

Intravenous Leiomyomatosis of the Uterus: An Intriguing Case Revealed through Anatomopathological Examination

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Objective

Intravenous leiomyomatosis (IVL), a rare type of uterine leiomyoma (its incidence is about 0.25% to 0.40% of patients who present uterine fibroma), we presented a case of early stage of IVL successfully treated by surgical removal and a review of actual medical recommendations.

Case report

A 49-year-old woman, gravida 2 para 2, presented to our department with hypogastric pain. On physical examination, a palpable mass in the hypogastrium was noted. Pelvic ultrasound showed a huge uterus with multiple heterogeneous leiomyomas. As the patient was symptomatic and as she had completed their family plan, the decision to perform a total abdominal hysterectomy with bilateral salpingo-oophorectomy was taken. On pathological examination, intravascular growth of benign smooth muscle cell was found within venous channels lined by endothelium. The diagnosis of IVL of the uterus without malignant transformation was confirmed. The patient was monitored for 14 months, and subsequent computed tomography did not reveal any evidence of tumor recurrence.

Discussion:

In this case, IVL limited to the uterus has a favorable prognosis after radical treatment with disappearance of pelvic pain. In fact, postoperative clinical and radiological monitoring did not reveal any local or extragynecological recurrence.

The precise etiology of IVL is still unclear. The early diagnosis of IVL is usually difficult. At the early stage of IVL, most of the patients are asymptomatic despite intravenous extension, and the tumor extension remains inside the small vessels of the myometrium and cannot be detected by CT scan or magnetic resonance imaging. Clinical manifestations are nonspecific depending on the location and size of the tumor.

IVL needs surgical treatment for diagnosis and therapeutic purposes. Total hysterectomy is necessary to prevent recurrence. If an extrauterine invasion is present; a multidisciplinary team is needed to ensure a successful surgery

Conclusion:

IVL is a benign, rare and potentially lethal pathology. Clinical manifestations are nonspecific. IVL needs surgical treatment for diagnosis and therapeutic purposes. They require close and prolonged follow-up because of the high risk of recurrence.

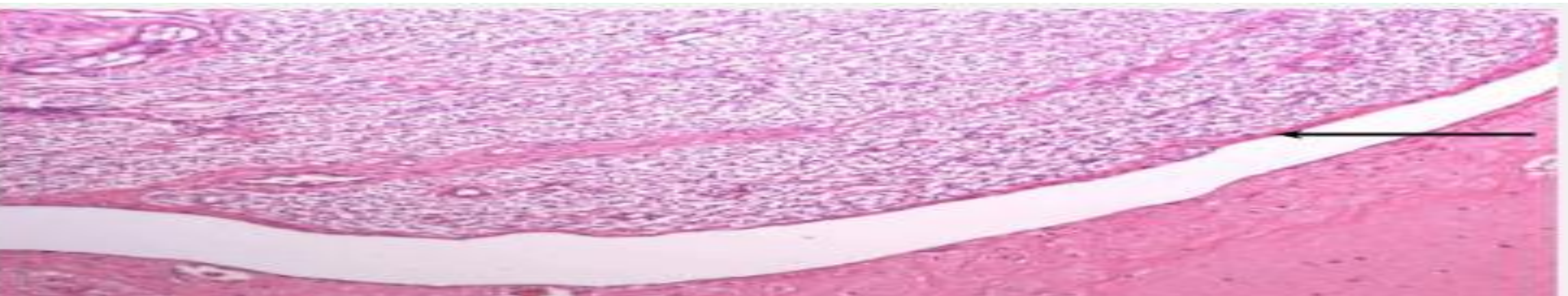


Figure 2. Microscopic appearance: Intravenous leiomyomatosis is found within venous channels lined by endothelium (HEx100) (black arrow)



Figure 1. Cut section of the uterus: multiple white nodular myometrial masses within the myometrium (yellow arrow)