

## Case Report

### Anterior Abdominal wall Rhabdomyoma mimicking fibroid: A Case Report

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#### Abstract

We report a case of a 27 year old Para 1<sup>+0</sup> house wife who presented with a four months history of a rapidly increasing tumor of the anterior abdominal wall. The abdomen was swollen to the size of a 16 weeks gravid uterus. At laparotomy a tumor measured 15cm by 10cm attached to the posterior aspect of the rectus sheath. The resected mass proved on histology to be Rhabdomyoma of the anterior abdominal wall. Rhabdomyoma is an exceedingly rare tumor in females and when it does occur, it is found in the genitalia (Genital Rhabdomyoma). The origin in the anterior rectus is extremely rare.

#### Introduction

Rhabdomyoma is a very rare tumor in the female population<sup>1,2</sup> Majority of these tumors occur in the male usually affecting the head and neck region. In women, it may be found in the genitalia, the so called (Genital rhabdomyoma).<sup>1,2,3,4</sup> The young and middle aged women are more commonly affected.<sup>6</sup> The skin and the heart can be affected at childhood. Rhabdomyoma is documented to be asymptomatic and when it does present with symptoms they are usually few and depend on the location of tumour.<sup>2,3,5</sup> There is no predilection to any race. We report our experience in the management one patient with an unusual case of Rhabdomyoma of the anterior abdominal wall mimicking a uterine fibroid.

#### Case Report

A 27 year old Para 1<sup>+0</sup>, 1 alive house wife presented to our hospital with a four months history of abdominal swelling which was rapidly increasing in size with no associated pain or menstrual disorders. There were no associated urinary or gastrointestinal symptoms. There was no associated loss of weight since the onset. She had a previous caesarian section 2 years prior to presentation due to fetal distress with no complications. Physical examination revealed a young woman, not pale anicteric and well hydrated. She had a suprapubic mass more towards the right iliac fossa arising from the pelvis about 16cm above the pubic symphysis (16 weeks gestation). It was fixed, firm to hard in consistency and non tender. A working diagnosis of a uterine Fibroid was made. At abdominopelvic ultrasound scan a diagnosis of pedunculated fibroid was made. Patient had laparotomy during which a hard well encapsulated

mass measuring 15cm by 10cm arising from the rectus sheath posteriorly was excised. Histological report showed soft tissue tumor, composed of stratified cells having moderate to abundant eosinophilic cytoplasm; arranged in sheets and interlacing bundles. The findings were consistent with rhabdomyoma of the anterior abdominal wall. She did well and was discharged. She has remained health on follow up.

#### Discussion

Rhabdomyoma originates from striated muscle. There are two types of rhabdomyoma they are neoplastic and hamartoma. Rhabdomyoma probably represents a genetic variant of striated muscle development. Drugs or environmental factors have not been identified as causes of this neoplasm<sup>1,3</sup>. Rhabdomyoma is an exceedingly rare tumor. Some investigators believe that mature striated muscle is unlikely to develop tumorous tissue. Therefore they believe that rhabdomyoma may arise from fetal rests<sup>3,4,5</sup>. Rhabdomyoma is diagnosed most often in men aged 25-40 years. However the so-called fetal rhabdomyoma chiefly affects boys between birth and three years of age.<sup>3</sup> Genital rhabdomyoma most often involves the vagina or vulva of young or middle aged women and most patients are asymptomatic. Some may present at the first time with dyspareunia. The genital rhabdomyoma usually presents as a polypoid or cyst like mass involving the vulva and vagina.<sup>6</sup> Most rhabdomyoma involves the head and neck regions, while the cardiac rhabdomyoma (hamartoma) is usually diagnosed in the pediatric age group<sup>4</sup>.<sup>5</sup> Differential diagnosis of this tumor widely depends on its location: granular cell tumors, hibernoma,

reticulohistiocytoma, and uterine fibroid. The diagnosis is purely histological but pre-op imaging techniques may help in separating the benign from the malignant or describe the detail affectation of complex sites. MRI (Magnetic Resonant Imaging), CT scan (computerized Tomography) and ultrasound scan (USS) are indispensable in cardiac rhabdomyoma. A useful test that could be done is needle biopsies which is said to reveal sufficient information towards making a diagnosis.

#### **Treatment**

Surgical excision is the most effective treatment. There may be need for cardiac bypass in the heart. Prognosis is generally good. Rhabdomyoma is a benign tumour and malignant conversion has not been reported. High risks may be encountered while treating tumours in the heart were extensive resection is not practicable.

#### **Conclusion**

Rhabdomyoma is a very rare tumor that could pose a diagnostic dilemma when it occurs in the female outside the vulva and vagina. Total excision is effective treatment.

#### **References**

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