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UTERINE LEIOMYOSARCOMA: A CASE REPORT

Dr.Shivangi Marakana — Resident Doctor, Obstetrics & Gynaecology department at GMERS Medical college and general Hospital, Junagadh, Gujarat.

Dr. Rajankumar Padasala — Assistant professor at P.D.U.Medical college, Rajkot, Gujarat.

ABSTRACT

Background- Uterine leiomyosarcoma is a rare uterine malignancy that arises from the smooth muscle of uterine wall. It accounts for only 1-2 % of uterine malignancies and occurs mainly after menopause. **Presentation of case-** A 63-year-old female of north Indian origin, reported with the complaint of postmenopausal bleeding since 15 days. On per abdominal examination, a soft to firm midline mass was palpable, which was about 28-30 weeks as compared to a pregnant uterus. Patient had already undergone an endometrial biopsy and Pap smear, which was reported normal. On MRI, show 19x18.3x19 cm intramural mass lesion in anterior myometrium showing internal fluid changes and peripheral enhancement? Degenerated fibroid? Sarcomatous transformation. Total abdominal hysterectomy with B/L salpingo-ophorectomy done and sample sent for frozen which reported leiomyoma with necrotic changes, no E/O malignancy.on histopathology report, diagnosed to be a case of leiomyosarcoma,myxoid type.Endometrium cystic atrophic and other organ unaffected. **Conclusion-** This case highlights the fact that leiomyosarcoma's diagnosis is not only made by MRI or other investigations,it's diagnosis depend on Histopatology reports.

KEYWORDS : Uterine leiomyosarcoma, leiomyosarcoma

INTRODUCTION-

Uterine leiomyosarcoma is a rare uterine malignancy that arises from the smooth muscle of uterine wall. It accounts for only 1-2 % of uterine malignancies and occurs mainly after menopause. They are notorious for their aggressive nature and poor prognosis. The relative rarity of uterine leiomyosarcomas, as well as their pathological diversity, hinders studies aimed at improving understanding of the disease and makes it difficult to define the optimum management. We report a case of 63yr old female who presented with postmenopausal bleeding and was diagnosed later to be a case of leiomyosarcoma of uterus.

Case Report

A 63-year-old female of north Indian origin, reported with the complaint of postmenopausal bleeding since 15 days. Bleeding was off and on and irregular in nature. She had no c/o lower abdominal pain. There were no associated bowel or bladder complaints. She is known case of Hypertension and H/O sterilisation in 1990.Post-menopausal since 12 years.

On Examination

Patient was moderately built. Vitals were stable with blood pressure 140/86mm Hg, pulse rate 76/min and respiratory rate 18/min; Pallor absent.

On per abdominal examination, a soft to firm midline mass was palpable, which was about 28-30 weeks as compared to a pregnant uterus and had smooth surface. The mass was mobile from side to side, with no tenderness or any changes in the overlying skin.

On per vaginal examination, the cervix was directed forward, uterus was retroverted, around 28-30 weeks size and mobile, B/L fornices were clear, and no tenderness was observed.

Investigations

Patient had already undergone an endometrial biopsy and Pap smear, which showed Fragmented endometrial glands, no atypia noted and Negative for intraepithelial lesion. On MRI, show 19x18.3x19 cm intramural mass lesion in anterior myometrium showing internal fluid changes and peripheral enhancement? Degenerated fibroid? Sarcomatous transformation.(image 1) There was no lymphadenopathy.

Probable diagnosis of Leiomyoma ? degenerated ?sarcomatous changes was made and the patient was advised surgery. All necessary investigation was done.

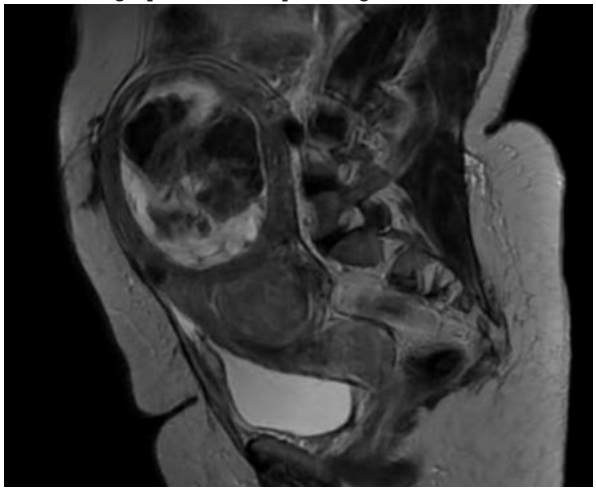

Image:1 MRI of Leiomyoma with degenerative changes.

Operative Findings

Intraoperatively, the peritoneal sampling was taken and sent for cytology. The uterus was enlarged and about 28-30 weeks size with fibroid present at posterior wall of uterus with irregular surface. Uterus along with bilateral ovaries and fallopian tubes was removed sent for frozen which reported leiomyoma with necrotic changes, no E/O malignancy.

