

INTRODUCTION

Lipoleiomyomas are rare, benign tumors composed of mature adipocytes intermixed with smooth muscle cells. Incidence varies from 0.03 to 0.2%. While these tumors are benign, there have been reports of these tumours coexisting with other gynecological malignancies, as well as with various metabolic diseases and abnormal estrogen statuses

OBJECTIVES

To describe a case of uterine lipoleiomyoma from initial presentation up to diagnosis and management.

CASE OPERATION PROCEDURE

A 60-year-old postmenopausal female presented with pain in abdomen from 15 days. She was obese, k/c/o type II diabetes, and hypertension. Pain was diffuse, sudden in onset, gradually progressive, non-radiating with no aggravating or relieving factors. USG abdomen was done on 11/3/24: showed bulky uterus (9.2 x 7.2 x 7.5 cm) with hyper echoic lesion in Endometrial cavity measuring 6.7 x 6.8 cm. The provisional diagnosis was P3L3 with fibroid uterus with HTN with T2DM & patient was taken up. Under spinal Anesthesia, Total Abdominal Hysterectomy, with bilateral salpingo oophorectomy was performed on 15/3/24 at 9.30am. Intra operative findings : Uterus 10 week size - A single fibroid of 6x6 cm present along the fundus - B/L tubes and ovaries atrophic - On cut section- lipid degeneration noted. Specimen was sent for histopathological examination.

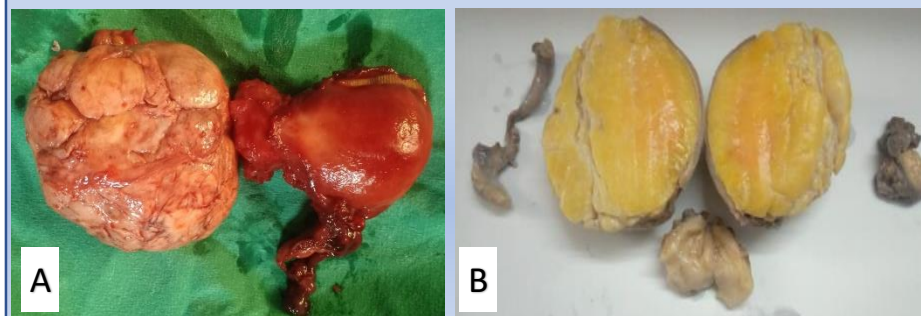


Fig 1: A. Uterus Cervix with mass, B. Cut section of intramural mass

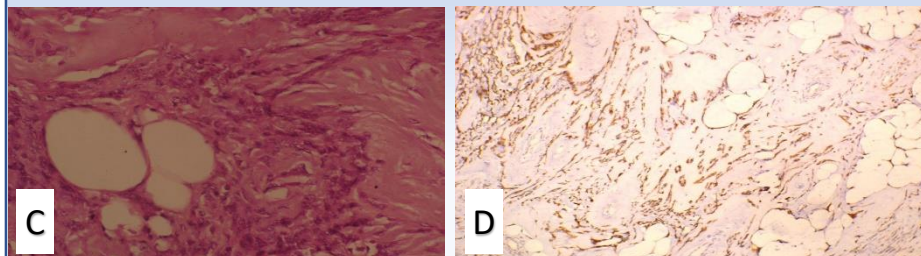


Fig.2 C. Microscopic examination-mature adipocytic lobules along with interlacing bundles of smooth muscle fibers, D. IHC showing DESMIN positivity

DISCUSSION

The blood supply within leiomyoma is tenuous, and thus ischemia and necrosis develop frequently. Following necrosis, their smooth muscle is replaced with various degenerative substances. These are estrogen- and progesterone-sensitive tumours. These are rare in adolescence, but rates rise with age during the reproductive year. More common in African-American women compared with white, Asian, or Hispanic women (Marshall, 1997). Thus, heredity and gene mutations play a seminal role in myoma development.

CONCLUSION

Uterine lipoleiomyoma is a very rare benign variant, posing diagnostic challenges clinically and on imaging. Hence comprehensive examination is crucial to confirm the final diagnosis, exclude malignancy like lipoleiomyosarcoma and determine appropriate management in peri/postmenopausal obese females with metabolic syndrome.

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ACKNOWLEDGEMENT

Dr Dharmavijaya M.N (Professor & HOD)
 Dr Payel Ray (Professor & Guide)
 Dr Indrani Chaitanya (Associate Professor)