LETTERS TO THE EDITOR

Benign Metastasizing Leiomyoma of the Lung

To the Editor: Benign metastasizing leiomyoma is the term used to describe the disease characterized by extratransmural leiomyomatosis lesions without histologic or cytologic signs of malignancy. Clinically and radiologically such lesions simulate metastatic behavior in patients with a history of uterine leiomyomas.

We present the case of a 54-year-old woman who underwent a total hysterectomy with double ostomy and right salpingo-oophorectomy for endometrial carcinoma. A smooth-muscle polyp was observed in the cervix, and one endometrial polyp was observed in the vaginal os. A follow-up study revealed multiple pulmonary nodules (computed tomography scan, chest X-ray, CT of the head, and chest radiographs) as seen in the figure, and the patient was referred to the pneumology department for examination. Computed tomography of the thorax revealed multiple nodules and solid images of varying sizes, distributed in both lung fields in a diffuse manner. These findings were indicative of metastatic lung disease of an unidentified primary tumor. No enlarged mediastinal nodes or retroperitoneal masses were observed. A computed tomographic scan was negative, as were postoperative cytology of the lumen and postoperative histology. The patient was referred to the chest surgery unit for wedge resection biopsy of 2 bilateral pulmonary nodules by video-assisted thoracoscopic surgery. Histology revealed a lesion formed of spindle cells with slightly eosinophilic cytoplasm and central fusiform cigar-shaped nuclei with regular outlines and no evident nucleoli, atypia, or mitosis. The lesions had diameters of 2.5 cm and 2 cm at the largest part, were fasciculated, and had a whitish tone and firm consistency, resistant to the cut. Histology revealed a lesion formed of spindle cells with slightly eosinophilic cytoplasm and central fusiform cigar-shaped nuclei with regular outlines and no evident nucleoli, atypia, or mitosis. Thorough examination of the excised tissue did not reveal foci of tumor necrosis, pleomorphic regions, or increased cellular atypia. All these findings led to the rejection of many although a specific treatment. In any case, criteria are needed to support the existence of such lesions, which are being published which defend the role of hormone therapy (modulators of estrogen receptors, aromatase inhibitors, analogs of the luteinizing, and progestral agents) has the advantage of causing less morbidity and mortality and good results have been reported.

Antroposterior chest x-ray (upper left image) and microscopic details of the lesion (magnification ×20 and ×40).

Francisco Javier Torres Gómez,1,2 Andris Arrozo Tristán1,2 and Francisco Javier Torres Olivera1 (Departamento de Anatopatología, Hospital Universitario Virgen Macarena, Sevilla, Spain.1 Servicio de Cirugía Torácica, Hospital Universitario Virgen Macarena, Sevilla, Spain.

LETTERS TO THE EDITOR


Arch Bronconeumol. 2007;43(1):52-3 53