

Introduction

Primary ovarian leiomyosarcoma is a malignant subgroup of smooth muscle tumours, occurring only in approximately 1% of ovarian malignancies overall¹. Prognosis is very poor, with less than 20% of patients alive at 5 years following diagnosis². With only a few cases published, there is limited knowledge regarding the optimal management of these cancers.

Case Report and Management

A 70-year-old nulliparous lady, with a background of hypertension, was referred following the discovery of a complex adnexal mass on ultrasound during workup for postmenopausal bleeding. CT TAP demonstrated a mixed, solid, cystic mass, involving the left side of the uterus, measuring 9x8x10cm, with no distant disease. CA-125 levels were 14 units/mL.

Debulking cytoreductive surgery occurred two weeks later. At laparotomy, a large ,necrotic mass within the left adnexa was found, adherent to the posterior aspect of the uterus and large bowel. A total abdominal hysterectomy, bilateral salpingo-oophrectomy, omentectomy, appendicectomy and anterior bowel resection, with defunctioning loop ileostomy was performed. Postoperative course was uneventful.

Histology confirmed ovarian leiomyosarcoma, consistent with stage 1C disease. Following histological diagnosis, the patient underwent adjuvant radiotherapy.

Following diagnosis, the patient has been reviewed at 6-monthly intervals with imaging (CT TAP) to monitor for recurrence and remains disease free at 2 years

Discussion

The primary treatment option is surgery. This can range from debulking surgery, which includes a total abdominal hysterectomy, bilateral salpingo-oophorectomy, and excision of tumour masses, to fertility-sparing surgery when fertility maintenance is desired³.

Relapses can be treated with cytoreductive surgery, and the prognosis is good if the entire tumour can be surgically removed. Despite being utilized as adjuvant treatments, chemotherapy and radiation do not offer any significant advantages⁴.

Relapses can be treated with cytoreductive surgery, however, the disease is associated with a poor prognosis.

Conclusion

Ovarian leiomyosarcoma is an uncommon cancer. There is no recognized standard treatment because the condition is uncommon and manifests late. Surgery is the primary mode of treatment. Despite the frequent use of adjuvant chemotherapy and adjuvant radiation therapy, there is weak evidence to support any extra benefits of these.



References

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