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Title: IDENTIFYING A GHOST: A CASE SERIES HIGHLIGHTING DIAGNOSTIC CHALLENGES IN UTERINE LEIOMYOSARCOMA

INTRODUCTION

Uterine leiomyosarcoma (LMS) is a rare and aggressive cancer, accounting for less than 3% of uterine tumors.[1] Its diagnosis is often challenging due to its non-specific symptoms, often confirmed only post-surgery, highlighting the need for greater awareness.[2]

OBJECTIVES

To review the clinical presentation, discuss the diagnostic challenges and evaluate the treatment outcomes of uterine LMS when diagnosed after surgery.

CASE OPERATION PROCEDURE

Three cases diagnosed with uterine leiomyosarcoma at our institution between 2023 and 2024 were studied. All patients presented with symptoms such as abnormal uterine bleeding, pelvic pain and mass per abdomen with short duration of symptoms.
Case 1, diagnosed with uterine fibroid, had a total abdominal hysterectomy with bilateral salpingo-oophorectomy.
Case 2,diagnosed with endometrial carcinoma underwent staging laparotomy, including total abdominal hysterectomy with bilateral salpingo-oophorectomy.
Case 3, diagnosed with ovarian malignancy, had total abdominal hysterectomy with bilateral salpingo-oophorectomy, infracolic omentectomy, and bilateral pelvic lymphadenectomy. Postoperative histopathology confirmed uterine leiomyosarcoma in all three cases.

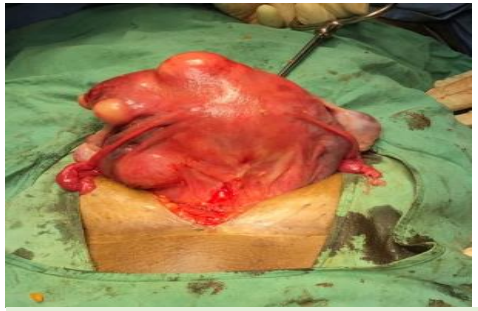

Fig 1:Misdiagnosed as uterine fibroids

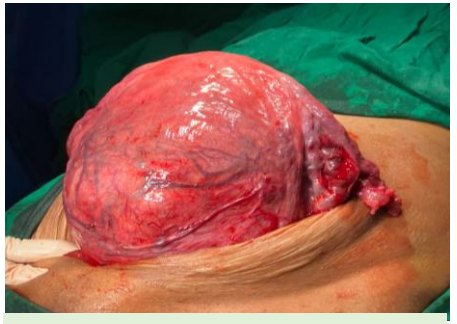

Fig 2:Misdiagnosed as endometrial neoplasm

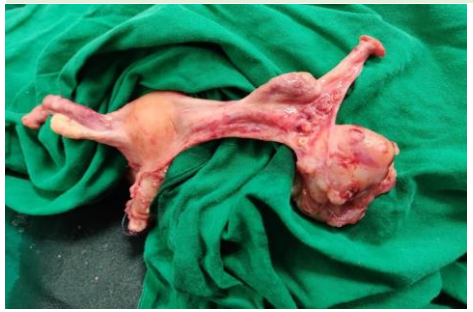

Fig 3:Misdiagnosed as ovarian neoplasm

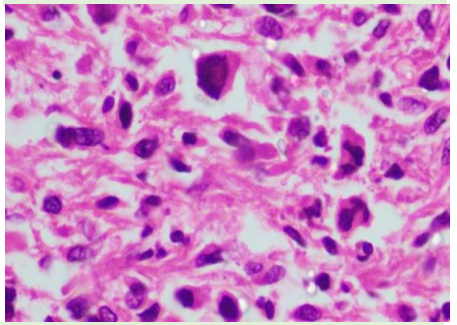

Fig 4: HPE confirming Leiomyosarcoma

DISCUSSION

Leiomyosarcoma grows rapidly into large tumors and shares clinical and imaging features with benign fibroids, making diagnosis challenging.[1] Surgery is the primary treatment, with histopathological assessment confirming the diagnosis.[2]

CONCLUSION

Clinical and imaging features often fail to diagnose leiomyosarcoma, with histopathology remaining the gold standard. Due to its rapid growth and metastasis, early detection and treatment are crucial. Future research should aim to improve preoperative diagnostic methods.

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2.Kaur K, Kaur P, Kaur A, Singla A. Uterineleiomyosarcoma: A case report. J Midlife Health. 2014 Oct;5(4):202-4.

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