Imaging in Benign Uterine Leiomyoma with Suspected Sarcomatous Changes

Choudhary Sayal¹, Kumar Rajesh¹, Jain Sunil²
¹Resident, Department of Radiodiagnosis, R D Gardi Medical College, Ujjain, Madhya Pradesh, India, ²Assistant Professor, Department of Radiodiagnosis, R. D. Gardi Medical College, Ujjain, Madhya Pradesh, India

Uterine leiomyoma is the most common pelvic tumors and show various degeneration. Typically present in women in the 5th decade. The uterus is the most common location for a leiomyosarcomas.¹² Most leiomyosarcomas are thought to arise de novo. Sarcomatous changes appear hypoechogenic areas on ultrasound (USG) with heterogeneous echo pattern while on computed tomography (CT) they appear hypodense a leiomyoma in a postmenopausal woman with USG and CT appearance suggestive of sarcomatous changes due to multiple small areas of internal necrosis is described.³⁴

A 50-year-old female presented with pain abdomen and lower abdomen mass. USG examination revealed a 19.5 cm × 19.4 cm predominantly solid large heterogeneous hypoechoic lesion in pelvis extending into the abdomen with small cystic areas with raised vascularity on color Doppler. A CT Scan revealed a large heterogenous encapsulated well defined in homogenously enhancing solid soft tissue mass lesion with multiple small areas of internal necrosis appears to be involving posterior uterine wall.

Cross-sectional studies like CT is indicated when USG examination is indeterminate or limited as in retroflexed uterus. CT is very sensitive in identifying fat attenuation in degenerative changes and identifying the internal necrotic changes. Contrast enhanced CT examination is utmost sensitive in detecting enhancing solid soft tissue mass and degenerative changes in it.

**Points to Ponder**
Leiomyoma (fibroid) of the uterus is the most common gynecologic disorder occurring in 20-40% of all women during their reproductive years.

- Leiomyoma may increase in size during pregnancy and decrease in size after menopause. Most women with leiomyoma are asymptomatic although some may have signs and symptoms of pelvic mass, pain, abnormal bleeding and pressure effects on adjacent pelvic organs
- Sonographic appearance of uterine fibroid depends on its relative composition of smooth muscle and fibrous tissue and on the presence and nature of degeneration. Sarcomatous changes usually presents as multiple small areas of internal necrosis.
REFERENCES


How to cite this article: Sayal C, Rajesh K, Sunil J. Imaging in Benign Uterine Leiomyoma with Suspected Sarcomatous Changes. IJSS Case Reports & Reviews 2015;2(6):33-34.

Source of Support: Nil, Conflict of Interest: None declared.