This 45 year old patient was referred to hospital by her GP after presenting with symptoms of reduced appetite, epigastric pain and a generalized abdominal pain of about six weeks duration. She has also had a previous episode of PR bleeding. She is multiparous having had three normal deliveries and her menstrual cycle was regular at presentation. She is a diagnosed asthmatic and a smoker. Clinical examination revealed a swelling rising to the level of the umbilicus that appeared to be uterine fibroids. Tumour markers were normal. An ultrasound scan confirmed the diagnosis of multiple uterine fibroids with possible degenerative changes. A subsequent CT scan was requested and reported as demonstrating some scanty para-aortic and upper mediastinal lymphadenopathy, the largest measuring 1.7cm. The fibroids showed the possibility of sarcomatous change. Further CT with contrast revealed occlusion of the coeliac access with splenic infarctions. These involved the common hepatic arteries and there were thrombosed superior mesenteric (SMA) and inferior mesenteric (IMA) arteries, as well as veins.

Uterine fibroids are the commonest tumour in females of reproductive age. The development of thrombosis in the context of an existing large fibroid uterus is extremely rare. In this case there were no coagulation disturbances or vasculopathy. Although the associated coeliac trunk thrombosis could be attributed to pressure effects of the co-existing large fibroid uterus, in the few published case reports this was associated primarily with venous thrombosis, affecting the pelvic or mesenteric veins and leading to thrombosis and an acute abdomen (1-6).