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Ovarian leiomyoma: rare entity, a case report.

Pathology

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ABSTRACT

Leiomyoma is a Benign Mesenchymal Tumor frequently seen in uterus but is rare in ovary. Primary Ovarian Leiomyoma accounts for 0.5 to 1.0% of all benign ovarian tumors[1]; seen in women aged 20 to 65 years old.2 It is usually diagnosed incidentally during Pelvic examination or histopathological examination after Surgery. Here we report a case of large Ovarian Leiomyoma in 40 years old woman.

KEYWORDS

leiomyoma, ovary.

INTRODUCTION

Among all benign primary ovarian smooth muscle tumors, ovarian leiomyoma
is uncommon, accounting for 0.5 to 1.0% of all benign ovarian tumors. Most of these tumors are unilateral, small in size and generally occur in premenopausal women[2].

CASE REPORT

A 40 years old woman presented with complaint of lower abdominal pain and abdominal distention for the last one month. On Abdominal examination there was tenderness at left iliac region. Ultrasonography revealed large solid-cystic mass with internal septations and low level echoes. Total abdominal hysterectomy with bilateral Salphingo-ophorectomy was performed. Gross examination showed a left Ovarian tumor measuring 16 x16 x 9 cm. Cut section revealed solid grey white homogenous appearance with multiple dilated vascular channels of varying size filled with blood clots. Pathological examination revealed a tumour composed of interlacing fascicles and nodules of oval to spindle cells with interspersed between vascular channels of varying size. Tumor cells showed minimal pleomorphism, vesicular nucleus and inconspicuous nucleoli. Mitosis and necrosis was not identified. Multiple foci of myxoid change was also identified. Histological features were consistent with leiomyoma left ovary. Immunohistochemical staining showed strong and diffuse membranous staining for smooth muscle actin (SMA).

DISCUSSION:

Most Ovarian Leiomyomas are asymptomatic and diagnosed incidentally.In symptomatic cases, clincal presentation remains variable like abdominal pain, palpable mass, hydronephrosis, elevated CA-125, hydrothorax and ascites[1,4,5,7]. Our patient had only complaint of abdominal pain and abdominal distention. They are commonly bilateral if they occur in paediatric or young age group. No bilateral leiomyoma over the age 0f 35 years is reported in literature[7]. Ovarian leiomyoma concomitantly seen with uterine leiomyoma suggest an incidental hormonal stimulation[8]. Ovarian leiomyoma probably arise from smooth muscle cells in ovarian hilar blood vessels but other possible origins are cells in Ovarian ligament, smooth muscle cells and multipotential cells in Ovarian stroma, undifferentiated germ cells and cortical smooth muscle metaplasia[3]. Since these tumors have benign course, they are treated by complete resection. Differential diagnosis considered for Leiomyoma ovary are Fibroma, Thecoma and Sclerosing stromal tumor.[9] Fat stain and Immunohistochemical staining with Desmin, inhibin, Smooth Muscle Actin[8] are helpful to rule out these differential diagnosis. Leiomyosarcoma, spindle cell carcinoma, metastatic GIST should also be extended in case of large tumors.

CONCLUSION

Though leiomyoma of ovary is rare, it should be considered in the differential diagnosis of benign spindle cell lesion of ovary. Pre-Operative diagnosis can be difficult with solid ovarian tumors.

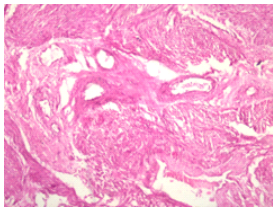

Figure a

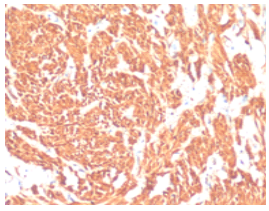

Figure b

Fig. a showing a tumour composed of interlacing fascicles and nodules of oval to spindle cells with interspersed between vascular channels of varying size. Tumor cells showed minimal pleomorphism, vesicular nucleus and inconspicuous nucleoli. Fig. b showing tumor cells depicting strong and diffuse positivity with SMA.

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