

CASE 6

Case 6

- 33F
- No underlying disease
- S: left abdominal pain for 2 weeks
- O: left abdomen tenderness, palpable mass (6 cm)
- 2020-11-30 CT

2020-11-30 CT



2020-11-30 CT



DDx

- Mesenteric GIST
- Mesenteric leiomyoma
- Neurogenic tumors (schwannoma, neurofibroma)
- Other mesenteric tumors (desmoid tumor, inflammatory pseudotumor)

Diagnosis

- Mesenteric leiomyoma

病理診斷：Intestine, large, colon, transverse, left hemicolectomy, leiomyoma
Omentum, omentectomy, no carcinoma involvement
Lymph node, omental, excision, no metastasis (0/1)
Peritoneum, ?site, open biopsy, hemorrhage

組織報告：The specimen submitted consists of one bag labeled as colon with tumor and one bottle labeled as peritoneum, respectively, in fresh state.

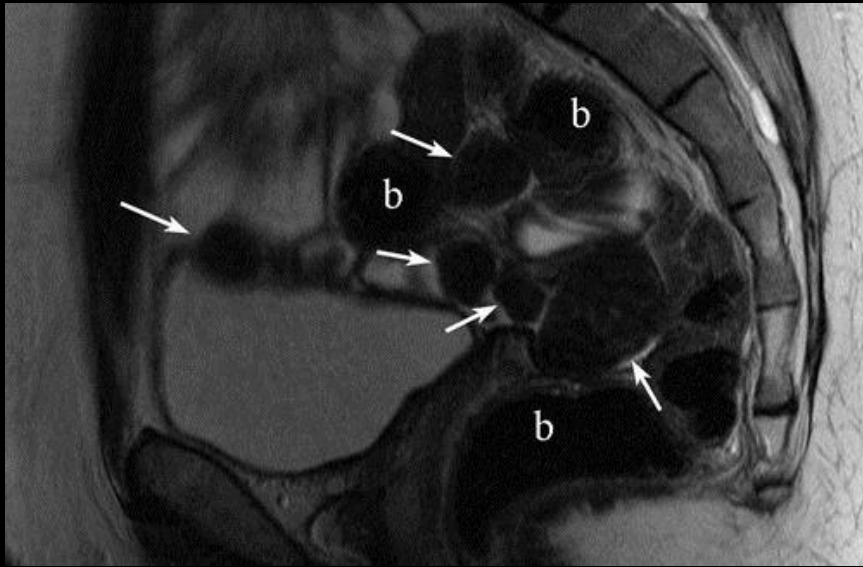
The bag consists of two segments of colon measuring 23 cm in length and up to 3.3 cm in diameter and 7.5 cm in length and up to 1.3 cm in length, respectively. Both colon segments are not opened. On the serosa of longer colon segment, there is a well-encapsulated tumor nodule, measuring 7 x 6 x 4.5 cm in size. The tumor is attached at colon wall and one of the lateral side is adhered to pericolic soft tissue and serosa of adjacent colon. The tumor has been cut opened resulting in exposure of grayish to dark brown and elastic tumor tissue with whitish fibrous tissue in whorl appearance. Focal hemorrhage is noted in tumor. The serosa of colon elsewhere is not remarkable. After opening the colon segment with tumor tumor nodule (the longer segment), the mucosa of whole segment is intact and no polypoid lesion is found in mucosa. The colon wall beneath tumor attached site is depressed but intact. On cut of tumor and colon wall, the tumor seems closely intimate to muscle wall of colon. On cut of the adhesion site of tumor and colon wall, no definite tumor invasion in colon wall is noted. The outer surface of tumor and adjacent serosa of colon is inked green. The accompanied omentum of the longer colon segment measures 16 x 15.7 x 1 cm in size. It is yellowish brown and soft. One dark brown nodule, measuring 0.6 cm in diameter, is found in omental tissue. The serosa of shorter colon segment is smooth. On opening, the mucosa is intact without tumor lesion.

The bag consists of a piece of flat tissue fragment, measuring 7 x 4.7 x 0.5 cm in size. Grossly, it is dark brown and elastic. On serial cut, it is fibrotic.

