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Case Study

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CASE OF UTERINE INTRAMURAL PURE LIPOMA

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ABSTRACT

Benign lipomatous uterine tumors are extremely rare. Overall reported incidence of lipoleiomyoma is 0.03 % to 0.25%. It is also known as uterine fatty tumour. Pure lipomas are extremely rare and only few cases are reported in medical literature. They are benign tumors arising in postmenopausal women in the age group of 50 to 70 years presenting with vaginal bleeding and pelvic pain. Ultrasound scan and CT scan are non specific in diagnosing this condition. However MRI scan helps in identifying the nature of the lesion.

I present a case of a post menopausal woman of 59 age presenting with complaint of vaginal bleeding and abdominal pain which was severe intermittently of 10 days duration. Her ultrasound was suggestive of endometrial hyperplasia. I did an endometrial biopsy which was showing mild hyperplasia without atypia. As her bleeding did not stop after progestogen therapy, hysterectomy was done with bilateral salpingo oophorectomy. Her MRI scan was suggestive of a lipomatous structure on the uterine body which was confirmed after the surgery and later on by histopathology as a pure lipoma of the uterus.

KEYWORDS: salpingo oophorectomy, lipoleiomyoma.

CASE REPORT

A postmenopausal lady came to the gynaecology clinic with history of irregular vaginal bleeding with severe abdominal pain intermittently since 1 month. She had attained menopause 7 years ago. There was no history of post coital bleeding or excessive vaginal discharge. She had no urinary or bowel symptoms. She was hypertensive and diabetic which was well controlled due to medication.

On examination she was moderately built, BMI was 30, blood pressure was 160/90, HbA1c was 5.5 she was not pale. No swelling over feet. Chest was clear. Per abdominal examination showed no palpable mass.

Per speculum showed that the cervix was healthy, no growth or ulceration. Per Vaginal examination was suggestive of a uterus 10 week size.

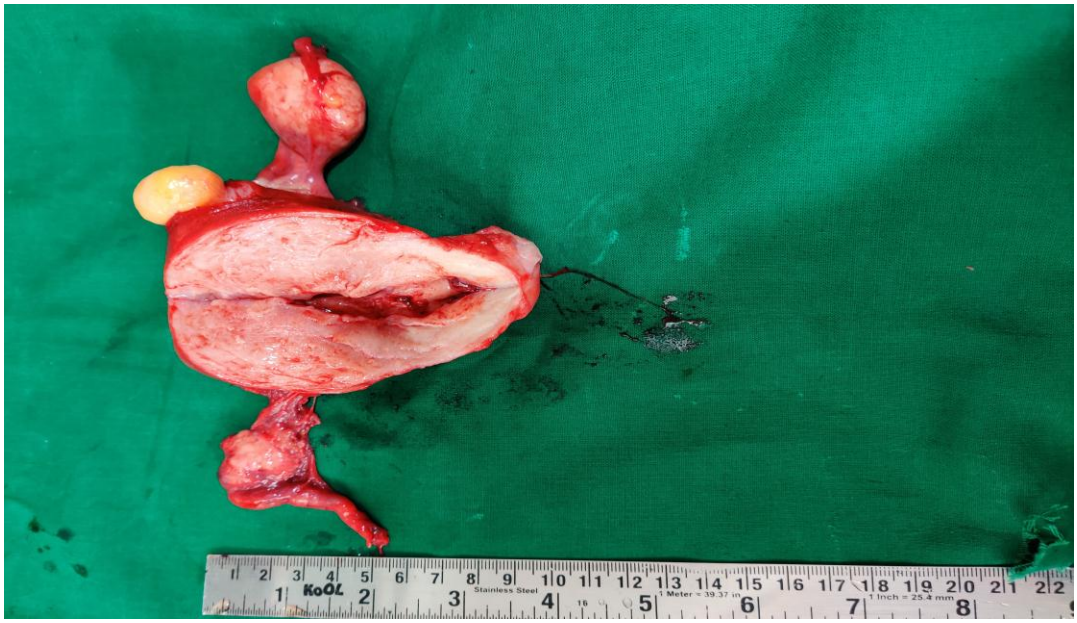
Ultrasound was done which showed the endometrium around 9 mm thick and bulky uterus with a leiomyoma.

