



A CASE REPORT ON PULMONARY BENIGN METASTASIZING LEIOMYOMA

Anaesthesiology

**Dr. Muksith
Usman**

Junior Resident, Department Of Respiratory Medicine, Goa Medical College, Goa.

Dr. Anita Velingkar Assistant Professor, Department Of Respiratory Medicine, Goa Medical College, Goa.

ABSTRACT

Pulmonary Benign Metastasizing Leiomyoma Is Rare Disease Characterized By Leiomyoma Of Benign Histopathology Existing In The Lungs .benign Metastasizing Leiomyoma Is A Rare Disease In Which The Lung Is Mostly Affected Extrauterine Organ. The Term 'benign Metastasizing Leiomyoma' Which Was Coined By Steiner In 1939, Is Used To Describe The Presence Of Benign Smooth Muscle Tumors In An Organ Distant From The Uterus . It Affects Women Of Reproductive Age Who Have Undergone Hysterectomies Or Myomectomies Due To Histologically Benign-appearing Uterine Leiomyomas. The Lung Is Most Common Site Of Involvement . In Addition To Pulmonary Lesions ,lymphnodes, Lesions Of The Mediastinum , The Nervous , Skin,and Bone Have Been Described With Growth Characteristics. Although Most Tumors Are Asymptomatic And Found Incidentally On Routine Chest X-rays, A Few Tumors Induce Cough ,dyspnea, And Decreased Pulmonary Function.

KEYWORDS

Pulmonary Benign Metastasizing Leiomyoma

PRESENTATION

A 57 year old diabetic female with prior history of leiomyoma s/p myomectomy presented with complaints of dry cough ,right sided chest pain and swelling on right side of neck .chest xray show right sided pleural effusion and post tapping ct thorax show two large heterogeneous enhancing masses with calcifications and smooth margins and with few smaller nodules in bilateral lungs.

Differentials

Lung metastasis or ca lung
Pulmonary sarcoidosis
Rheumatoid nodules
Infectious pulmonary granulomata
Miliary tuberculosis
Pulmonary amyloidosis

Investigations

Blood routine, lft,rft,electrolytes,sputum cbnaat,rafactor, esr, crp

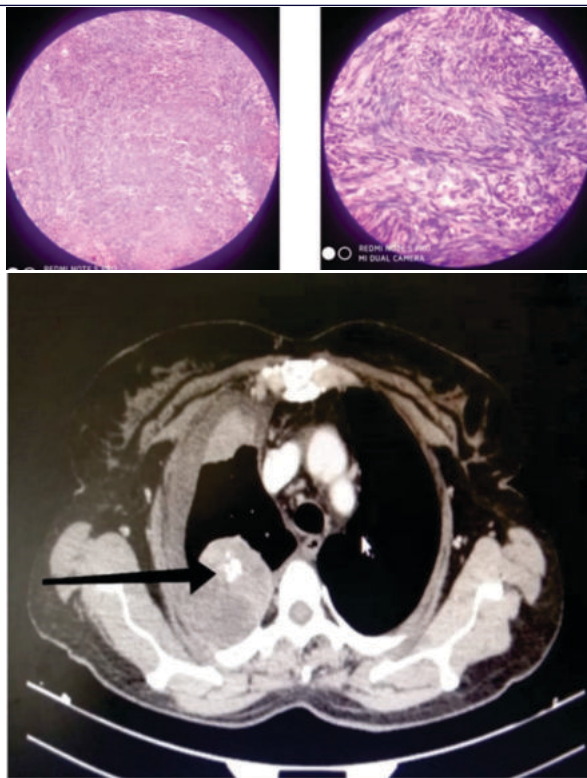
Chest xray,pleural fluid analysis, ct thorax,biopsy of cervical lymphnodes

Diagnosis

Pulmonary benign metastasizing leiomyoma (pbml)

DISCUSSION

This patient had history of myomectomy in past now present with cervical lymphnode and pulmonary benign metastasizing leiomyoma which was dignosed by ct thorax features and biopsy from lymphnode and lung lesion show features of pulmonary metastasizing leiomyoma. The above case pbml patient was treated with hormone therapy and refered to ctvs for surgical intervention. After hormonal treatment there is improvement in symptoms of the patient.



REFERENCES

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