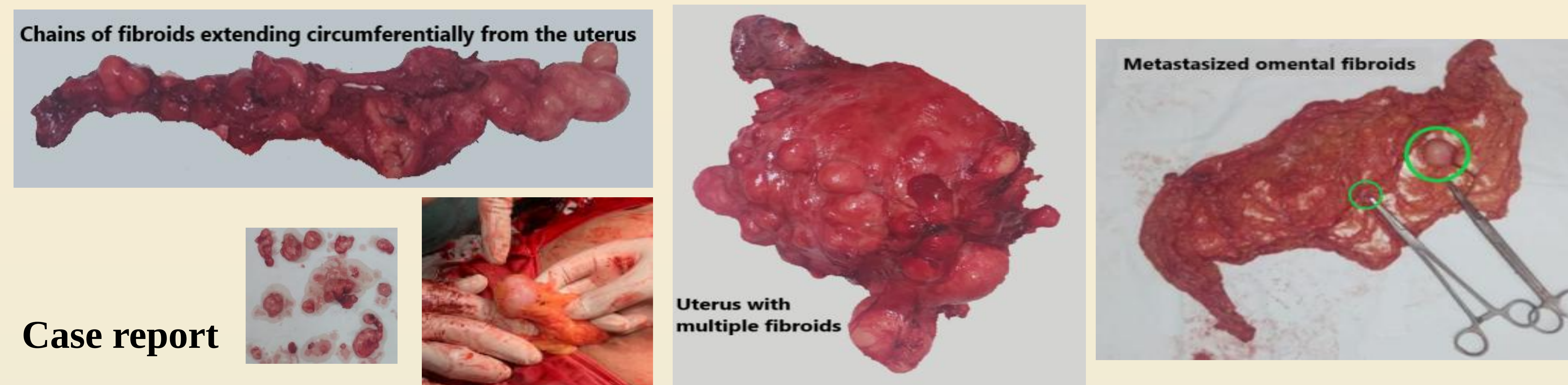


A rare case of Benign Metastazising Leiomyoma to para-aortic lymph nodes

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Introduction

Multiple leiomyoma is a common pathology. However recurrence of leiomyoma following a surgical intervention in the past, must be evaluated carefully due to the emerging multiple evidence of a rare entity called benign metastasizing leiomyoma (BML). We report a case of a 42-year lady with BML at omentum, parametrium, perineum, para-aortic and external iliac lymph nodes, following two previous myomectomy surgeries in the past.