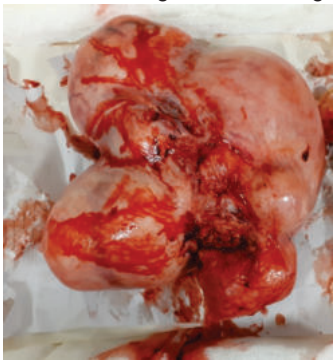

Image-2: Leiomyoma of uterus.

The postoperative period was uneventful and the patient was discharged in satisfactory condition after a hospital stay of 3 days

On Histopathological Examination

Uterine mass show 21x20x10cm sized lesion composed of hypocellular, myxoid areas with oval to spindle cells having moderate to severe nuclear pleomorphism and eosinophilic cytoplasm. Nuclei are hyper chromatic with mitosis 4-5 per 10 HPF. It was diagnosed to be a case of leiomyosarcoma,myxoid type.Endometrium cystic atrophic and other organ unaffected. The peritoneal washings were found to be negative for malignant cells.

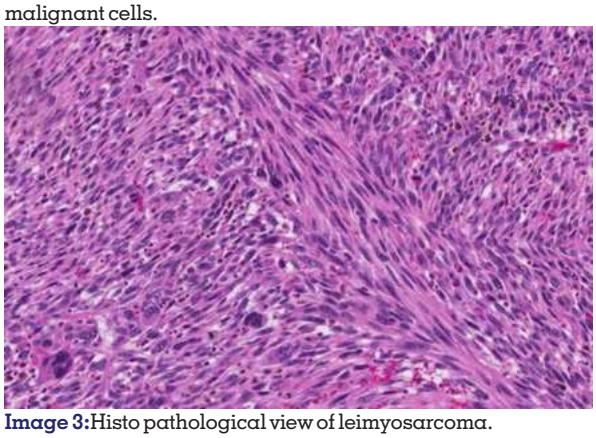

Image 3: Histo pathological view of leimyosarcoma.

DISCUSSION

Uterine leiomyosarcoma is an uncommon malignancy accounting for approximately 1% of uterine cancer with an estimated annual incidence of 0.64 per 100,000 women. Although leiomyosarcoma can occur elsewhere in the pelvis, including the cervix and urinary bladder, it is more commonly found in the uterus, as seen in our case.[1] Most occur in women over 40 years of age who usually present with abnormal vaginal bleeding (56%), palpable pelvic mass (54%) and pelvic pain (22%). Signs and symptoms resemble those of the far more common leiomyoma and preoperative distinction between the two tumours may be difficult. [2] Our patient presented with complaints of postmenopausal bleeding since 15 days.

Uterine fibroids are not generally thought to develop into malignant leiomyomas but leiomyosarcomas frequently coexist within a fibroid uterus and approximately 0.5% of women who have hysterectomies for uterine fibroids are found to have leiomyosarcomas.[3] It is difficult to accurately diagnose leiomyosarcoma before surgery because most women with leiomyosarcoma will have multiple fibroids making it difficult to know which ones should be biopsied. The incidence of leiomyosarcomas being found in women operated on for presumed uterine fibroids is about 0.5%.[3] Magnetic resonance imaging (MRI) might offer some information, but is not entirely accurate. Uterine leiomyosarcomas are aggressive tumours with high rates of recurrence. They originate from the myometrium or myometrial vessels. The diagnosis of uterine sarcoma is made from histological examination of entire uterus as seen in our case. Local therapy consists of total hysterectomy. Bilateral salpingo-oophorectomy and dissection of pelvic and para-aortal lymph nodes are not recommended since lymph node involvement is seen in <3%.[4] Prognostic factors include tumour size >5 cm and a high mitotic index, although they are highly aggressive even with a mitotic count of less than $2/mm^2$.[5] The most common mode of spread is haematogenous, with lymphatic spread being rare. Recurrences of up to 70% are reported in stage I and II disease with the site of recurrence being distal, most commonly the lungs or the upper abdomen. [6, 7, 8] Survival rates are dependent on the stage of disease at diagnosis. The five-year survival rate is 50-55% for stage I and 8-12% for stage II-IV.[7] Overall, the five-year survival rate, for all stages, ranges from about 30% to 50%. Local recurrences are salvageable with surgery. Isolated pulmonary metastasis can also be resected, with overall survival of 45% and 35% at five and 10 years, respectively. [9]

CONCLUSION-

This case highlights the fact that leiomyosarcoma's diagnosis is not only made by MRI or other investigations,it's diagnosis depend on Histopatology reports.So,wait for Histopathology report and further treatment for leiomyosarcoma according to it.

Conflict Of Interest-

Authors have no conflict of interest.

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