

## Case Report

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# Uterine Leiomyosarcoma with Breast Metastasis: A Case Report

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### Abstract

Uterine leiomyosarcoma (LMS) is rare malignant neoplasm. Approximately 2% to 5% of all uterine malignancies [1]. Uterine leiomyosarcoma usually occur with vaginal bleeding, in the less frequently seen pelvic pain, pelvic mass, and uterine enlargement. Surgery is the primary treatment for uterine leiomyosarcoma. A 56 year old woman presented at vaginal bleeding. On admission, CT scan revealed lung and breast metastatic nodules. First she underwent surgery and then received chemotherapy. After 2 years than surgery she underwent total mastectomy. Histopathology report showed metastasis of leiomyosarcoma. In this report we describe an unusual case of uterine leiomyosarcoma with metastases to the breast.

**Keywords:** Uterine leiomyosarcoma; Metastatic breast tumor

### 1. Introduction

Leiomyosarcoma is rare and aggressive soft tissue sarcoma most often seen uterine, gastrointestinal or soft tissue origin. Women are most affected and it occur in the 5th 6th decades of life. Five-year survival rate of 66% [2]. Distant metastasis case of leiomyosarcoma is rare. Most seen places are the lung, kidney and liver. Therewithal thyroid, brain, bone, skeletal muscle, heart, parathyroid gland, oral cavity and breast metastasis have also been reported. Classical treatment of leiomyosarcoma is total hysterectomy and bilateral salphingo-ooferectomy, and for some cases hormonotherapy, chemotherapy and radiotherapy. The major factors determining the prognosis include tumor size, mitotic index, hormone receptor status and tumor grade. After the first surgery approximately 70-75% of patients will develop a recurrence. Metastasis to the breast is infrequent. Only four case of uterine leiomyosarcoma with breast metastasis was reported in the literature to our knowledge. Here, we report another case of uterine leiomyosarcoma with breast metastasis.

## 2. Case Report

A 56 year old woman presented with abnormal uterine bleeding in 2016. She had no other symptoms and no significant past medical history. She had no family history of cancer. She had no surgeries. Blood tests were within normal limits. Pelvic usg showed 107 × 85 mm mass arising from the pelvis. She was underwent extended total hysterectomy and bilateral saphingo-ooferectomy. Tumor cells not infiltrated to the uterine serosa. Bilateral ovaries and invasion of myometrium was not also noted. Histopathology report confirmed the diagnosis of uterine leiomyosarcoma. Postoperative staging revealed the presence of several lung and breast metastatic nodules. Mammography confirmed breast mass. Fine needle aspiration cytology showed infiltration of smooth muscle cells. Breast lump was surgically existed and metastatic leiomyosarcoma was the histopathological diagnosis. Postoperatively she received further treatment with combination chemotherapy in the form of IMA (ifosfomide/mesna/Adriamycin) for six months. Radiotherapy was not given. She was visited to hospital followed every three months. She remained asymptomatic for 2 years. 2 years after surgery CT of thorax showed mass on left breast in the field of operation. Performed total mastectomy for left breast it was diagnosed to be a case of leiomyosarcoma high grade. Ct scans of the chest, abdomen and pelvis obtained every three months. Patient is to be in stable condition but with lung metastasis.

## 3. Discussion

Leiomyosarcomas are smooth muscle tumors arising from gastrointestinal system, colon or uterus. Uterine LMS are aggressive tumors with poor prognosis. Uterine LMS most commonly spreads hematogenously and breast metastasis is rare. With it approximately 2% of breast tumors originate extra mammary malignancy [3]. There are not many case of uterine LMS with breast metastasis in the literature. We aim to increase awareness of clinicians to breast metastasis if a patient has a previous history of LMS.

## References

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