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LIPOLEIOMYOMA: A RARE BENIGN TUMOR OF UTERUS.

Radiodiagnosis

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ABSTRACT

Lipoleiomyoma are very rare benign tumor of uterus, usually occurring in perimenopausal and postmenopausal women with obesity. Patients are usually asymptomatic. Here we report a case of uterine lipoleiomyoma in a postmenopausal woman with ultrasound and contrast enhanced computed tomography images along with the post-operative findings.

KEYWORDS

Lipoleiomyoma

INTRODUCTION

Lipoleiomyoma has a reported incidence of 0.03 -0.2%[1]. Clinical presentation is similar to uterine leiomyomas or patient can be asymptomatic. Main component of these tumours are smooth muscle, fat and fibrous tissue. Pathologically lipomatous tumor of uterus can be categorised as lipoma , lipoleiomyoma and fibromyolipoma .

CASE REPORT

A 73-year-old postmenopausal female presented with on and off bleeding per vagina from past 4 years and increased frequency of micturition. Gynecological examination revealed bulky uterus, 14-16 weeks size. Abdominal ultrasonography (USG) was done initially which showed a large intramural hyperechoic mass in pelvis , posterior to urinary bladder , encased by hypoechoic rim with posterior acoustic attenuation and minimal internal vascularity **(Figure 1a & 1b).** Possibility of lipomatous uterine tumor was kept. And further contrast enhanced computed tomography (CECT) abdomen was done. On CECT abdomen **(Figure 2a ,2b & 2c)** a well marginated predominantly fat containing mass arising from uterus was seen which was also showing areas of soft tissue density. This mass was compressing the urinary bladder. The diagnosis of lipoleiomyoma was given of CECT abdomen.

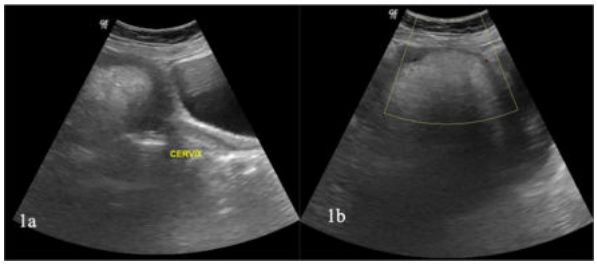

Figure (1a & 1b) : USG images showing echogenic lesion partially enclosed by hypoechoic rim representing myometrium. Mass was showing poor vascularity on colour doppler.

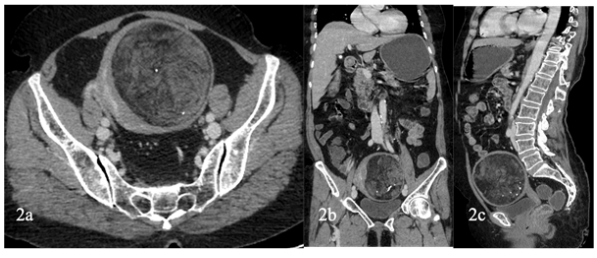

Figure 2: CECT abdomen axial (2a) , coronal (2b) and sagittal (2c) images showing a well marginated predominantly fat containing mass arising from uterus contains areas of soft tissue density.

The patient underwent a total abdominal hysterectomy. Gross sectioned surface (Figure 3a & 3b) of hysterectomy specimen showed distinct pale-yellow appearance consistent with fatty component within it. On histopathology it was confirmed to be lipoleiomyoma.

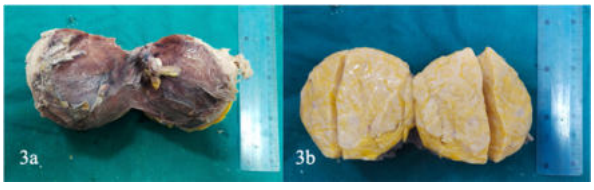

Figure (3a &3b) : Gross sectioned surface of hysterectomy specimen showed distinct pale-yellow appearance consistent with fatty component.

DISCUSSION

Lipoleiomyomas of uterus are uncommon. Three theories have been suggested for the origin of lipomatous lesion in uterus: metaplasia of smooth muscles or connective tissue into adipocytes, differentiation from misplaced embryonic fat cells, proliferation of perivascular fat cells[2,3]. Imaging findings plays a crucial part in the diagnosis. USG is the first modality of choice. CT or MRI are more specific modalities for demonstration of the organ of origin and fatty nature of the lesion. The other differentials for the fat containing lesions of the pelvis are benign cystic ovarian teratoma, malignant degeneration of cystic teratoma, pelvic lipoma or liposarcoma. Asymptomatic lipoleiomyoma does not require surgical treatment so it is crucial to differentiate lipoleiomyoma from ovarian teratoma which require surgical treatment.

CONCLUSION

In conclusion lipoleiomyomas are rare and benign tumor of uterus and do not affect the mortality. And if patient is asymptomatic, can be managed conservatively.

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