

Leiomyosarcoma - A Rare tumor at puberty

Madhu Nagpal, Surinder Kaur, Parminder Kaur, S. K. Kahlon

Dept. of Gynae & Obst & Dept of Pathology. Govt. Medical College, Amritsar.

A young unmarried girl aged 17 years reported with h/o foul smelling watery discharge for 6 months, retention of urine off & on since one month and severe anaemia with 6.8gm%Hb. She attained menarche at age of 13 yrs with M.C. of 2/30 days. On ultrasonography, the uterus could not be visualised separately from a mass which appeared to surround the uterus. Gentle one finger p/v examination revealed a huge necrotic friable growth occupying the whole of the vagina and distending it. This resulted in severe bleeding leading to hypotension. The uterus and cervix could not be identified. Plenty of friable tissue came out and its histopathology showed pleomorphic, malignant mesenchymal tumour cells with extensive areas of haemorrhage and necrosis and at places clear cell (epitheloid) pattern. A diagnosis of malignant mesenchymal tumour (leiomyosarcoma) was made (Fig. 1).

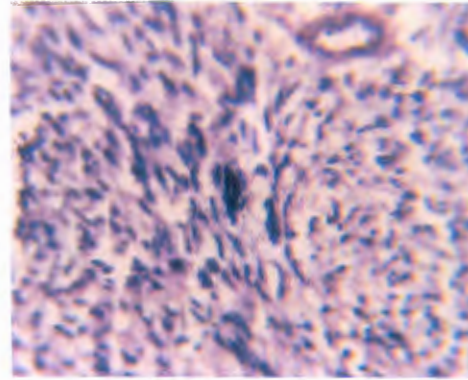


Fig 1. Microphotograph showing feature of malignant mesenchymal tumour



Fig 2. MRI picture showing tumour arising from cervix with distended vagina.

A haemostatic dose of radiotherapy reduced the growth to one third it's size, now occupying only the upper part of the vagina. The cervix could not be made out separately from the growth. Vaginal wall and fornices were not invaded, the uterus was upright and of normal size. No adnexal mass was palpable. On P/R exam, parametrium was not thickened but was short because of expanded vagina. A Repeat MRI after radiotherapy revealed shrinkage in size of tumour mass which was arising from the cervix without extension into parametrium, bladder and rectum. The vaginal walls and fornices were well defined. (Fig 2 & 3).



Fig 3. MRI picture after radiotherapy showing shrinkage of mass.

Total abdominal hysterectomy and B/L salpingo-ooprectomy with removal of a cuff a vagina was done at P.G.I. Chandigarh. Tumour was in the cervical region and uterus was of normal size perched on the top of the growth. Diagnosis of malignant mesenchymal tumour was confirmed. Peritoneal fluid showed no malignant cells. Liver and under surface of diaphragm were free. No palpable lymph nodes were detected. Post-operative period was uneventful. Patient was advised to have regular chemotherapy. Now the patient is on follow up at our

institute and is asymptomatic for the last 8 months. This case is being reported for the rare occurrence of mixed mesenchymal tumour in a young girl.