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Leiomyosarcoma of the Uterus

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Introduction

Leiomyosarcoma is not common and its occurence after hysterectomy is rare indeed.

Case Report

Mrs. X, a 35 year old nulliparous woman was admitted with a history of pain in the abdomen and dysuria of three months duration. She had undergone subtotal hysterectomy with left sided salphingo-oopherectomy ten months earlier. Her histopathology report showed a fibroid uterus with follicular cyst of the ovary.

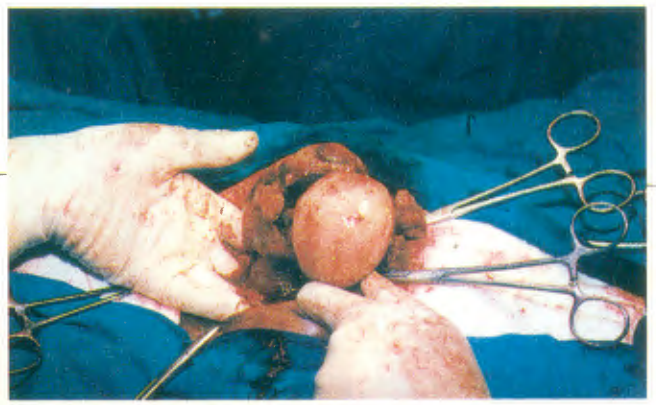
On examination her general condition was good and cardiovascular and respiratory systems were clinically normal. An abdominal examination revealed a firm irregular nontender mass in the lower abdomen with restricted mobility corresponding to 18 weeks size of uterus. There was no fluid or organomegaly.

On speculum examination, the vagina and cervix were found to be healthy. On bimanual examination the mass seemed to be arising from the cervix.

Pre-operative investigation showed HB – 11.5gm%, ESR – 40 mm/ 1st hour. Liver and kidney function tests and chest X-Ray to be normal.

Ultrasound examination showed a 6.7 x 7.8 cms mass situated superior and posterior to the bladder with homogeneous hypoechoic texture. Four smaller similar masses were situated superior to this mass Ovaries were not visualized.

At exploratory laparotomy multiple fibroid like nodular firm masses of varying sizes (5 x 6 cms to 8 x 10 cms) adherent to the omentum, small intestine and sigmoid colon were seen. The ones adherent to omentum were dissected out. (Photograph 1). There was a rent in the ileum while dissecting, which was closed. Sigmoid colon was opened as the mass was being dissected, for which a loop colostomy was done. Other organs were normal and para-aortic lymph nodes were not palpable. Right sided salphingo-oopherectomy and infracolic omentectomy were done. The postoperative period was uneventful.



Photograph 1 : The largest mass

The histopathology report showed myxoid leiomyosarcoma involving the sigmoid colon. The patient was referred to the oncology department. She had six courses of CVA (cylophosphomide, vincristine, adriamycin) followed by six courses of VAC regimen (vincristine, actinomycin and cyclophosphosphamide). After that she was lost for follow up.

Discussion

Uterine sarcomas are relatively rare tumors constituting about 2 % to 6% of uterine malignancies. Leiomyosarcoma is one of the common type of uterine sarcomas. The incidence of sarcomatous changes in benign leiomyoma is about 0.3% to 0.81%. Leiomyosarcomas present around the age of 43 to 53 years. Our 35 year old nulliparous patient presented with abdominal mass of three months duration

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within ten months of undergoing subtotal hysterectomy with left sided salphingo-opherectomy for leiomyoma of the uterus. Kaleli[1] et al report a case of a 39 year old woman mimicking a huge ovarian mass.

Diagnosis of leiomyosarcoma is difficult preoperatively. MRI could be of help though not always as reported by Kwamura et al[2]. They gave GnRH agonist to shrink the size of a fibroid after two MRIs. The size started increasing and the diagnosis was made at surgery.

According to Nordal et al[3], who have done a 10 year study, there is no clear indication that adjuvant chemotherapy makes any difference the progress in an aggressive type of sarcoma.

References

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