

# Surgical management of large abdominal wall fibromatosis during pregnancy

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Accepted 16 February 2019

## DESCRIPTION

Aggressive abdominal wall fibromatosis is an uncommon tumour that has propensity for significant growth. Patients often present during pregnancy, with growth related to the associated hormonal changes having been described.<sup>1</sup> In the majority of patients the condition can be managed conservatively, as regression on completion of the pregnancy may often occur. While surgery in pregnancy is to be avoided where possible, we present a case whereby rapid tumour growth, severe pain and breathlessness due to the large tumour mandated urgent surgery. In cases such as this, after failed

## Learning points

- ▶ Abdominal wall fibromatosis has a propensity for significant growth during pregnancy.
- ▶ Management requires multidisciplinary input from surgeons, physicians and obstetricians.

conservative management, any surgical treatment must ensure safety of the mother and the fetus, complete tumour excision and subsequent abdominal wall reconstruction. The images in [figure 1](#) depict the coronal section of an MRI scan performed during the second trimester (left), the wide dissection required to ensure complete tumour excision (top right) and the resulting abdominal wall reconstruction (bottom right). The patient delivered a healthy boy 4 months after surgery by elective caesarean section.

**Contributors** PS, PR, NA and CC: conception, planning and conduct; editing and approval of final document. PS: initial draft.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

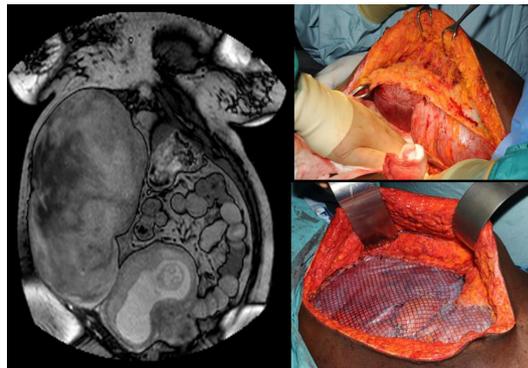
**Competing interests** None declared.

**Patient consent for publication** Obtained.

**Provenance and peer review** Not commissioned; externally peer reviewed.

## REFERENCE

- 1 Fiore M, Coppola S, Cannell AJ, *et al.* Desmoid-type fibromatosis and pregnancy: a multi-institutional analysis of recurrence and obstetric risk. *Ann Surg* 2014;259:973–8.



**Figure 1** A patient with abdominal wall fibromatosis. The coronal section of an MRI scan performed during the second trimester is shown (left), as well as the wide dissection required to ensure complete tumour excision (top right) and the resulting abdominal wall reconstruction (bottom right).



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**To cite:** Sutton PA, Rooney P, Ali N, *et al.* *BMJ Case Rep* 2019;12:e227811. doi:10.1136/bcr-2018-227811

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