

Uterine Leiomyosarcoma: Masquerading as Advanced Carcinoma Cervix

INTRODUCTION:

Uterine leiomyosarcoma is a rare uterine malignancy that arises from the smooth muscle of the uterine wall, making up 2% to 5% of all uterine malignancies. It often presents with abnormal vaginal bleeding (56%), palpable pelvic mass (54%), and/or pelvic pain (22%). The majority of patients (60%) are diagnosed with early-stage disease. However, in a rare case it may mimic cervical cancer both clinically and radiologically and thus growing into an advanced stage.

CASE:

A 56 years old postmenopausal female, P3L3, with all vaginal delivery came to OPD complaining of inability to pass urine for 2 weeks with foul smelling brownish discharge PV. On P/S: a fleshy polypoidal mass (6*5 cm) with irregular surface seen in vagina centrally, cervix not visualised separately. On P/V: firm, irregular, fleshy mass felt (6x5 cm) replacing cervix, cervical rim not felt separately. Her CE MRI was s/o cervical cancer Stage 2b. Clinical suspicion was more towards degenerated prolapsed fibroid polyp. So she was taken for vaginoscopy which revealed a irregular mass of 5x6 cm arising from uterine cavity. Hysteroscopy was not possible due to obstruction from mass. Attempt of removal was not successful due to extension up to rectum. Biopsy from the cervical mass surprisingly revealed leiomyosarcoma, spindle cell subtype. Hence PETCT was done to evaluate the extent of the lesion. Colonoscopic evaluation revealed external bulge in the rectum with normal overlying mucosa. She was taken up for exploratory laparotomy to delineate operability. Intraoperatively, there was a 5x6 cm hard mass at lower uterine segment and cervical region. Anterior and lateral wall of uterus appeared to be free but posteriorly no free plane delineated between vagina and rectum. Hence resection was not done after taking General Surgery and Gastrosurgery opinion intraoperatively. Thus a diagnosis of advanced leiomyosarcoma uterus stage 4 (paracaval lymph node /rectum infiltration) was made in what appeared to be a case of Carcinoma cervix.

CONCLUSION:

Post menopausal bleeding is usually attributed to Carcinoma Cervix in the presence of cervical mass. However there can be rare causes for it which needs higher level of suspicion i.e. Uterine Leiomyosarcoma. It is therefore of utmost importance to differentiate between the two at an early stage as the treatment modalities are different.

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