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Case Report

The rare case of broad ligament endometriosis

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ABSTRACT

Endometriosis is a relatively common condition. However, endometriosis at atypical sites is rare. We present a rare case of endometrium present in the broad ligament of uterus.

Keywords: Broad ligament, endometriosis, mesometrium, mesoovarium, mesosalpinx, ovary

INTRODUCTION

Endometriosis is a relatively common entity among females presenting with abdominal pain and fertility. There may be accompanying cysts of variable size in the ovary.[1] The endometriosis of a broad ligament is a very rare condition.[2,3] This condition is interesting as well because in the reported cases within the broad ligament most had a recurrence.[4,5]

CASE REPORT

This 34-year-old lady presented with recurrent abdominal pain for last 5 months. She had two children, and her menstrual history was significant with irregular periods and leucorrhea. She was normotensive, euglycemic and euthyroid. With recurrent abdominal pain previous ultrasound done 4 months back revealed no abnormality. The scan done revealed a Broad ligament endometrioma (Figures 1 and 2). The endometrioma was later surgically treated by interrupted sutures. The broad ligament was carefully dissected, examined so that no residual endometrial tissue was left behind. The follow-up of the patient was done and after few months the abdominal pain subsided. The ovaries, fallopian tubes, cervix were unremarkable. There was no evidence of endometriosis at any other site. Histological examination of cyst wall revealed hemosiderin laden macrophages indicative of endometriosis.

DISCUSSION

Commonest site described is ovary, which is, followed by pouch of douglas, uterosacral ligaments, rectovaginal septum with a Peak age: 30-40 years. It is Common in the nullipara and the theories in support of implantation are the Sampsons theory of retrograde menstruation, Meyer and Ivanoffs coelomic metaplasia theory, direct implantation theory and Halbans lymphatic theory. The most common manifestation is the Pelvic pain with painful periods dysmenorrhea or painful intercourse dyspareunia or even painful bowel movements dyschezia. Some patients have menorrhagia, polymenorrhea, infertility. Rare sites are: Abdominal scars, bladder/ureter, cervix/vagina, umbilicus, gut, lungs.[6,7]

The broad ligaments are also known as Uterovesical folds of peritoneum or the Rectovaginal folds of peritoneum. The classic anatomy of Broad ligaments reveals that they are the folds of peritoneum, which attach the uterus to pelvic walls. Various names are given to the parts of a broad ligament.[8,9] The Mesovarium is the attachment between the ovary and posterior layer of the broad ligament. The Mesosalpinx is the part of a broad ligament between uterine tube and the

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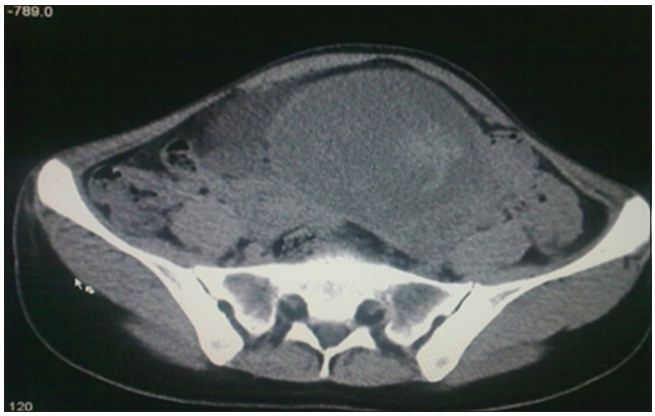

Figure 1: Contrast-enhanced computed tomography demonstrating broad ligament endometrioma

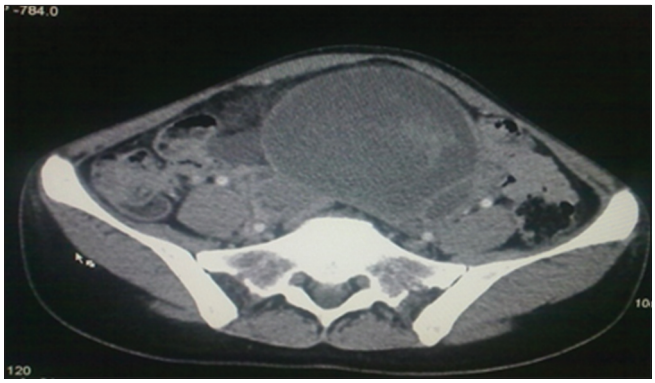

Figure 2: NCCT demonstrating broad ligament endometrioma

ovarian ligament. The mesometrium is the part of a broad ligament below the ligament of the ovary. The Suspensory ligament goes to the upper pole of the ovary and infundibulum of the uterine tube to the lateral pelvic wall blending with external iliac artery sheath. The Broad ligaments contains the uterine tube, round ligament of the uterus, ligament of the ovary, uterine vessels, ovarian vessels, uterovaginal and ovarian nerve plexuses, epoophoron, paroophoron, some lymph nodes and lymph vessels and the dense connective tissue of the parametrium.[10,11] The patient had presented with recurrent abdominal pain for last 5 months. She had two children, and her menstrual history was significant with irregular periods and leucorrhea. Despite repeated visits to her physician, her abdominopelvic pain did not improve. After initial episodes of recurrent abdominal pain, she was asked to have an ultrasound done but that revealed no abnormality. The scan done after 4 months revealed a Broad ligament endometrioma. The ovaries, fallopian tubes, cervix were unremarkable. There was no evidence of endometriosis at any other site.

CONCLUSION

Although broad ligament endometrioma is a very rare condition but a look out for Endometriosis should be always taken in case of a female presenting with abdominopelvic pain and appropriate and aggressive therapy be initiated as it is a source of great displeasure to females.

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PEER REVIEW

Double-Blinded externally peer reviewed.

CONFLICTS OF INTEREST

Nil

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