



## “Lipoleiomyoma of Uterus”- A Case Report with Review of Literature

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#### ABSTRACT

Lipoleiomyomas are unusually rare variant of uterine myomas. Its incidence varied from 0.03% to 0.2%. Lipoleiomyomas occur in different locations including cervix and ovaries. These tumors are benign and histological findings being composed of benign smooth muscle and mature adipose tissue. Clinically it is similar to leiomyomas, and most of lipoleiomyomas are asymptomatic requires no treatment.

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#### Introduction

Uterine lipoleiomyomas are benign lesions, composed of various smooth muscle cells and mature adipose tissue and incidence varied from 0.03% to 0.2% [1]. Lipoleiomyomas is a benign soft tissue tumour which was first described in 1991 by Meis and Enzinger [2]. Mostly these lesions are found in the fundus and cervix [3]. Although the pathogenesis of the lipoleiomyoma is unclear and immunohistochemical studies reveal that lipoleiomyoma may arise from metaplasia of mesenchymal cells or direct metaplasia of smooth muscle cells [4]. We report a case of lipoleiomyomas of uterus with review of literature.

#### CASE REPORT:

A 40yr old lady with P4L4, non-tubectomised, came to our hospital on 1<sup>st</sup> Feb 2015 with complains of pain abdomen since 3-4 months along with polymenorrhagia since 3 months. Her last child birth was 10yr back and all are term deliveries. Her past menstrual cycles were normal but since 3 months she is having once in 15-20 days which is lasting for 6-7 days with pain abdomen during cycles along with passage of clots. Her past & family history were within normal limits.

On examination, she was pale with midline abdominal mass about 14-16 wks, mobile, non-tender with lower border not felt with smooth surface.

Local bimanual examination showed, anterior lip of cervix seen, posterior lip is not felt, mass arising from posterior aspect of uterus about 10X8 cm, with hard in consistency, sitting in the POD and pushing the uterus anteriorly.

Her USG report showed posterior uterine fibroid about 8X8 cm. She was posted for Hysterectomy after correcting her anaemia.

Without any problems she underwent the surgery. The mass was about 8X7X5 cms, single, globular with greywhite cut surface showed whorled look (fig-1).

Histological examination of the gross specimen showed spindle shaped smooth muscle cells with mature adipocytes cells (fig-2). These type of picture seen in Lipoleiomyoma.



Fig 1. Mass in posterior aspect of uterus with smooth surface

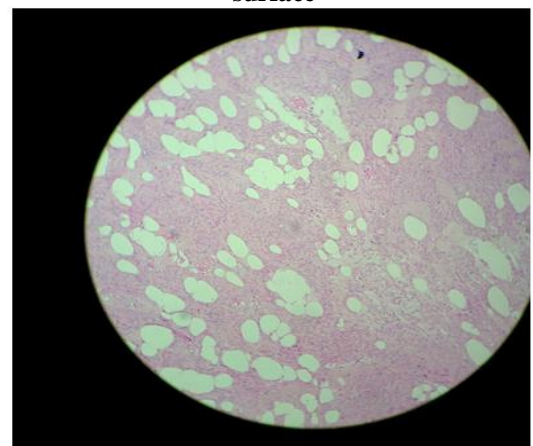


Fig 2. High power shows proliferation of mature fat tissue with smooth muscle bundles without cellular atypia and vascular proliferation (H & E)

### Discussion

Lipoleiomyomas is an uncommon benign lesion and normally seen in uterus. It may also be seen in cervix, broad ligament, retroperitoneum and ovary [ 3][ 5].

Pathologically lipomatous tumours of uterus are categorized into 3 groups, 1) pure lipoma composed only of mature fat cells and is encapsulated, 2) lipoleiomyoma, angiomyolipoma, fibromyolipoma along with various mesodermal tissue components as adipose tissue, smooth muscle, fibrous component and connective tissue and 3) liposarcoma consisting of less differentiated fat cells that have undergone sarcomatous change [6].

Uterine lipoleiomyomas occur mostly in postmenopausal women of 50-70 yrs. It is usually well circumscribed with in thin connective tissue capsule and mostly located in posterior wall of uterus[ 7]. The lesion may be single or multiple with size may vary from 5-10 cm or even more [8].

These patients are asymptomatic and some may have symptoms similar to that of uterine leiomyomas. Radio imaging like MRI and CT scan can play an important role in pre operative diagnosis and localization of the lipoleiomyoma but most of these are incidental findings in histopathology which confirms the diagnosis [1].

The differential diagnosis includes benign cystic ovarian teratoma, Fibromyolipoma, Liposarcomas and benign pelvic lipomas.[4][9].

Finally it is said that lipoleiomyoma of uterine corpus are extraordinarily rare entities with clinical manifestation similar to leiomyomas, having intuitive radiological characteristics,demonstrable histology and excellent prognosis.

### Conclusion

Generally a small asymptomatic lipoleiomyomas do not require surgical management. Surgery is useful and indicated in larger masses and in presence of menstrual complaints.

### Conflict of Interest:

The authors declare that there are no conflict of interest

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### References

- [1] Hwi Gon Kim;Dong Hyung Lee; and Ook Hwan Choi, *Journal of Women's Medicine* 2009 ; 2, 4
- [2] Hanumanthappa Krishnappa Manjunatha; Anikode Subramanian Ramaswamy; Bylappa Sunil Kumar, Sulkunte Palaksha Arun Kumar and Lingegowda Krishna J *Midlife Health*. 2010; 1(2): 86–88.
- [3.] Bajaj P, Kumar G, Agarwal K (2004) Lipoleiomyoma of broad ligament: A case report. *Indian J Pathol Microbiol* 3: 457-458.
- [4.] Aizenstein R, Wilbur AC, Aizenstein S. CT and MRI of uterine lipoleiomyoma. *Gynecol Oncol* 1991;40:274-6.
- [5] Pounder DJ (1982) Fatty tumours of the uterus. *J Clin Pathol* 35: 1380-1383.
- [6].Wang X, Kumar D, Seidman JD. Uterine lipoleiomyomas: a clinicopathologic study of 50 cases. *Int J Gynecol Pathol* 2006;25:239-42.
- [7]. Deb S, Harith AK, Bhatnagar PK (2005) Uterine lipoma: a rare entity. *MJAFI* 61: 385-386.
- [8.] Kitajima K, Kaji Y, Imanaka K, Sugihara R, Sugimura K (2007) MRI findings of uterine lipoleiomyoma correlated with pathological findings. *AJR Am J Roentgenol* 189: 100-104.
- [9]. Su WH, Wang PH, Chang SP, Su MC. Preoperational diagnosis of a uterine lipoleiomyoma using ultrasound and computed tomography images: a case report. *Eur J Gynaecol Oncol* 2001;22:439-40.