Clinical Image

A Misleading Tumor. Benign Metastatic Leiomyoma

Un tumor desorientador. Leiomioma benigno metastásico

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Leiomyoma is the most common form of uterine tumor. Although this tumor is benign, it may atypically present as metastasis, most commonly in the lung.¹ Benign metastatic leiomyoma (BML) is usually detected in imaging studies of lung nodes in women with history of uterine fibroids. We present clinical images of a BML. Chest CT scan images show several well-defined, hypodense nodules of various sizes, scattered randomly in both lungs (Fig. 1: images A, B, and C). The diagnosis of BML was based on clinical history, histology and immunohistochemistry. Pathology images show proliferation of spindle cells without atypia, mitosis or necrosis, in a bundle arrangement which includes tubular and cystic structures of cubic or columnar epithelium, also without atypia (Fig. 1: images D, E). Immunohistochemistry for anti-desmin antibodies was positive (Fig. 1: image F). The majority of BML lesions are stable, but patients may develop complications, in which case, surgical resection should be considered, if feasible. For unresectable lesions, treatment options include tamoxifen, progesterone, aromatase inhibitors, lutheiniz- ing hormone-releasing hormone analogues, and estrogen receptor modulators.²

Fig. 1. Images A, B, C – chest CT scan of BML; images D, E – pathology of lung biopsy with BML; image F – immunohistochemistry study for desmin in BML lung biopsy.

References