Pregnancy following laparoscopic removal of inflammatory myofibroblastic tumour

Dr Remya Aryad, [a] Dr Alan Tong ,[b] Dr Andrew McIntyre
[a]Blacktown hospital , [b]SWAPS, Westmead private

Abstract

Inflammatory myofibroblast tumors (IMTs) are rare neoplasms that were originally described in the lung, but have subsequently been reported in a variety of anatomic locations, including uterus. We describe the case of a young female who had laparoscopic resection of a suspected myoma, but turned out to be IMT on histopathology and subsequently conceived and had a successful pregnancy

Background

Uterine leiomyomata are common and affect 70 to 80% of women during their lifetime .For women undergoing surgery for a suspected leiomyoma , an unexpected smooth muscle variant or malignancy may be found in approximately 1.2%of patients. Inflammatory myofibroblastic tumour of the uterus is a rare mesenchymal entity whose presentation and clinical features are difficult to distinguish from leiomyoma,

case

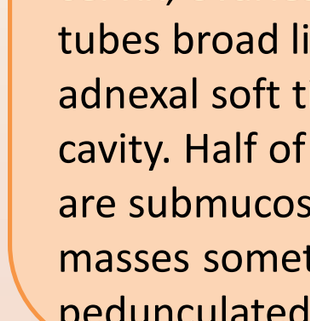
A nulliparous 29 year old woman presented with a symptomatic 10 cm uterine mass which was suspected to be a benign myoma. Immunohistochemistry and fluorescence in situ hybridisation confirmed the diagnosis of IMT post-operatively. This is the first reported case in which an IMT of the uterus has been removed by laparoscopic myomectomy with contained power morcellation. The case was subsequently referred to a multi- disciplinary gynaecological oncology tumour board , and CT scan excluded metastatic disease. The patient was offered hysterectomy with staging, but instead elected for clinical surveillance and deferment of further surgery until childbearing is complete. She conceived 6 months after the surgery , progressed well throughout the antenatal period and had an elective caesarean section at 38 weeks and delivered a 2.9 kg healthy baby. Placenta HPR showed no evidence of IMT.

Discussion

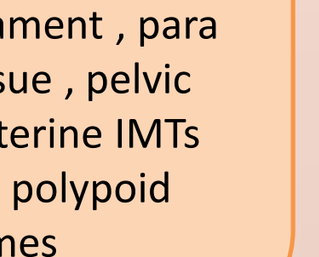
IMT

IMT is a mesenchymal neoplasm of myofibroblastic differentiation. It is classified as a tumour of intermediate malignant potential under the WHO classification of tumours of soft tissue and bone with a recurrence rate of 25% and and metastasis in less than 2% of cases. In the female genital tract, IMT has been reported in the uterus, cervix, ovaries, fallopian tubes broad ligament , para adnexal soft tissue , pelvic cavity. Half of uterine IMTs are submucosal polypoid masses sometimes pedunculated .

To our knowledge, this is the first reported case of IMT that has been removed using a minimally invasive surgical technique with preservation of fertility and had a successful pregnancy following the surgery .



MRI



HISTOLOGY

References

The American Journal of Surgical Pathology: February 2015 - Volume 39 - Issue 2 - p 157–168(

Arch Pathol Lab Med. 2019;143:122–129; doi: 10.5858/ arpa.2017-0575-RA)