CLINICAL CASE

MIOMA NASCENS: CASE REPORT

MIOMA NASCENS: REPORTE DE CASO

Galvis Mantilla Mario Alfredo[1], Rojas Valencia Evelyn[2], Ortiz Diaz Edna Daniela[3], Vathiotis Macedo Antonella Konstantina [4]

Received: August 1, 2023. **Approved:** September 1, 2023.

RESUMEN:

Los leiomiomas son los tumores ginecológicos más frecuentes y se observan en alrededor del 20% de las mujeres mayores de 35 años, hay distintos tipos de leiomiomas los cuales se clasifican según su localización; subserosa, intramural, submucosa, ligamento ancho o cervical. En el presente caso clínico se hablará sobre leiomiomas tipo 0 submucosos pediculado prolapsado o también conocido como "mioma nascens" que tienen una prevalencia en menos del 2.5% de la población, en este caso la paciente contaba con una sintomatología de varios meses por lo que se optó por tratamiento quirúrgico, *Objetivo Principal:* Describir las características clínico patológico o quirúrgicas de un caso clínico de interés. C*onclusión:* Mioma Nacens ocurre en un 1% de los casos en la población y en 2, 5% en adolescentes, tiene una clínica clara y característica que se puede diagnosticar principalmente, por examen físico con especuloscopia. La elección a su resolución es la miomectomía vaginal por lo seguro, corto, simple, definitivo del tratamiento.

PALABRAS CLAVES: Leiomioma, Mioma nascens, Miomectomia uterina, Leiomioma submucoso

1 Médico especialista en Ginecología Obstetricia, Coordinador del Servicio de Ginecología del Hospital Universitario Erasmo Meoz ORCID 0009-0008-6187-3338
2 Miembro semillero de investigación "Kidö", Universidad de Pamplona, Médico en formación. ORCID 0009-0003-3453- 8220
3 Universidad de Pamplona, Médico en formación. ORCID 0009-0006-5483-0511
4 Miembro semillero de investigación "Kidö", Universidad de Pamplona, ORCID 0009-0000-5357-0750

Cómo citar este artículo: Galvis-Mantilla Mario, Rojas-Valencia Evelyn, Ortiz-Diaz Edna, Vathiotis-Macedo Antonella. Mioma Nascens: reporte de caso. Revista Ciencias Básicas en Salud. 2023,1 (1):33-40.

ABSTRACT:

Leiomyomas are the most frequent gynecological tumors and are observed in about 20% of women after 35 years of age. There are different types of leiomyomas which are classified according to their location; subserosal, intramural, submucosal, broad ligament or cervical. In the present clinical case, it will be discussed about leiomyomas type 0 submucosal pediculated prolapsed or also known as "myoma nascens" which have a prevalence in less than 2.5% of the population, in this case the patient had a symptomatology of several months therefore surgical treatment was chosen, Main Objective: To describe the clinicopathological or surgical characteristics of a clinical case of interest, Conclusion: Myoma Nascens occurs in 1% of cases in the population and in 2.5% in adolescents, it has a clear and characteristic clinic that can be diagnosed mainly by physical examination with speculoscopy. The choice for its resolution is vaginal myomectomy because of its safe, short, simple, and definitive treatment.

KEY WORDS: Leiomyoma, Myoma nascens, Uterine myomectomy, Submucous leiomyoma

INTRODUCTION

Leiomyomas are the most common gynecological tumors, observed in about 20% of women over the age of 35 (1). However, these leiomyomas or fibroids have different classifications depending on their site of formation, which can be subserosal, intramural, submucosal, broad ligament, or cervical (3). In this case report, we will discuss nascens fibroids, also known as prolapsed pedunculated submucosal fibroids, which have a prevalence of 2.5% in patients who have already undergone surgery for leiomyomas (2).

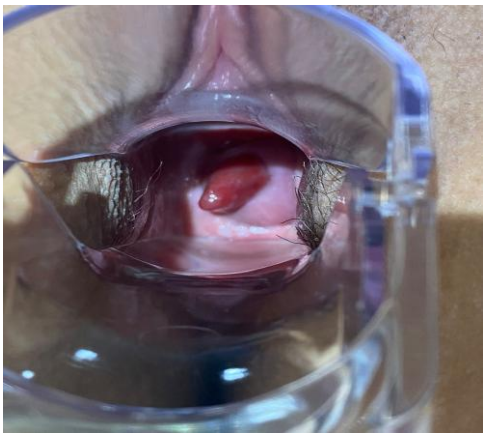
This fibroid is a type 0 submucosal pedunculated leiomyoma that eventually protrudes through the

Cómo citar este artículo: Galvis-Mantilla Mario, Rojas-Valencia Evelyn, Ortiz-Diaz Edna, Vathiotis-Macedo Antonella. Mioma Nascens: reporte de caso. Revista Ciencias Básicas en Salud. 2023,1 (1):33-40.

cervical canal and prolapses into the vagina, hence the name "nascens" leiomyomas (4). A nascens fibroid is a single, firm, globular, or polypoid mass that is evident in the vagina. It is usually a pedunculated fibroid that developed in the cervix or even within the uterine cavity (2). The clinical presentation of these fibroids typically includes vaginal bleeding, pelvic pain, which is usually cramp-like during the expulsion of the fibroid from the cervix, dysmenorrhea, and sanguineous discharge (2). The main complication of this condition is necrotic degeneration and infection.

