

COTYLODENOID DISSECTING LYEIOMYOMA: SCARY AS IT SEEMS?

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Background

Cotyledonoid dissecting leiomyoma (CDL) is a rare variant of benign uterine leiomyoma. Due to its unusual macroscopic and radiologic appearance, it often raises suspicion of possible malignancy.

Aim

To review the gross, and radiological appearance of CDL, and prognosis following surgical resection.

Discussion

Despite its ominous appearance, CDL is a benign leiomyoma with a favourable prognosis. Literature indicates that out of 8 patients with CDL who were managed with uterine-preserving surgeries, there has only been one recently reported case of recurrent CDL following myomectomy, which could either be classified as a recurrence or due to regrowth following incomplete resection (1). The patient with recurrent disease underwent a subsequent total abdominal hysterectomy and right salpingo-oophorectomy without evidence of disease 2.5 years after the second surgery (1).



Image 1 : Right adnexal mass on patients' Coronal view of CT Abdomen Pelvis

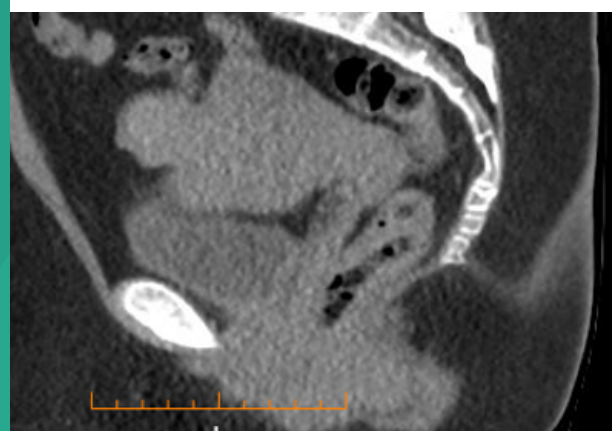


Image 2 : Mass on the sagittal view of patient's CT Abdomen Pelvis

Case report

A 59 year old nulliparous post-menopausal woman presented with history of postmenopausal bleeding and an outpatient imaging finding of a 15cm ovarian lesion. She has no family history of gynaecological history and had an otherwise unremarkable medical history other than hypertension and elevated BMI. Her pelvic ultrasound revealed a right ovarian mass measuring 15 x 9.7 x 7.5 cm, with no other sonographic abnormalities. A CT scan was obtained a month following the US which confirmed a mass in the right adnexal area with solid and mixed density suggestive of either a pedunculated subserosal fibroid or an ovarian lesion (Image 1 & 2).

Her tumour markers were normal, and her risk of malignancy index was 111 which indicated an intermediate risk for ovarian cancer. She consented to a hysteroscopy, dilatation and curettage, Myosure polypectomy, diagnostic laparoscopy and laparoscopic removal of mass. A discussion was made to consider a hysterectomy – to which the patient declined.

During the laparoscopic surgery, two soft boggy retroperitoneal masses were identified (Image 3). The superior mass was seen rising from the right lateral side of her uterus involving the right broad ligament into the paravesical space. The second mass was seen inferiorly in the para rectal space lateral to the ureter. Pelvic spaces were carefully opened up, revealing these lobulated masses with a jelly-like consistency similar to a placenta (Image 4). Following discussions with our gynaecology team and our colorectal team, a decision was made to only dissect the superior mass and await the tissue histopathology with consideration for completion surgery in the future.

The tissue histopathology showed lobulated, haemorrhagic macroscopic appearances with no atypia or mitotic activity, fitting in to the spectrum of pathological variant of leiomyoma known as cotyloidenoid dissecting leiomyoma. A peritoneal washing was attended during the surgery which returned as negative for any malignant cells.

The patient was well post-operatively and remained well in her follow up. Given the partial resection of her CDL, hysterectomy was again discussed, but she has opted for conservative management with surveillance imaging annually.

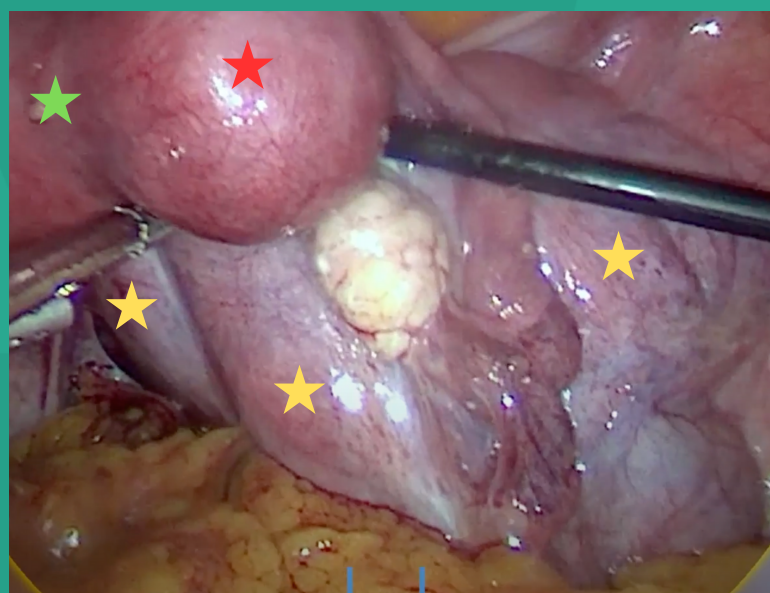


Image 3: Intraoperative view prior to resection revealing large boggy mass (yellow star), arising from lateral side of the uterus (green star) . A fundal fibroid (red star) was also seen.

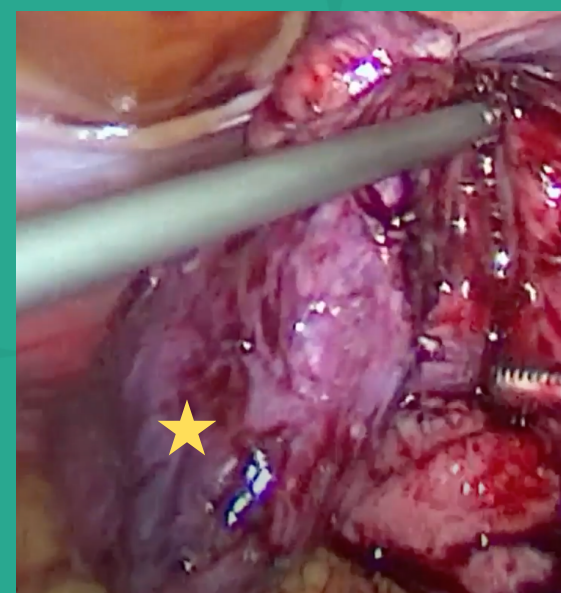


Image 4: Jelly-like mass (yellow star) was seen following resection, mimicking the appearance of a placenta

Conclusion

CDL is a benign leiomyoma with a favourable prognosis. It is important for clinicians to be aware of the radiological and gross appearance of CDL, to avoid misdiagnosis of malignancy and overtreatment. There is good prognosis following uterine preserving surgery with only one reported recurrence.

References

1. Roth, Lawrence Max M.D.; Kirker, James A. M.B, Ch.B., F.R.C.P.A.; Insull, Mark M.B., Ch.B., F.R.C.O.G., F.R.A.N.Z.C.O.G.; Whittaker, John M.B., Ch.B, F.R.C.O.G., F.R.A.N.Z.C.O.G.. Recurrent Cotyledonoid Dissecting Leiomyoma of the Uterus. International Journal of Gynecological Pathology 32(2):p 215-220, March 2013. | DOI: 10.1097/PGP.0b013e318257dff4