

Leiomyosarcoma in a Cadaver - a Case Report

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ABSTRACT

Introduction: uterine leiomyomas are rare tumors with poor prognosis observed in pre menopause and peri menopause age women. This disease usually gets diagnosed accidentally and misdiagnosed with uterine fibroid. The treatment for this disease is hysterectomy without morcellation. Here we have found a case of leiomyosarcoma in peri menopause female cadaver who died due to this disease. In this case there was metastasis till abdomen was noted. Mainly affected organs apart from uterus are liver, gall bladder and large intestine as well as small intestine. With this case we would like to raise awareness regarding this rare but fatal disease of Leiomyosarcoma. The prognosis of this disease is very poor unless diagnosed in the early stage of this illness. This rare case report will be useful to gynecologists, surgeons, and physicians to help in diagnosis of the fatal disease.

Keywords: Leiomyosarcoma; Cancer; Myosarcoma.

Introduction

The leiomyosarcoma (LMS) are observed only one percent of all uterine malignancy. The reported age of this disease with poor prognosis is around 50 years¹. The treatment for uterine fibroid is fibroid removal by morcellation in which the extra growth in the uterus will be cut into small pieces² and then removed from abdomen whereas this procedure leads to fatal in case of undiagnosed LMS³. The LMS is usually diagnosed accidentally during biopsy of uterine fibroid⁴. The case of LMS can be seen in smooth muscles of abdominal organs, inferior vena cava and in uterus. The uterine LMS reported very late and undiagnosed LMS case would be treated by assuming uterine fibroids which leads to poor prognosis of the disease. So, the early diagnosis and observation by symptoms of the disease is very important.

Case report

During a routine dissection class for UG student, A big mass was observed in pelvic cavity extending into abdominal cavity in a female cadaver. A mass was mainly found in uterus which was pushing intestine and liver on one side and compressing the structure present in posterior abdominal cavity - Inferior vena cava, abdominal aorta, bile duct, portal vein etc. The diseased was died due to leiomyosarcoma at 49 years of age. The extra growth was removed which contained around 500gms weight and 7 cm length (fig.1). The mass was obtained from uterus was 5 cm length and 280gms in weight. This case suggests lately

diagnosed LMS case with metastasis who could not survived because of late diagnosis and poor prognosis of the illness.

Discussion

The treatment for LMS is surgical intervention. In hysterectomy, the preservation of ovaries depends on the menopausal status of the patient and age of the patient^{5,6,7}. In the case of LMS, surgeon should not go for endoscopic way of removal of uterus, enucleation of extra growth and morcellation due to poor prognosis of the disease^{8,9}. The excision of enlarged lymph nodes is not advisable as in this case of LMS the lymphadenectomy has not shown any improvement in patient and there is low chance of pelvic and para aortic lymph node enlargement¹⁰. There are cases in which reported that LMS has developed again after partial uterus removal in sixty four percent of the patients and smooth uterine muscles of uncertain malignant potential (STUMPs) in thirty eight percent of the patients which indicate partial hysterectomy is not recommended in LMS¹¹. The debulking surgery is recommended in the advanced case of LMS⁶.

There is need to develop the technique to diagnose LMS, according to a study done by the Sparić R et. al., the utilization of molecular techniques can be a better option to diagnosis of LMS preoperatively and for the better prognosis of this disease. There are some genes like MED12, TOP2A, MELK, PRC1, HMGA2, CHI3L1, TPX2, DFF45, DFF40, miRNAs, Bcl-2, MKI67 micro-RNA for rule out between leiomyoma and leiomyosarcoma¹².

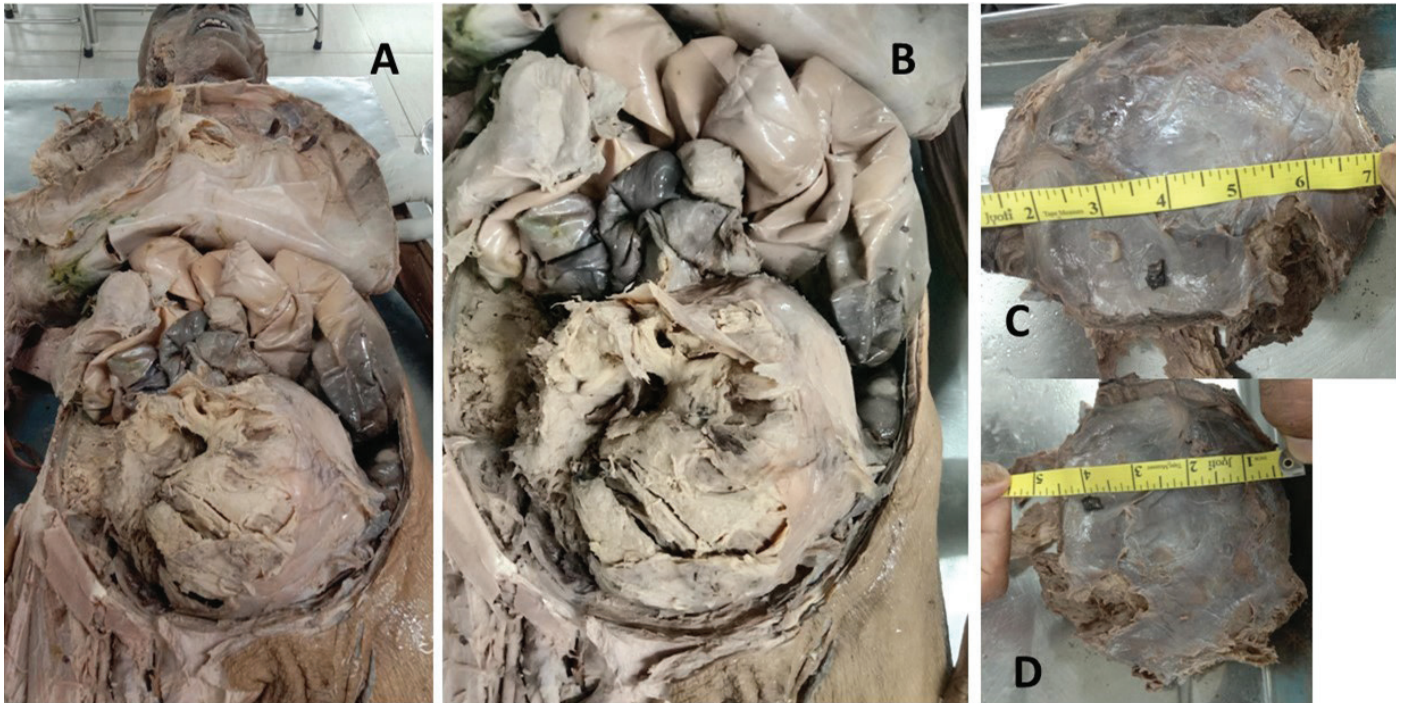


Figure 1. A case leiomyosarcoma of Uterus.

A- Uterus leiomyosarcoma mass extending in abdomen, B- Mass of myosarcoma compressing the liver and intestine, C- 7 cm abdominal mass after removal from abdomen, D- 5 cm long mass obtained from a female cadaver.

Conclusion

This case report of LMS is a rare case which suggests that early diagnosis of the case would be lifesaving and differential diagnosis with leiomyoma are important

to start treatment in early stages. This case report provides awareness among patients, gives insight to physicians, surgeons, and gynaecologists as well as anatomists.

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