# Leiomyosarcoma of Uterus / Broad Ligament (Stage III Figo 1988 Surgical) - A Case Report

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Mrs. M.A.M., 25 years, Muslim, G $P_1A_1$, attended G.O.P.D. on 5.7.97. C/o. Menometrorrhagia and Dysmenorrhoea 4 months. Passt M/H-regular, LMP-10-6-97, O/H. Two 2° Tri. spont abortions. G/E.-G.C.-poor, Moderate pallor, pulse 84/min, B.P.-116/60mm of Hg. Systemic exam. Thyroid and Breasts- normal, No icterus/ Lymphadenopathy, P/A. soft, no fluid, organomegaly or tenderness. P/S. - Cx healthy, deviated up and to the left, vagina rugose P/V - Ut. RV, less than NS- deviated from midline, firm, slightly tender and restricted mobility. Rt Fx - An irregular tender fixed mass, 5cm size, adherent to uterus. USG: Uterus deformed, 5.3 x 3.1 cms; A hyperechoic area 6.7 x 2.2cms in Rt. Fx, no free fluid. H.S.A.-normal. Provisional diagnosis- S/S fibroid/Rt. T.O.M. Laparotomy (19.7.97): Findings : Uterus hypoplastic, deviated to left. A mass (6x 5cms) attached to Rt. lat. border of ut., fleshy and friable, extending between broad ligament flaps upto Rt. post-lat. pelvic wall in contact with internal iliac vessels and P.O.D. TAH with RSOP with removal of mass was done. Pelvic and paraaortic lymphnodes were normal. Omentum and other organs - no deposits. HPE- Well differentiated Leiomyosarcoma with minimal infiltration of tumour into myometrium. Uterus, Cx, F.T. and Rt. Ovary not involved.

Pt. referred to M.P. Shah Cancer Hospital for adjuvant therapy (CT + RT for stage III).

Leiomyosarcoma of Uterus is very rare and rarely diagnosed preoperatively. Infiltrating tumours have very poor prognosis. Surgery is the primary therapy. Leiomyosarcomas are mostly radioresistant.

# "Twisted Cavernous Hemangioma of Fallopian Tube"

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Fallopian tube tumors are rarest of genital malignancies. Primary malignant tumor incidence- 0.16-1.6%. Benign are more rare.

Mrs. R., 40 year, admitted at Zanana Hosp. with only C/o pain in lower abd 2 yr, more from 3 days, lump in lower abd 7 mths, MH 6-7/20d, normal flow-7mth, LMP-15 days. No H/o amenorrhoea. No bladder or bowel disturbance. OH-P . LD 16yr. Gen. Phy. Exam and systemic exam NAD. PA-Suprapubic tender fixed mass upto umbilicus. P/s-Chr-cervicitis. P/v-tender fixed soft to firm mass in Rt and ant fornix extending to umbilicus, uterus RVRF seem to be normal size, other fx free. Routine investigations- (N) except ECG-Inf. Ischaemia. USG-Uterus (N), mixed echogenic mass in Rt fornix, Lt adenexa (N). No free fluid in POD. Prov. Diag-? Chr ectopic preg ? Twisted ovarian mass. Emergency laparotomy done-Congested, dark blue mass of 12 x 12cm variable consistency at Rt fallopian tube with one twist at cornual end. Rt ovary elongated. Uterus and Lt adenexa (N). Pan hysterectomy done keeping in view pt's age and bad ex. Cut Section of specimen-30cc dark brown fluid, smooth inner surface, cyst wall 8mm thick, papillary grey white growth 2cm adherent to cyst wall. Seedling fibroid in Rt intramural uterine wall. Rest NAD-Microscopic exam-Cavernous hemangioma Rt tube. Pt had uneventful recovery and follow-up.