Title: Rare Case of a Fimbrial Fibroid

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We present a rare case of a fimbrial fibroid. The patient is a 37-year-old gravida 0 female who underwent a robotic-assisted laparoscopic myomectomy. The patient was referred by her fertility doctor after worsening menorrhagia and desired future fertility. Based on the magnetic resonance imaging (MRI) performed before the procedure, the uterus measured 6.6 x 4.5 x 8.6 centimeters with multiple intramural fibroids. A mass was noted in the posterior pelvic cul-de-sac that was thought to be a pedunculated fibroid (Fig. 1). Intraoperatively, the uterus appeared bulky with posterior fibroids. Bilateral ovaries and right fallopian tube appeared normal. The left fallopian tube was found to have a fibroid originating from the fimbria, distinct from the uterus and left ovary (Fig. 2, Fig. 3). The final specimen pathology report described a normal leiomyoma.

Uterine fibroids are the most common pelvic tumor in females, with an incidence rate of more than 80% for black women, and nearly 70% for white women by age 50 [1,2]. Based on the International Federation of Gynecology and Obstetrics (FIGO) classification system, fibroid location is categorized as submucosal (FIGO types 0-2), intramural (FIGO types 4, 5) and subserosal (FIGO types 6, 7) [3]. FIGO type 8 is reserved for fibroids that are distinct from the myometrium, as illustrated by the fimbrial fibroid we present. To our knowledge, the incidence of type 8 fibroids is unknown. It is well-established that type 2 fibroids greater than 4cm in diameter are associated with miscarriage and contribute to infertility [4]. Theoretically, a fimbrial fibroid could contribute to infertility if it interferes with tubal patency. Interestingly, this patient had a normal saline tubal patency test, but a hysterosalpingogram was not performed. In conclusion, our intraoperative finding of a fimbrial fibroid aids in further characterizing Type 8 fibroids.
References


3. Munro MG, Critchley HO, Fraser IS. The FIGO classification of causes of abnormal uterine bleeding in the reproductive years. Fertil Steril. 2011; 95(7):2204-8

Figure Legend:

Figure 1 – Pelvic MRI demonstrating posterior cul-de-sac mass.
Figure 2 – Laparoscopic image. Fimbrial fibroid.
Figure 3 – Laparoscopic image. Fimbrial fibroid is clearly distinct from the left ovary.
Figure 2