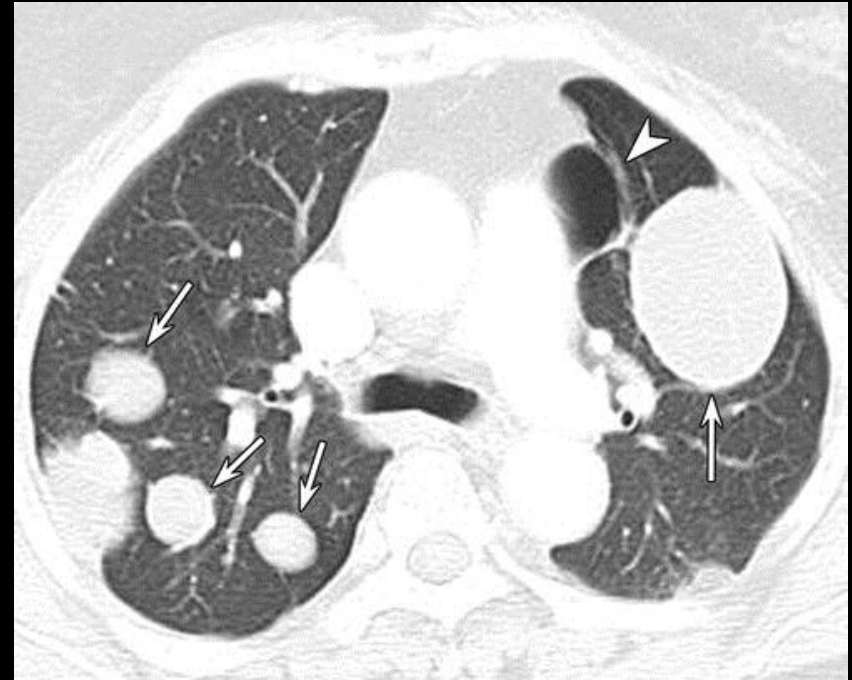
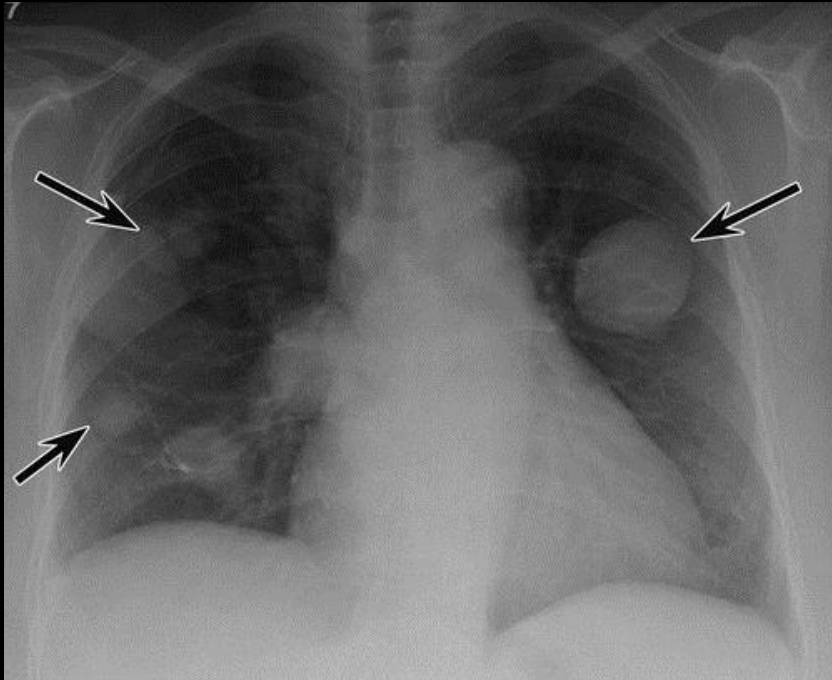
Microscopically, it shows a picture of a benign leiomyoma of colon wall composed of proliferating smooth muscle cells in fascicle and whirl patterns. Focal hyaline and myxoid degeneration, fresh hemorrhage, and necrosis and multifocal lymphocytic aggregates are seen in tumor. No evident cellular atypia and mitotic figure is scanty. No tumor invasion or infiltration in colon wall is noted. The tumor cells are positive for desmin and h-caldesmon and negative for CD34 and CD117 by immunohistochemical study. By immunostain for Ki67, the proliferation index of tumor is less than 1%. Reactive mesothelial cell hyperplasia in serosa of colon wall near tumor adhesion site is present (section B6). The colon wall elsewhere is not remarkable. Both section margins of longer colon segment and whole shorter colon segment are not involved by tumor and are not remarkable. The section of peritoneum (section H) reveals a picture of fresh hemorrhage and inflamed granulation tissue formation without malignancy. The omental nodule in section I1 presents an unremarkable lymph node with congestion and without metastatic malignancy tumor. The omentum is not remarkable.

