Quiz

Uterine leiomyosarcoma mimicking chronic ruptured ectopic pregnancy

Bahadur et al. Ectopic pregnancy is a great mimic in gynaecology

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What is your diagnosis?

A 42-year-old lady, Para 2 with 2 living issues presented to us with complaints of continuous bleeding per vaginum for 15 days following two months of amenorrhoea. She had associated left lower abdominal pain. Her vitals were stable and on per abdominal examination a 16-18 weeks size abdominopelvic mass, firm in consistency, irregular, tender with restricted mobility was palpable. On per vaginal examination, uterus was irregularly enlarged to 16-18 weeks size. A 5 X 5 cms firm, irregular, tender mass was palpated in left fornix. This mass could not be demarcated separately from the uterus. Cervical motion tenderness was elicited. On ultrasound an irregularly enlarged 14-16 weeks size uterus with multiple myomas was seen largest 10 x 9 x 9 cms at the left cornua with intramural and sub-serosal component. The left ovary could not be seen separately from the mass. Right ovary was normal in size and location. Urine pregnancy test and serum Beta HCG were found to be negative. With suspicion of chronic ectopic pregnancy, patient was planned for a laparotomy and proceed. Intraoperatively, around 200 ml hemoperitoneum was found. Uterus was 14-16 weeks size enlarged, with multiple fibroids. A large 10 X 10 cm irregular friable mass with blood clots was observed at left cornua extending into the left adnexa. The left tube and ovary were adhered to the mass and were not seen separately. Right tube and ovary was normal (Figure 1). In view of multiple fibroids, total abdominal hysterectomy with bilateral salpingo-oophorectomy was done (Figure 2).

Answer:-

Total Abdominal Hysterectomy with bilateral salpingo-oophorectomy was done and sample sent for histopathological examination. Histopathology report suggested Leiomyosarcoma involving myometrium and left ovary. FNCLCC histological grade 2 (Total score: 1+2+1=4). Primary tumour extends beyond uterus (pT₂N_xM_{not applicable}). Regional lymph nodes cannot be assessed (pNx). Postoperative period was uneventful and patient was discharged in a satisfactory condition after 4 days. She was referred to Radiotherapy department for further management. Patient doing well 6 months post-operatively.

Uterine leiomyosarcoma is a rare uterine malignancy, originating from smooth muscle of uterine wall. Median age of occurrence of leiomyosarcomas is 43 to 53 years. Incidence of sarcomas in patients operated for leiomyomas has been observed to be around 0.23% [1]. Leiomyosarcoma is commonest histopathological variant of uterine sarcomas [2]. Presenting symptoms include heavy menstrual bleeding, pelvic pain or pressure and occasionally an abdominopelvic mass. We report a case of 42 year old female who presented with irregular menstrual cycles, pelvic pain and bleeding per vaginum and was later diagnosed to be a case of leiomyosarcoma uterus.

Conclusion

Ectopic pregnancy is considered to be a great mimic in gynaecology [3] and chronic ectopic pregnancy poses a challenge because of its subtle symptoms and wide range of clinical presentation. A rare case report by Sinha M. et al. describes a case of chorioadenoma destruens mimicking ruptured ectopic pregnancy [4]. A case report by Sakamoto Y et al. reported gestational choriocarcinoma with uterine serosal metastasis mimicking ruptured ectopic pregnancy [5]. Ogu RN et al. has reported a case of submucous uterine fibroid mimicking ruptured ectopic gestation [6]. Primary ovarian choriocarcinoma mimicking ectopic pregnancy has been reported by Heo EJ et al. [7]. In a study done by Leitao et al. [8] percentage of ovarian metastasis secondary to uterine Leiomyosarcoma was 5.4%. However, incidence of ovarian metastasis in a case of uterine Leiomyosarcoma in India is not well documented. The most common mode of spread in Leiomyosarcoma is haematogenous with

lymphatic spread being rare and hence lymph node dissection may be omitted in leiomyosarcoma where its therapeutic and diagnostic value is questionable [9].

Figure Legends

Figure 1: Uterus with bilateral tubes and ovaries showing leiomyosarcoma involving right ovary, mimicking chronic ectopic pregnancy

Figure 2: Showing fascicles of spindle cells with necrosis, marked nuclear pleomorphism and increased mitoses showing features of Leiomyosarcoma

Conflict of interest

We declare that we have no conflict of interest

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None

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