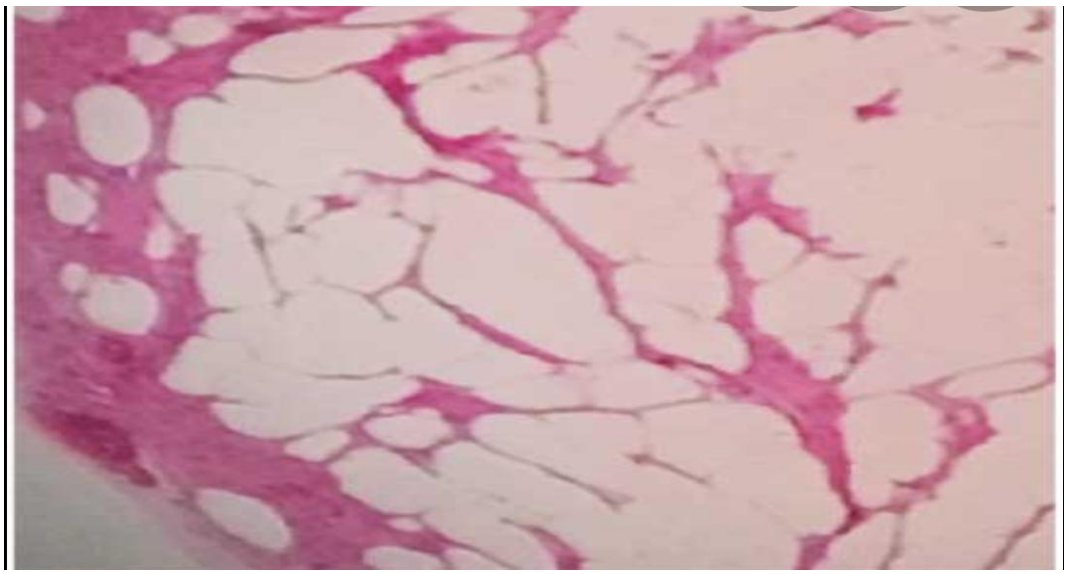
Endometrial sample was obtained which suggested Mild endometrial hyperplasia without atypia. She was tried to manage with continuous progestogens. But the bleeding and pain did not stop at all. She was having heavy bleeding with severe pain in abdomen. So a decision was taken to do MRI scan of abdomen and pelvis.. MRI scan indicated a fatty tissue in the leiomyoma on the uterine body. She was taken for abdominal hysterectomy and bilateral salpingo oophorectomy.

On gross examination the uterus was 12 cm by 6 cm in size, weighing 350 grams. The uterine body showed a well circumscribed, golden yellow mass with clear margins on the left side near the cornu.

On cut section it was a greasy tumor mass. Fallopian tubes and ovaries were normal.

On histopathological examination the yellowmass showed lobules of mature adipocytes separated by fibrous septae. There was no nuclear atypia or increased mitotic figures. Small sized normal blood vessels were seen. Endometrium was proliferative. Adenomyosis was seen.





DISCUSSION

Uterine lipomatous tumours are uncommon neoplasms. They are classified a s

1. Pure lipoma -only mature fat cells.
2. Lipoleiomyosarcomas, Angiomyolipoma, Fibromyolipoma.
3. Liposarcoma.

Pure lipoma arise in postmenopausal women. Most of them are asymptomatic. Some present with pelvic pain, vaginal bleeding, abdominal discomfort. Preoperative diagnosis is difficult. Ultrasound and Ct are inconclusive. MRI is useful to identify fatty nature of the lesion.

Histogenesis is a mystery. There are various theories which include

1. Lipoblastic differentiation of misplaced embryonic fat cells.
2. Metaplastic changes of connective tissue or smooth muscle cells into fat cells.
3. Pluripotent cell migration along the uterine nerve and vessels and fatty infiltration or degeneration of connective tissue.

Immunohistochemistry plays an integral role in understanding histogenesis .Mignogna et al reported immunoreactivity of fat cells with vimentin, Desmin, SMA which support the hypothesis of direct transformation of smooth cells into fat cells.

Akyildiz et al reported a case of pure uterine lipoma in which fat cells were positive for S100 and negative for SMA. Some researchers have emphasized that hyper oestrogenic state in various metabolic disorders like hyperlipidemia, hypothyroidism, diabetes mellitus contribute to the development of the condition. In my case she was a postmenopausal lady with diabetes and hyperlipidemia with postmenopausal bleeding and pain inabdomen.

CONCLUSION

Pure lipoma of uterus is very rare. However awareness is the key to diagnosis and management.

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