Leiomyomas beyond the Uterus: Unusual Locations, Rare Manifestations

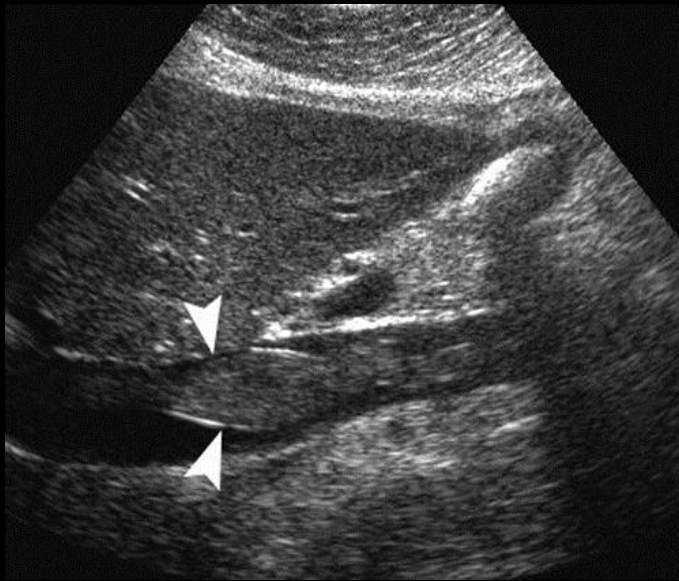
- Leiomyomas represent the most common gynecologic and uterine neoplasms. Approximately 20%–30% of women older than 35 years have uterine leiomyomas that are manifested clinically.
- Unusual Growth Patterns
 - Disseminated peritoneal leiomyomatosis
 - benign metastasizing leiomyoma
 - intravenous leiomyomatosis
 - parasitic leiomyoma
 - retroperitoneal leiomyomatosis



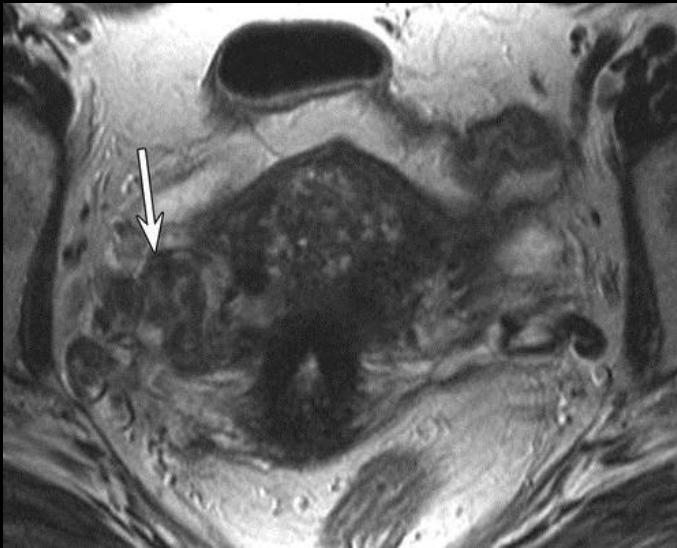
Diffuse peritoneal leiomyomatosis in a 46-year-old woman 5 years after a hysterectomy