Clinical Description:

A 37-year-old patient with a gynecological history of five pregnancies, five deliveries, and five live-born newborns, with no additional relevant medical history, presented to the outpatient consultation of a tertiary care hospital with a clinical picture of approximately six months of evolution. The patient reported a sensation of a mass protruding from the vagina, accompanied by pelvic pain radiating to the left leg, and abundant, non-fetid, watery-bloody discharge, which had worsened 12 hours prior (Image 1). The diagnosis was determined as a submucosal leiomyoma.



On physical examination, the abdomen was soft to palpation, non-tender, and without masses. On genital examination, a submucosal leiomyoma was observed. Image No. 1: *Speculoscopy showing submucosal leiomyoma.*

Upon examination, a normal vulva was observed without lesions during straining. A solid, elongated mass approximately 6 cm in size protruded through a cervix that was erased and dilated, with a thick pedicle, descending to the vaginal introitus (Image 2).

Cómo citar este artículo: Galvis-Mantilla Mario, Rojas-Valencia Evelyn, Ortiz-Diaz Edna, Vathiotis-Macedo Antonella. Mioma Nascens: reporte de caso. Revista Ciencias Básicas en Salud. 2023,1 (1):33-40.

Image 2. Nascens fibroid after uterine myomectomy.

The paraclinical studies reported: Hb: 9.7, PT: 13.30, PTT: 33.90; confirming a clinical diagnosis of grade II anemia according to the WHO. Pelvic ultrasound normal, total abdominal ultrasound normal.

Therapeutic management

The treatment for leiomyomas varies depending on the severity of the patient, symptoms, location, age, and future fertility desires. (5) Treatment options range from acupuncture (an ancient Chinese method) to total removal of the uterus and its fibroid content (6). However, after several studies, it has been determined that the gold standard is surgical intervention (5). Hysterectomy is the definitive surgical procedure in the case of uterine fibroids, especially if the preoperative estimated uterine size is greater than 12 weeks of gestation (7). However, it is not suitable for women who wish to have children. Therefore, for these patients, more conservative therapeutic options exist, such as uterine artery embolization (UAE), magnetic resonance-guided focused ultrasound (MRgFUS), myolysis (8), gonadotropin-releasing hormone agonists, and other therapeutic options such as medications that manipulate steroid hormone concentrations. (5)

Among these minimally invasive techniques, it has been shown that with uterine artery embolization, patients had a shorter hospital stay and a faster return to work compared to those who underwent hysterectomy or myomectomy. On the other hand, myolysis, due to several reported cases of uterine rupture following the procedure, is currently limited in its use in standard practice. As for magnetic resonance-guided focused ultrasound surgery, it is a more recently developed option for the treatment of uterine leiomyomas in premenopausal women who have completed their childbearing. It is a non-invasive technique that uses the convergence of multiple ultrasonic energy waves on the leiomyoma tissue, leading to thermal destruction of the tissue. (5)

Cómo citar este artículo: Galvis-Mantilla Mario, Rojas-Valencia Evelyn, Ortiz-Diaz Edna, Vathiotis-Macedo Antonella. Mioma Nascens: reporte de caso. Revista Ciencias Básicas en Salud. 2023,1 (1):33-40.

On the other hand, the medical treatment that has been studied includes gonadotropin-releasing hormone (GnRH) analogs, agents approved by the FDA for temporary preoperative use to reduce blood loss related to leiomyomas and correct subsequent iron deficiency anemia. Other agents, such as selective estrogen receptor modulators (SERMs), anti-progestins, aromatase inhibitors (AIs), cabergoline, danazol, and gestrinone, have been evaluated for the treatment of uterine leiomyomas with varying degrees of success. (9) Although gonadotropin-releasing hormone agonists and medications that manipulate steroid hormone concentrations are effective, their side effects such as headaches, breast size reduction, and vaginal dryness limit their long-term use, and the formation of new leiomyomas after these conservative therapies remains a substantial issue. (5)

In relation to vaginal myomectomy, it has been indicated as a highly successful, fast, and safe procedure with reduced surgical times, making it the perfect option commonly used by women who have not yet completed their childbearing or those who wish to preserve their uterus and fertility. The approach to myomectomy is typically through a classical laparotomy incision, but it can also be performed via laparoscopy or, more recently, through robotic surgery. (10) One of the main advantages of the laparoscopic approach is the reduced intraoperative bleeding, lower drop in hemoglobin levels, less postoperative pain, and a quicker recovery. (11) Therefore, considering the advantages it offers, laparoscopic surgery has been designated as the treatment of choice for large pedunculated submucosal fibroids, which is why it was the treatment of choice for the 37-year-old patient.

