

A RARE CASE REPORT OF RIGHT ADNEXAL NEOPLASM: MYXOID LEIOMYOMA

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ABSTRACT

Uterine leiomyomas are the most common benign uterine tumor. Leiomyoma is generally a firm and rubbery solid tumor. Infrequently, cystic or myxoid degeneration occurred in the tumor. We report a case of solidocystic right adnexal myxoid leiomyoma in a 39 year old parous women who came with complaints of abdominal pain and amenorrhoea for 3 months , Usg showed right adnexal mass of 11*9 cm, MRI showed right adnexal solid cystic mass of size 14*9*9 cm more likely arising from right ovary. Final histological findings concluded to a uterine myxoid leiomyoma. Myxoid leiomyoma of the uterus is a rare benign tumor, its diagnosis remains histological. Leiomyosarcoma should always be refuted.

KEYWORDS

Right adnexal mass, myxoid leiomyoma, leiomyosarcoma

INTRODUCTION :

Myxoid leiomyoma is a benign smooth muscle tumor with extensive myxoid changes. It is characterized by the absence of any mitotic activity and the presence of a myogenic phenotype. We report a case of uterine myxoid leiomyoma in a 39 yearold woman. Through this case , we want to highlight clinical and histological aspects of this rare pathology

CASE REPORT: We report the case of a 39 year old woman who consulted for abdominal pain and amenorrhoea for 3 months, previously normal cycles ,parous not sterilized ,upt was negative .normal bowel and bowel habits. She had no personal, past history of neoplasm or hormonal therapy,no significant family history of malignancy. Per abdomen was soft non tender, P/V: Cx pointing upward uterus retroverted ,a vague mass felt through right fornix ,left fornix free non tender.basic Laboratory tests were within normal limits. usg showed right adnexal mass of 11*9 cm, MRI showed right adnexal solid cystic mass of size 14*9*9 cm more likely arising from right ovary/broad ligament fibroid is a less likely differential .tumour markers CA 125:7.95;CEA:11.3, elevated CEA value.

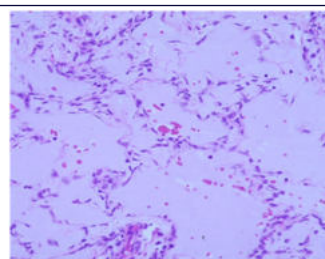


FIGURE 1: 2 SOLID CYSTIC MASS 10*10 CM ARISING FROM RIGHTADNEXA

The patient underwent exploratory laparotomy that revealed the presence of 2 large solidocystic mass arising from right adnexa (figure 1) . This mass was about 10*8 and 10*10 cm in. Extemporaneous histological examination found a benign tumor proliferation with no evidence of malignancy. Patient underwent hysterectomy with bilateral salpingo-oophorectomy and excision of the tumor. Gross examination showed a solidocystic tumor. Histological sections showed that the tumor had a solidcystic cut surface. The solid areas were whitish and fibrous and showed hemorrhagic areas, the cystic areas were myxoid. Microscopic examination showed a proliferation of smooth muscle cells without atypia or mitotic activity.

The intervening stroma was myxoid and edematous. No vascular invasion or necrosis was observed (figure 2). Final pathology report gave a diagnosis of myxoid uterine leiomyoma without any malignant proliferation.

FIGURE 2:HPE IMAGE SHOWING MYXOID LEIOMYOMA



DISCUSSION: Leiomyoma are generally firm and rubbery solid tumors. They can undergo various types of degeneration and can be atypical. Different type of degeneration include hyaline, myxoid and cystic degeneration, dystrophic calcification and red degeneration . Among them, hyalinization is the most common type of degeneration, occurring in up to 60% of cases . Myxoid leiomyomas are histologically a specific subtype of degenerated leiomyoma composed primarily of smooth muscle cells, with significant accumulation of a cellular material rich in acid mucins . Clinical diagnosis of myxoid leiomyoma is difficult. In fact this form of leiomyoma is often asymptomatic, and is usually discovered by presented of an abdominal mass and pelvic pain. Our patient had complaints of abdominal pain and amenorrhoea . Radiological investigations are of great help in the diagnosis. In ultrasonography, degenerative leiomyoma is commonly hypoechogenous and excessive degeneration may be recognized as a cystic pattern . In our case, ultrasonography showed the presence of right adnexal mass with mixed echogenicity adjacent to the uterus. Computedtomography and magnetic resonance imaging (MRI) can remedy these deficiencies preoperatively . Myxoid leiomyoma contains a significant myxoid material between the smooth muscle cells. This myxoid component is heterogenous, high intensity on MRI T2 weighted images. On T1 weighted images, it seems in low intensity, with peripheral contrast enhancement accorded to the multivesicular character . In our case, MRI led to suspicion of the diagnosis and the patient had a hysterectomy with mass excision. The definitive diagnosis of this form of leiomyoma is only by histopathologic examination. Which can determine the myxoid nature of the tumor and eliminate malignancy, especially the myxoid leiomyosarcoma of the uterus. Myxoid changes occur in clinically benign smooth muscle tumors but this phenomenon must be distinguished from myxoid leiomyosarcoma. Myxoid leiomyosarcoma shows infiltrative growth, extensive myxoid change and some degree of nuclear enlargement and pleomorphism. The myxoid stroma in leiomyoma arises from the myxoid degeneration of collagen surrounding nodules of smooth muscle. This connective tissue transformation tends to leave large, thick walled vessels in the stroma wake, a feature not found in myxoid leiomyosarcoma. When the border between a myxoid tumor and adjacent myometrium becomes infiltrated and the cells large and atypical, the odds become high that the lesion in question is malignant . The lack of cellular and nuclear atypia and the mitotic figures in less than two fields out of 10 fields in microscopy are very similar findings in both tumors . In addition, several studies have shown that uterine

leiomyosarcoma have significantly higher Ki67 index and p53 expression levels than benign smooth muscle tumors.

CONCLUSION: Myxoid leiomyoma of the uterus is a rare benign tumor, its diagnosis remains histological. Leiomyosarcoma should always be ruled out

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