A subcutaneous uterus with unusual presenting features

D. C. ARIYANAYAGAM - G. V. NARAYANSINGH
V. NARAYANSINGH - S. RAMSEWAK

Summary: A 32 year old female, para 2+0 presented with a hard lump in the scar of a lower midline incision. She had had a myomectomy 2 years previously and subsequently noticed the lump 3 months later. Her only complaints were urinary frequency during menstruation and the suprapubic mass.

Surgery was performed for what was initially thought to be a desmoid tumour. At surgery the uterus was found to be lying in the subcutaneous position with no peritoneal sac. The uterus was dissected free of the sheath and reduced into the pelvis, uneventfully.

This rare occurrence of a subcutaneous non-gravid uterus in the absence of a hernial sac is reported and its clinical features and possible preventative measures are discussed.

Key words: Subcutaneous uterus.

INTRODUCTION

Several reports exist of the unusual occurrence of a gravid uterus within an anterior abdominal wall hernia. We present the first report of a subcutaneous non-pregnant uterus in the absence of a hernial sac.

CASE REPORT

A 32 year old female Para 2+0 presented with a "hard lump" in the scar of a lower midline abdominal incision Two years before she had had myomectomy and about three months later she noticel a small "lump" in the scar. It increased slowly in size over a period of three months and although it produced no pain she complained of frequency of micturition which was distinctly worse during menstruation. She now sought attention because of the suprapubic mass and the urinary frequency. On examination she was in good general health and there was a firm to hard mass (7 cm long × 5 cm across) in the subcutaneous plane deep to a somewhat stretched cutaneous scar. It was not mobile, not reducible and non-tender. On vaginal examination it was difficult to assess the uterus properly because of the hard subcutaneous fixed mass but the cervix was normal. A clinical diagnosis of desmoid tumour of the lower abdominal wall was made. Complete blood count and urinalysis were normal and at that time ultrasound was unavailable. At surgery for a presumed desmoid tumour clear margins of subcutaneous fat were dissected around the sides and top of the tumour. When the abdomen was opened above the mass it was found to be the uterus lying in a subcutaneous position with no peritoneal sac, the edges of dehisced rectus sheath and peritoneum having healed around the body of the uterus. The uterus was dissected free of the sheath and subcutaneous fat and returned into the peritoneal cavity. The linea alba was closed with nylon sutures. She recovered uneventfully.

Faculty of Medical Sciences
University of the West Indies
St. Augustine, Trinidad, West Indies

All rights reserved — No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, nor any information storage and retrieval system without written permission from the copyright owner.

DISCUSSION

Herniation of the gravid uterus through ventral abdominal wall defects have been previously reported ([1, 2, 3]). However we could find no documentation of the presence of a subcutaneous nonpregnant uterus in the absence of a hernial sac.

It appears that the rectus sheath (and peritoneum) had dehisced postoperatively and the uterus herniated into the defect. The relatively "raw" surface from the myomectomy site became adherent to the subcutaneous fat and the rectus sheath and the peritoneum then healed around the side of the body of the uterus. In the process of the uterus becoming "drawn" into the subcutaneous tissue, the bladder was trapped in a relatively small space between the uterus and the symphysis pubis leaving little room for distension thereby causing urinary frequency which was worse premenstrually when there is likely to be uterine swelling.

We feel that the diagnosis of subcutaneous uterus should be considered in a patient with a firm immobile suprapubic mass within a scar following uterine surgery. Frequency of micturition worse premenstrually may alert one to this condition. Ultrasound should be of value in establishing the diagnosis. In addition, the use of a natural or a synthetic barrier such as an omental graft as intercedes (Johnson and Johnson) respectively over the uterine incision would help to prevent attatchment of the uterus to the overlying tissues.

REFERENCES

1) Fullman P. M.: "Incisional hernai containing an incarcerated twin pregnant uterus". *Amer. J. Obst. Gyn.*, 1971, *111,* 308.
2) Aimakhu V. E.: "Gravid uterus in anterior abdominal wall hernias". *Int. J. Gyn. Obst.*, 1975, *13,* 177.
3) Dare F. O., Makinde, O. O., Lawal O. O.: "Gravid uterus in an anterior abdominal wall harnia of a Nigerian woman". *Int. J. Gyn. Obst.*, 1990, *32,* 377.

Address reprint requests to:
G. V. NARAYANSINGH
42 DeVerteiul Street
Woodbrook
Trinidad, West Indies