



## Desmoid tumor with pregnancy

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**Key words :** desmoid tumor, pregnancy

### Introduction

Desmoid tumor are rare during pregnancy. We report a case of desmoid tumor of the abdominal wall during pregnancy.

### Case report

Mrs. M, a 22 year old belonging to low socioeconomic status and coming from a rural area was admitted on 18th November, 2002 with a complaint of lump in lower abdomen since one year. She had noticed a hard lump of about 3x3 cm size in the lower abdomen one year back. This gradually increased to 10x8 cm size. Three year back she had delivered a healthy female twins.

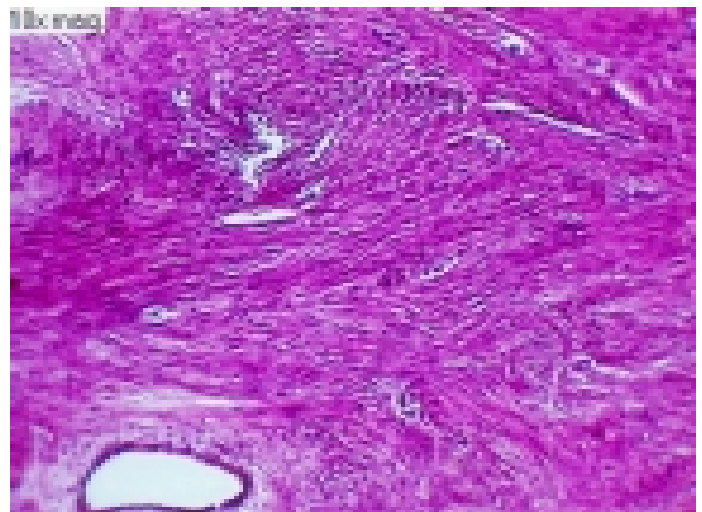
She was 5 months pregnant. Her first trimester was uneventful. By the end of 15 weeks of pregnancy she developed difficulty in micturition and burning pain in the lower abdomen.

General examination revealed no abnormality. The uterus was 22 weeks size, fetal parts were felt, and fetal heart sounds were regular.

A hard mass of 10x8 cm size was felt in the suprapubic region. It was separate from the uterus. On vaginal examination the cervix was found to have been pushed high up.

Ultrasonography showed a single fetus of 20 weeks size with regular cardiac activity and unstable lie. A well defined solid mass measuring 12.5 x 9.23 cm was present in the suprapubic region anterior to the uterus. It was compressing the bladder but was separate from it.

Open biopsy of the tumor done earlier at a private hospital reported it to be either a fibroma or a leiomyoma. We did a fine needle aspiration cytology (FNAC) which suggested the diagnosis of leiomyoma. So it was decided to excise the mass surgically. A hard discoid mass measuring 10x8 cm and, arising from the rectus muscle was excised. Peritoneal cavity was opened and hysterotomy and tubal ligation were done. Anterior abdominal wall defect was repaired by prolene mesh. The post-operative period was uneventful and she was discharged on the 8th day. At follow up after one month she



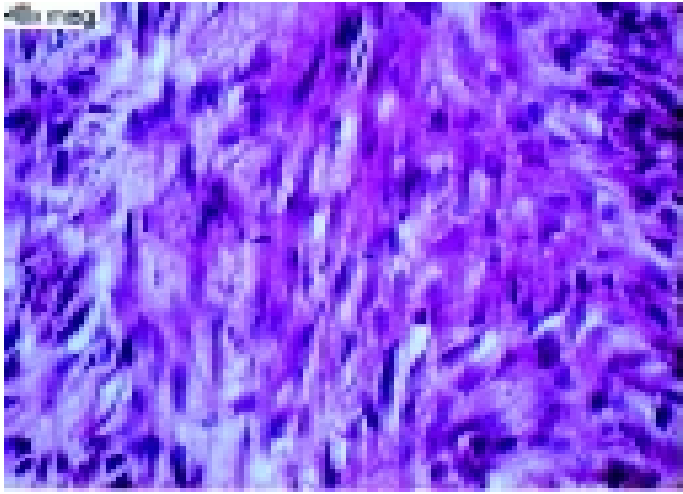
**Figure 1.** Desmoid tumor showing myofibroblasts. Magnification 10x.

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had no complaints and examination revealed no abnormality.

Histopathology of the mass by special stain showed desmoid tumor (Figures 1 and 2).



**Figure 2.** Desmoid tumor showing myofibroblasts. Magnification 40x.

## Discussion

Desmoid tumors are benign myofibroblastic neoplasms arising from the aponeurosis of the muscle. They occur in many areas of the body and account for 3% of all soft tissue tumors and 0.03% of all neoplasms <sup>1</sup>. Although they are locally aggressive they do not cause metastasis <sup>2</sup>. But because of their local infiltration they carry a high recurrence rate and in locations having limitations for surgical resection they can

even lead to death <sup>3</sup>. In patient with familial adenomatous polyposis (FAP) undergoing colectomy they are the leading cause of morbidity and mortality <sup>4</sup>. In patients with FAP abdominal wall, proximal extremities and mesenteric intestine are its common locations <sup>5</sup>. Sites of trauma, sears and irradiation are its unusual locations. There appear to be four peaks of age for its occurrence; 5 years (juvenile), 27 years (fertile), 44 years (middle age) and 68 years (old age) <sup>6</sup>. They are treated by surgical excision. In our case the diagnosis was missed by both open biopsy and FNAC. The patient underwent hysterotomy and tubal ligation because she did not want to continue her pregnancy and as she had completed her family.

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