

Leiomyomatosis Cutis Et Uteri – Case Report

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Mrs. S aged 30 years was admitted to M.S. Ramaiah Medical Teaching Hospital with menorrhagia, abdominal mass and papular skin lesions of two years duration. She also presented with loss of weight, loss of appetite and generalised weakness since a year. The symptoms of abdominal pain and menorrhagia started six months after the appearance of the skin lesions. She was married for 18 years, with first degree consanguinity. She had regular menstrual cycles, with no history of dysmenorrhoea. Parity index was P₅L₃A₂, the last child being 3 years old. She had undergone postpartum tubal ligation. The past and family history of the patient were noncontributory. General examination revealed a malnourished, young lady with a large mobile tumour corresponding to 24 weeks pregnant uterine size. The tumour was firm in consistency, with an irregular surface. On pelvic examination, the lower border was extending into the pelvis. The tumour was closely related to the anterior surface of the uterus and was not freely mobile. The hyperpigmented skin lesions were multiple with the size varying from pin head to peasize. They were intradermal and discrete maculopapular lesions. They were predominant on the back, chest, forearms and skin. The mucous membrane, nails, scalp, palms and soles were free of lesions. All haematological and biochemical investigations were within normal limits.

Abdomino-pelvic ultrasound revealed, bilateral polycystic kidneys and an isoechoic lobulated solid lesion

measuring 15 x 8.8 x 8.2cms arising from anterior wall of the uterus. Ovaries could not be visualized separately. The other abdominal viscera were normal. Chest X-ray and colonoscopy were normal. Upper GI endoscopy was normal. K.U.B. X-ray revealed calcification in the region of the right kidney. Intravenous pyelogram revealed bilateral polycystic kidneys, which were normally functioning and a soft tissue mass in the pelvis, causing pressure effect on the bladder.

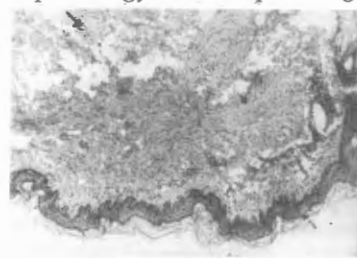
On Laparotomy the findings were, an irregularly enlarged uterus with a large, highly vascular subserous lobulated myoma arising from anterior surface and fundus of the uterus. There were dense omental adhesions to the tumour. The fallopian tubes and ovaries were normal. The other abdominal viscera were normal except for the bilateral polycystic kidneys. The patient underwent total hysterectomy with bilateral salpingoophorectomy. The histopathological report was that of a myoma undergoing hyaline degeneration, with areas of necrosis and haemorrhage. The histopathological report of the hyperpigmented intradermal lesions was piloleiomyoma cutis. (microphotograph)

Acknowledgment

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Photograph of the patient
 ↓ Normal skin ↓ Hyper pigmental intradermal lesions



Microphotograph of the Histopath Report of Intradermal Lesions
 ↓ Epidermis ↓ Dermis ↓ Leiomyoma