



P46. CASE REPORT: UTERINE LEIOMIOMA

de Lima Filho J A (BR) [1], Simões M R (BR) [2], e Silva E d (BR) [3], de Lima N G (BR) [4]

INTRODUCTION

Uterine leiomyomas (Uterine Myoma) are benign, solid pelvic tumors, being the most frequent of the female genital tract. The most accepted theory for origin: loss of regulation of growth of myometrial cells, originating a group of monoclonal cells that will compose the leiomyomatous nodule. It affects 20-30% of women of childbearing age and 40% over 40 years. Symptomatic in 50% of cases. Rare before menarche, regresses after menopause. 3 to 9 times more incident in black. More frequent in the uterine body (Subserous, Submucous or Intramural) and less frequent in the uterine cervix. Pedicled leiomyomas originate from the subserosa or submucosa. Submucosa with exaggerated growth of the pedicle can be expelled by the cervical canal, called "Parous Myoma." Clinical manifestations depend on location and volume: increased genital bleeding, pelvic pain, increased abdominal volume and infertility. Diagnosis: anamnesis, gynecological examination and imaging. Definitive diagnosis: anatomopathological study. Differential diagnosis: Uterine leiomyosarcoma (0.2 to 0.7% of cases). Definitive treatment: abdominal or transvaginal hysterectomy.

OBJECTIVE

To report the case of the patient who sought emergency medical attention at the Center of Obstetrics of Ary Pinheiro Base Hospital in Porto Velho - Rondônia.

METHODOLOGY

The present work uses the bibliographic research reference, in order to seek information and report this case on Uterine Leiomyoma.

RESULTS

Black patient, 46 years old, with severe genital bleeding, dyspareunia, hypogastric pain for 6 months, with asthenia, weakness and nausea. G5PN3C2A0. Menarca: 13 years. Sexarch: 14 years. First gestation: 16 years. Regular menstrual cycle. DUM 06/05/16. Specular examination: rounded, irregular lesion and vaginal bleeding. Vaginal touch: pediculated lesion externalized by the cervix.

HD: parous uterine myoma. Due to pedicle thickness there was no success in torsion removal. Elected Total Abdominal Hysterectomy.

Definitive histopathological report: Uterine leiomyoma. Lesion with areas of necrosis and absence of malignancy.

[1] Maternidade Municipal Mãe Esperança, [2] Maternidade Municipal Mãe Esperança, [3] Maternidade Barbara Heliodora, [4] Hospital de Base Ary Pinheiro

CONCLUSION

The size and location of myoma should be considered for the choice of treatment, considering the obstetric plans of the patient and the probability of progression / regression of the disease according to age and possibility of hormonal manipulation. Expectant treatment is possible due to the low incidence of malignancy, maintaining menstrual and reproductive function.