

Coexistent Cellular Leiomyomata of the Uterus and Urinary Bladder.

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Sarcomas and related neoplasms of the uterus account for only 3% of uterine cancers. These tumours present a challenge to the pathologist, who must distinguish benign smooth muscle tumours from those of uncertain malignant potential and leiomyosarcomas. It is also a challenge to the clinician, who must appreciate their varied and occasionally bizarre biologic manifestations. A cellular myoma is one of the variants of the smooth muscle tumour - leiomyoma. The other variants of the leiomyoma are "epithelioid", "bizarre" and "lipoleiomyoma. Leiomyoma of the bladder is very rare, but, in the urinary tract, the bladder is a common site. Leiomyosarcoma of the bladder is a common malignant tumour of the adult male. This is the first report of its kind, presentig, uterine and bladder myomas with an increased mitotic activity.

Case Report :

A 46 year old multiparous lady, was seen in the Gynae OPD with the complaint of excessive bleeding per vaginum of 4months duration. Her normal cycles were 4/30 and over the last 4 months, They had been 8-9/22, with clots and spasmodic dysmenorrhoea.

On examination, she was pale. There were no palpable masses in the abdomen. Per speculum examination was normal and on per vaginal examination, the uterus was 6-8 weeks size, mobile and fornices were free, with no adnexal masses. A fractional curettage and Pap smear were done, in addition to blood tests and an ultrasound scan.

Her Hb was 6 gm%. Blood sugar and renal function tests were normal. The Pap smear was normal. Histopathological examination (HPE) of the fractional curettage specimen was reported as "scanty endometrium with secretory activity and changes consistent with hormonal therapy".

The ultrasound scan revealed multiple fibroids of the uterus and a separate isoechoic lesion 2.6 x 1.5 cm in the posterior wall of the urinary bladder. Hence a cystourethroscopy was done. A smooth, well circumscribed mass covered with normal bladder mucosa was seen in the supra-trigonal region. After pre-op blood transfusion, she had a total abdominal hysterectomy with bilateral salpingo-oophorectomy and enucleation of the bladder tumour under general anaesthesia. At surgery, the uterus was found to be uniformly enlarged to 12 weeks, size by a submucosal fibroid of 4-5 cms diameter. The urinary bladder was opened and a 2 cm tumour was removed from the wall of the dome of the bladder and the bladder was closed. The post operative period was uneventful. The final HPE was reported as 'Leiomyoma of uterus and of posterior wall of the urinary bladder'. The uterine leiomyoma showed an increased mitotic activity of 2-8/10 high power field (HPF) and the bladder one showed occasional mitoses of 2-4/10 HPF.

In view of the increased mitotic activity in both myomas, the patient was advised follow up, every 3 months both gynaecological and cystoscopic.