report a case of smooth muscle tumour of the left inguinal area, presenting as a painless mass which increased gradually in size. The anatomic location was unique, as the clinical presentation closely resembled an inguinal hernia.

CASE REPORT

A 46 year old female came with history of swelling in the left groin since 1 year, which was insidious in onset, gradually progressive. Patient gives history of increased prominence on squatting and lifting of heavy weights. No history of any other swellings, pain, vomiting, altered bowel and bladder habits or chronic cough. Patient is not a known case of diabetes mellitus, systemic hypertension, epilepsy, tuberculosis or bronchial asthma. She underwent cesarean section 24 years back. Menstrual cycles were regular, last menstrual cycle was on 16th April 2015.

On local examination, there was a swelling in the left inguinal region of size 4x3 cm, solitary, nodular in surface, irregular in shape, firm in consistency, no visible and palpable pulsations, and borders well made out. Cough impulse was present and it was reducible. Ultrasonogram showed well defined hypo echoic lesion, 3x2x2 cm in the inner aspect of the left labia. No vascularity was noted within.

A differential diagnosis of left inguinal hernia and soft tissue swelling was made. Patient was planned for surgery of the groin, after obtaining anaesthesia fitness.

On deep exploration through the layers of the swelling, a firm, nodular and irregular mass was found and excised after clamping the round ligament. Specimen was preserved for histopathological examination.

Histopathological report

Features suggestive of benign spindle cell lesion, suggestive of a leiomyoma. IHC tumour cells are positive for vimentin and SMA.
DISCUSSION

Tumours of the round ligament of uterus are rare. Other conditions which can present as an inguinal hernia are tumours from different structures of the inguinal canal, peritoneal lipoma, lymphadenitis, hematoma, abscess, neurofibroma, dermoid tumour, femoral artery aneurysms, uterine fibroids, endometriosis, saphena magna thrombophlebitis.4,5 Transformation of myofibrous structure of the female genital tract to leiomyoma involves somatic mutations of normal smooth muscle and complex interactions between sex steroids and local growth factors. Oestrogen is a major promoter if myoma grows. Benign and malignant differentiation is based on mitotic figures, nuclear atypia and necrosis. Mass lesions that involve extra peritoneal portion of round ligament as it passes through the inguinal canal can mimic an inguinal hernia or inguinal adenopathy.1,6 In the above mentioned case, it has presented like an inguinal hernia. CT scan can be used for diagnosis. Surgical excision is a curative treatment.

CONCLUSION

In conclusion, it should be noted that leiomyoma of the round ligament of uterus should be entertained as a possible etiology of inguinal mass.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

REFERENCES