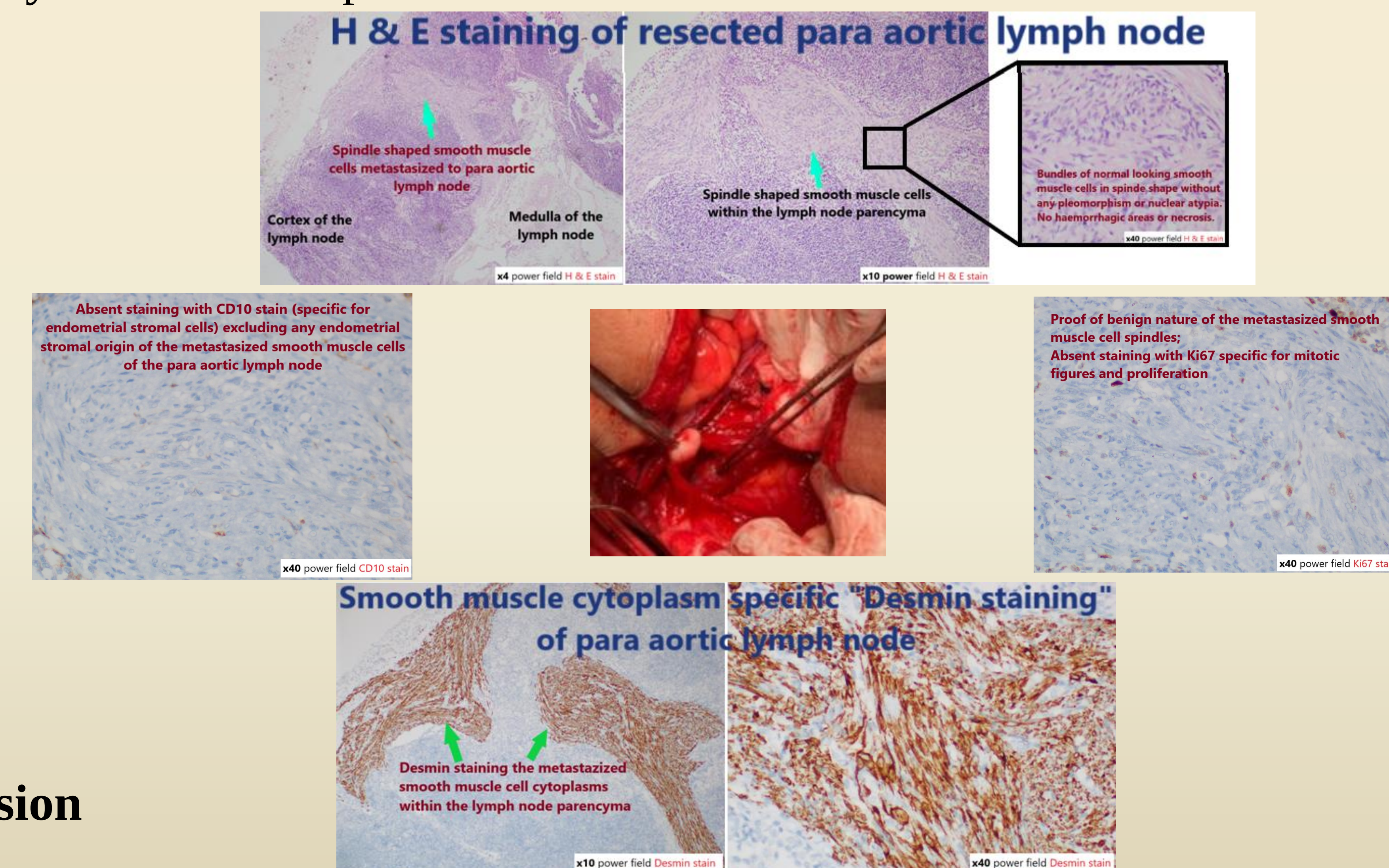
Case report

A 42-year mother of one presented to the gynaecology outpatient department with progressively increasing abdominal distension for 1 year duration without any menstrual abnormality. She was a healthy female who had undergone two previous myomectomy surgeries for benign uterine leiomyoma.

On examination, a large abdomino-pelvic mass was detected corresponding to 20 weeks of gestation, and imaging confirmed a diagnosis of multiple uterine fibroids. The patient underwent a midline laparotomy where a multiple fibroid uterus with chains of fibroids extending from the uterus to adjacent parametrium, peritoneal cavity, perineum, and isolated fibroids at omentum, para-aortic and external iliac lymph nodes were intraoperatively noted. A total abdominal hysterectomy with bilateral salpingo-oophorectomy, infracolic omentectomy was performed with the removal of para-aortic and external iliac lymph nodes. Histology revealed BML of the uterus metastasized to omentum, para-aortic and external iliac lymph nodes. Post-surgical CT abdomen and pelvis and chest X-ray revealed no residual tumour.

Discussion

BML has molecular and immunohistochemical features characteristic of benign leiomyoma but has metastatic potential. It is exclusively a histological diagnosis. The aetiology of this rarity is unclear; however, plausible theories are peritoneal seeding with previous surgeries, haematogenous spread, metaplastic transformation of the coelomic epithelium, and even genetic mutations. Lymphatic spread has also been suggested, which may be the probable mechanism in this case. Treatment approach for a case of diagnosed BML is controversial due to the paucity of data on the natural history of the disease. Once diagnosed, evaluation for other sites of the body for tumour deposits is also vital.



Histological evidence of BML metastasized to para aortic lymph node in the index case with absent malignant potential

Conclusion

To diagnose BML, a high index of suspicion and an adequate workup is essential, especially when a patient presents with a previous history of myomectomy. Larger scale studies are needed in order to identify the long-term sequelae in these patients to understand the disease progression and to workout management strategies.

Time is ripe to give BML its deserved attention!!