Chronic Epilepsy in Uterine Leiomyoma Controlled by Myomectomy.

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SUMMARY

Objective: We have seen many black African women with uterine fibroids. We have also seen many with just epileptic attacks only. This is the first female, to our knowledge, to present with both afflictions; the convulsions stopping after the myomectomy. Hence, this report.

Materials and Method: This 30-year old single nulliparous black Nigerian female was first seen in August 2002 in our outpatient's department. She had complained of having frequent generalized convulsions since 1988. Native medications had been of no help. Clinical examination revealed no gross neurological deficit, but a large uterine fibroid. With the diagnosis also of grand mal epilepsy, she was placed on epanutin and phenobarbitone, which prolonged the intervals of the attacks. She eventually asked for the removal of the fibroid, which was done on the 1st of March, 2006. She was discharged home 7 days later, when the stitches were removed, and to continue the same anti-epileptic drugs, as mentioned earlier. She was to return for follow-up checks 7 days after discharge from hospital.

Result: The patient tolerated the myomectomy very well. The histopathology of the specimen was that of a leiomyoma with degenerative changes. The attacks reduced greatly in severity, with prolonged intervals, 3 months after surgery. We have not seen her again, but reports reaching us suggest that she is alive, well and free of convulsions.

Conclusion: This is an unusual case of a huge uterine leiomyoma in an epileptic female or vise versa. The removal of the tumor appeared to have controlled the seizures.

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INTRODUCTION

Uterine fibroids are usually benign tumors originating from the smooth muscle of the uterus. They grow slowly within or hang outside the wall of the uterus, in or outside it's lumen. They are common in females of black African origin and, usually above 30 years of age. From our experience, epileptic attacks are common in Nigeria, irrespective of age and sex.

CASE REPORT

A 30 year old single nulliparous black Nigerian female reported at the outpatient's department of Norgamji Medics Ltd., Neurosciences Hospital, Owerri, Imo State, Nigeria, on the 31st of August, 2002, complaining of frequent generalized convulsions since 1988. She had been receiving treatment from the natives, and, atimes, irrelevant orthodox medication, to no avail. She was still menstruating regularly. Clinically, she was a healthy looking young female, with healed black and blue patches and abrasions on her face, indicating the numerous injuries she must have had during attacks. There were no gross neurological deficits. However, a large, mobile, non-tender, hard intra-abdominal mass, almost occupying the whole of the right side, was noted , and diagnosed as uterine fibroid.

The diagnosis of Grand Mal Epilepsy was made from the history, as told by her and her accompanying elder brother and Electroencephalogram (EEG). Routine laboratory tests were within normal limits. Blood sugar levels, serum calcium, creatinine, VDRL, and HIV. Tests showed no abnormality. Her hormone assays were within normal limits.The plain skull radiographs demonstrated no obvious lesion. CAT. and MRI. Scanning were not done for financial reasons.

She was then placed on a combination of epanutin and phenobarbitone, which made the attacks less intense and the intervals much longer, though, there were relapses each time she missed her drugs. When the suspected fibroid had practically occupied the whole intra-abdominal space and became very unbearable, she requested for it's removal. This was granted and carried out on the 21st of February 2006, through an elective laparotomy under routine general anaesthesia, after an earlier ultra-sound scan on the 9th of February 2006, had also suggested a huge leiomyoma. The stitches were removed on the 7th day after the operation, the wound was completely healed, and, she was discharged home same day, to return to the outpatient's department in 7 days time. The anti-epileptic medications were continued.

RESULTS

The EEG, preoperatively, showed generalized spike and wave rhythm without any focus. A postoperative EEG could not be done for logistic reasons. Her hormonal assays were within normal limits pre- and postoperatively. Her abdominal and ultrasound scan wasreported to have demonstrated the huge

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uterine fibroid. She tolerated the operation very well. The removed pedunculated mass weighed 39 kg, measured 26cm x 24cm x 21cm, with a thickness of about 13cm (see pictures).

The cytology/histopathology report confirmed the diagnosis of leiomyoma with degenerative changes. When she was last seen, about 4 months post operation, she had had no more seizures. We have not seen her again ever since, suggesting, also from information, that she is healthy and convulsion free.

DISCUSSION

Some investigation results support the hypothesis that endogenous estrogens play a role in the development of Parkinson disease [1]. Migraine could be caused by ectopic hyperprolactinaemia from uterine fibroids[2]. This is a case of grand mal epilepsy occurring side by side a gigantic uterine fibroid. This neoplasm could have been releasing some neurotoxic or excitatory substance, possibly estrogen [3,4] which could be the clue connecting uterine fibroids with epileptic attacks. Oestrogen receptors and lunar mass may be relevant here. It was definitely not discernible which one of the ailments came first. That might have been of some significance. The disappearance of the attacks, just a few months post myomectomy, could suggest a connection between the epileptic attacks and the tumor, though our investigations did not indicate this. This incidence could be more so when uterine fibroids and epilepsy are separately endemic in Nigeria, a black nation. Further targeted research is necessary.

CONCLUSION

An unusual case of chronic epilepsy in a huge uterine leiomyoma, controlled by myomectomy, has been presented. A search of the literature has not yielded related experience. Was this just a coincidence? Any relevant information would be greatly appreciated.

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