

## Leiomyosarcoma of Cervix

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### Case Report

A 54-year-old, post-menopausal female, came to the department with the chief complaints of whitish discharge and bleeding PV on and off since one and a half year. The discharge stopped post-Ayurvedic treatment. However, the bleeding was occasional and minimal. Patient had a positive history of weight loss and loss of appetite. A complete review of systems revealed no other complaints or any previous history of diabetes mellitus and tuberculosis.

Per abdominal examination was unremarkable. Per rectal examination revealed a mass anteriorly. Pink fleshy mass was seen in the substance of the cervix on per vaginal examination.

The CT scan confirmed the presence of a cervical mass measuring 10 × 8 × 8 cm without the involvement of any nearby structures or the regional lymph nodes.

The patient was taken up for Wertheim's hysterectomy and the uterus, both adnexae with ovaries along with the cervix, the vaginal vault was excised and sent for histopathology, which confirmed the diagnosis of Leiomyosarcoma of the Uterine cervix. There was no involvement of any

nearby pelvic viscera. No radiotherapy or chemotherapy was undergone by the patient before or after the surgery.

The patient is being followed up six monthly, and repeated examinations have shown no existence of metastasis, relapse, or neoplastic tissue.

### Discussion

Cervical leiomyosarcomas are extremely rare tumors occurring in the perimenopausal period [1], with abnormal vaginal bleeding being the most common presenting symptom [2].

Grossly, the tumors are large poorly circumscribed masses that may protrude through the cervical canal or thicken and expand it circumferentially.

Microscopically, a spectrum of morphologic types is seen, including the myxoid variant [3], epithelioid variant [4–8], cases with abundance of xanthomatous cells, and of course, conventional types.

Not many studies have been published on the topic to lay down a treatment protocol, but management should generally shape up as abdominal hysterectomy with bilateral salpingo oophorectomy [1] in all patients except premenopausal women with leiomyosarcoma. Random biopsies and retroperitoneal lymph node rarely return positive [2].

Our patient also underwent total abdominal hysterectomy with bilateral oophorectomy, and the lymph nodes were biopsied to be negative. No post-operative chemotherapy

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was administered to the patient. Regular six monthly follow-ups have also been insignificant for any relapse.

**Conflict of interest** The authors declare that they have no competing interests.

## References

1. Grover S, Abraham M, Mahajan MK. Leiomyosarcoma of the cervix. *J Obstet Gynecol India*. 2009;59(4):364–6.
2. Irwin W, Presely A, Anderson W, et al. Leiomyosarcoma of the cervix. *Gynecol Oncol*. 2003;91:636–42.
3. Fraga M, Prieto O, Garcia-Caballero T, et al. Myxoid leiomyosarcoma of the uterine cervix. *Histopathology*. 1994;25:381–4.
4. Wright JD, Rosenblum K, Huettner PC, et al. Cervical sarcomas: an analysis of incidence and outcome. *Gynecol Oncol*. 2005;99:348–51.
5. Toyoshima M, Okamura C, Niikura H, et al. Epithelioid leiomyosarcoma of the uterine cervix: a case report and review of the literature. *Gynecol Oncol*. 2005;97:957–60.
6. Gotoh T, Kikuchi Y, Takano M, et al. Epithelioid leiomyosarcoma of the uterine cervix. *Gynecol Oncol*. 2001;82:400–5.
7. Colombat M, Sevestre H, Gontier MF. Epithelioid leiomyosarcoma of the uterine cervix. Report of a case. *Ann Pathol*. 2001;21:48–50.
8. Fujiwaki R, Yoshida M, Iida K, et al. Epithelioid leiomyosarcoma of the uterine cervix. *Acta Obstet Gynecol Scand*. 1998;77:246–8.