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Case Report

Primary leiomyosarcoma of the fallopian tube

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Key words : leiomyosarcoma, fallopian tube, subtotal hysterectomy

Introduction

Primary leiomyosarcoma of the fallopian tube is an extremely uncommon neoplasm[1]. Literature documents only 34 cases of primary uterine tube sarcoma[2].

Case report

A 36 year old woman was admitted on 25th October, 2002 with complaints of lower abdominal pain for 15 days, fever for 5 days. Pain was mainly on lower abdomen and was dull aching and continuous in nature. She underwent cesarean section 12 years back and had undergone right sided breast lump excision 8 years back. Her menstrual cycles were irregular over the past 1 year. Abdominal examination revealed a hard lower abdominal mass corresponding to 18 weeks uterine size arising from the pelvis and with restricted mobility. On vaginal examination cervix was posterior and the firm mass was felt through all the fornices. Uterus could not be identified. Transabdominal sonography showed two large solid mass lesions with ascitis. Ultrasound guided aspiration done for cytology showed cluster of cells with features of malignancy.

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With a provisional diagnosis of ovarian tumor, laparotomy was done on 7th November, 2002, by a subumbilical midline incision. There were dense omental and interstinal adhesions which were carefully released. After releasing the adhesions two solid masses of about 10 cms. x 8 cms and 8 cms. x 6 cms. were seen. One of the masses had irregular surface and was arising from the left fallopian tube (Figure 1 and 2). The other mass was smooth and adherent to the omentum. Uterus was bulky with one fundal subserous fibroid. There was a secondary deposit in the pouch of Douglas. Left ovary, right tube and ovary were normal. Because of dense adhesions and bleeding subtotal hysterectomy was done along with removal of both the masses, ovaries and tubes. The post operative period was uneventful.

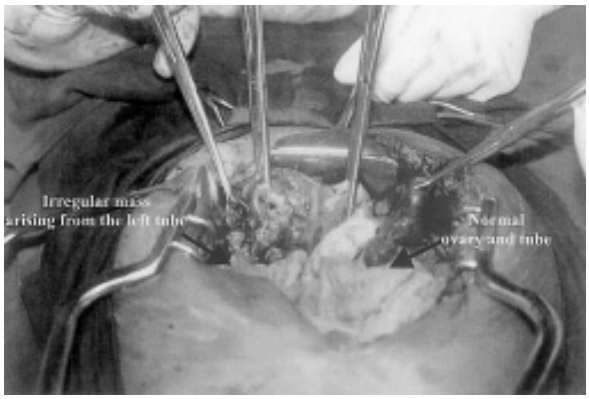

Figure 1. Laparotomy showing irregular surface mass arising from the left fallopian tube.

The histopathology report of the mass arising from the left tube showed spindle cells having hyperchromatic nucleus and mitosis more than 10 per 10 high power fields suggestive of leiomyosarcoma of the fallopian tube (Figure 3).

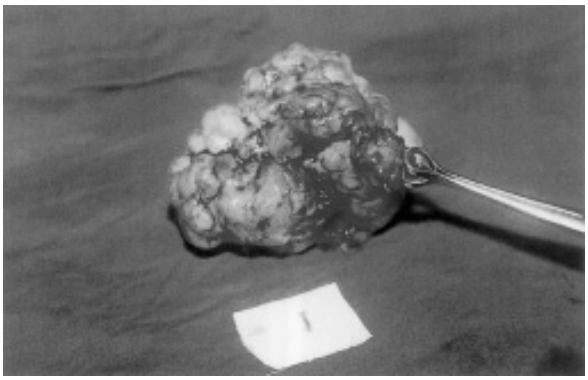

Figure 2. Irregular mass arising fromt he left fallopian tube and babcock clamp showing he fimbrial end.

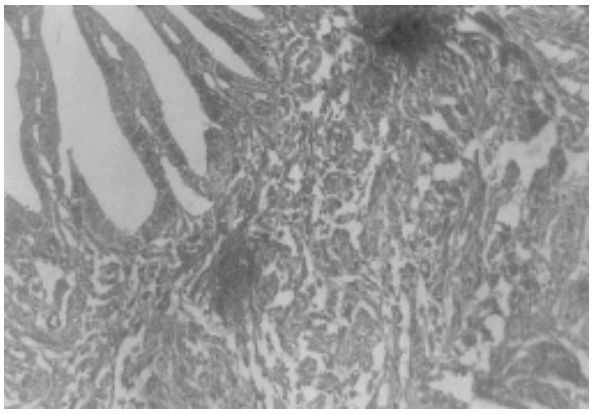

Figure 3. Microscopic picture shoiwng pleomorphic spindle cells with mitotic figures.

Discussion

Leiomyosarcoma is a cancer of smooth muscle cells. The primary treatment remains surgical excision, although adjunctive chemotherapy and radiation may be of some benefit[3]. Fallopian tube carcinoma is rarely suspected pre-operatively. The classical triad of symptoms viz. profuse vaginal discharge, pain and adnexal mass, so called "hydrops tubae profluence" first described in 1916 by Latzko, is rarely encountered[4]. Sarcoma of the fallopian tube is a rarity in gynecologic oncology consisting of < 1% of all genital sarcomas[5].

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