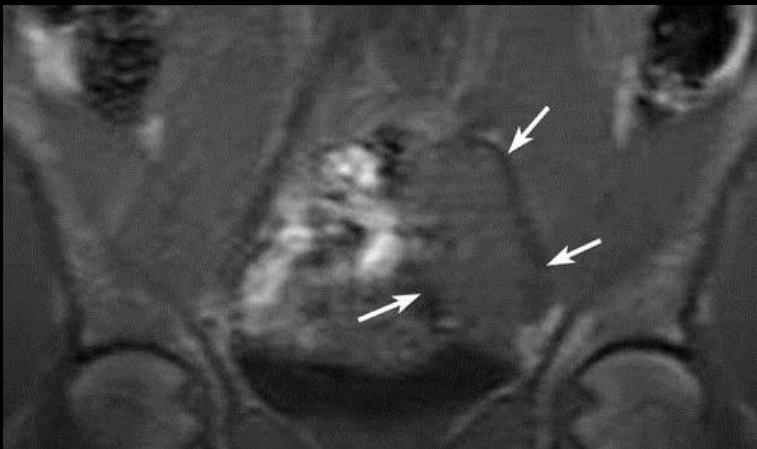
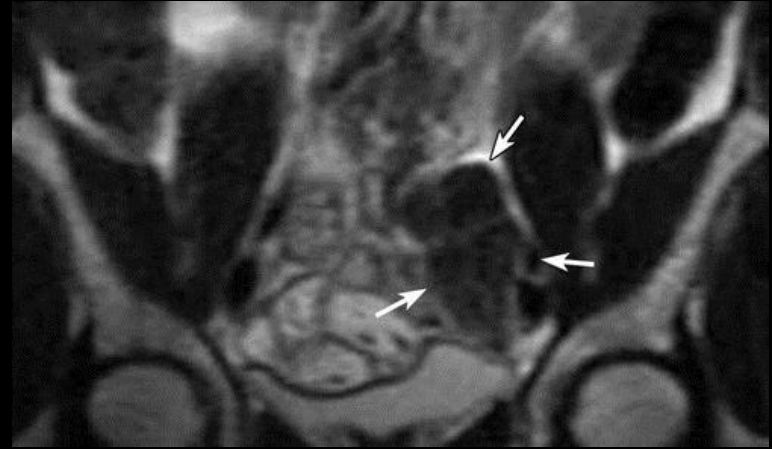
Benign metastasizing leiomyoma in a 50-year-old woman 10 years after a hysterectomy for treatment of uterine fibroids.



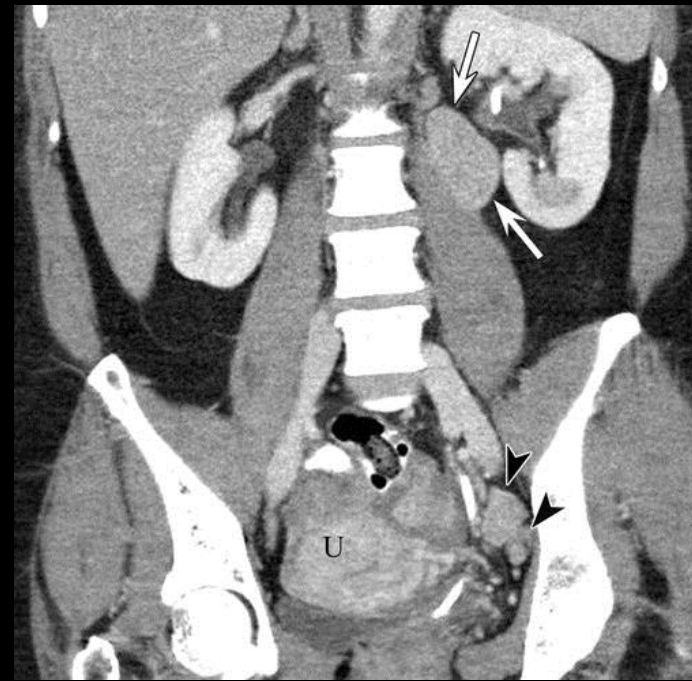
Benign intracaval leiomyomatosis in a 38-year-old asymptomatic woman with a history of hysterectomy for treatment of multiple uterine leiomyomas.



Intravenous leiomyomatosis in a 40-year-old woman with a previous diagnosis of multiple uterine leiomyomas.



Parasitic leiomyoma in a 56-year-old woman with a remote history of hysterectomy for uterine fibroids.



Retroperitoneal leiomyomatosis in a 38-year-old woman with pelvic pain. (a) Transverse US image demonstrates a well-defined hypoechoic mass (*M*) along the left paraaortic recess.

- Leiomyomas arise as proliferations of **smooth muscle cells**, and they may develop at any site where such cells are found.
- Unusual sites of origin include the vulva, ovaries, urinary bladder, and urethra. Other rare locations include the sinonasal cavities, orbits, kidneys, and skin.
- MR imaging is the most useful imaging modality for characterizing these tumors, because, regardless of their anatomic location, classic leiomyomas have **signal intensity similar to that of smooth muscle** on images obtained with any MR pulse sequence.
- However, histopathologic analysis is usually required to confirm the diagnosis.