CONCLUSION

In general, cases of nascens fibroids or pedunculated submucosal leiomyomas (type 0), prolapsed, are rare, with an average incidence of 1% in the population and 2.5% in adolescents. Due to the infrequency of its presentation, it is considered important to understand the clinical presentation and symptoms in order to achieve an accurate diagnosis and choose an

Cómo citar este artículo: Galvis-Mantilla Mario, Rojas-Valencia Evelyn, Ortiz-Diaz Edna, Vathiotis-Macedo Antonella. Mioma Nascens: reporte de caso. Revista Ciencias Básicas en Salud. 2023,1 (1):33-40.

appropriate treatment. Surgical procedures seem to be the option with the most evidence, with vaginal myomectomy being the treatment of choice for its safety, speed, simplicity, and definitive nature.

References

1. Goepel, J. (2003). Cytopathology of bone and soft tissue tumours: Layfield LJ. (£115.00.) oxford university press, 2002. ISBN 0 19 513236 X. Journal of Clinical Pathology, 56(2), 160.
2. Aydın, S., Göksever Çelik, H., Maraşlı, M., & Bakar, R. Z. (2018). Clinical predictors of successful vaginal myomectomy for prolapsed pedunculated uterine leiomyoma. Journal of the Turkish German Gynecological Association, 19(3), 146–150. https://doi.org/10.4274/jtgga.2017.0135
3. Terzic, M., Maricic, S., & Dotlic, J. (2013). Vaginal removal of very large nascent uterine Myoma - case report and literature review. Geburtshilfe und Frauenheilkunde, 73(07), 724–726. https://doi.org/10.1055/s-0032-1328724
4. Mauri, F., Lambat Emery, S., & Dubuisson, J. (2022). A hybrid technique for the removal of a large prolapsed pedunculated submucous leiomyoma. Journal of Gynecology Obstetrics and Human Reproduction, 51(5), 102365. https://doi.org/10.1016/j.jogoh.2022.102365
5. Sabry M, Ayman Al-Hendy. Medical Treatment of Uterine Leiomyoma. Reproductive Sciences [Internet]. 2012 Apr 1 [cited 2023 Aug 30];19(4):339–53. https://doi.org/10.1177/1933719111432867
6. Zhang Y, Peng W, Clarke J, Liu Z. Acupuncture for uterine fibroids. The Cochrane library [Internet]. 2010 Jan 20 [cited 2023 Aug 30]; https://doi.org/10.1002/14651858.cd007221.pub2
7. Zimmermann A, Bernuit D, Gerlinger C, Schaefers M, Geppert K. Prevalence, symptoms and management of uterine fibroids: an international internet-based survey of 21,746 women. BMC Women's Health [Internet]. 2012 Mar 26 [cited 2023 Aug 30];12(1). https://doi.org/10.1186/1472-6874-12-6
8. Sabry M, Ayman Al-Hendy. Medical Treatment of Uterine Leiomyoma. Reproductive Sciences [Internet]. 2012 Apr 1 [cited 2023 Aug 30];19(4):339–53.

Cómo citar este artículo: Galvis-Mantilla Mario, Rojas-Valencia Evelyn, Ortiz-Diaz Edna, Vathiotis-Macedo Antonella. Mioma Nascens: reporte de caso. Revista Ciencias Básicas en Salud. 2023,1 (1):33-40.

https://doi.org/10.1177/1933719111432867

9. Vincenzo De Leo, Morgante G, Antonio La Marca, Maria Concetta Musacchio, Sorace M, Campana C, et al. A Benefit-Risk Assessment of Medical Treatment for Uterine Leiomyomas. Drug Safety [Internet]. 2002 Jan 1 [cited 2023 Aug 30];25(11):759–79. https://doi.org/10.2165/00002018-200225110-00002
10. Myers ER BM, Couchman GM, Datta S, et al. Manejo de fibromas uterinos (Informe de evidencia/Evaluación de tecnología No. 34, contrato 290-97-0014 para el Centro de práctica basada en evidencia de Duke). En: Matchar DB, ed. Informes de evidencia de la AHRQ . Rockville, MD: 20852: Agencia para la investigación y la calidad de la atención médica; 2001
11. Miomas uterinos (actualizado febrero del 2013). Progresos de Obstetricia y Ginecología [Internet]. 2014 Aug 1 [cited 2023 Aug 30];57(7):312–24. https://doi.org/10.1016/j.pog.2014.05.001

Cómo citar este artículo: Galvis-Mantilla Mario, Rojas-Valencia Evelyn, Ortiz-Diaz Edna, Vathiotis-Macedo Antonella. Mioma Nascens: reporte de caso. Revista Ciencias Básicas en Salud. 2023,1 (1):33-40.