

## Lipoleiomyoma of the Uterus: A Rare Case Report

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### Case Report

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**Abstract:** Lipoleiomyoma of uterus is a rare variant of uterine Leiomyoma. Its incidence is reported as 0.03–0.2%. Clinically the symptoms are indistinguishable from an ordinary leiomyoma. Lipoleiomyoma consists of a variable proportion of mature adipocytes and smooth muscle cells. These tumors generally occur in asymptomatic obese perimenopausal or menopausal women. We report this case of uterine lipoleiomyoma because of its rarity and as a differential diagnosis of other lipomatous tumors of uterus and surrounding structures.

**Keywords:** Lipoleiomyoma, smooth muscle, uterus, menopause.

### INTRODUCTION

Uterine Lipoleiomyoma is rare benign tumor seen in perimenopausal women and is associated with symptoms similar to leiomyoma. We report a case of uterine leiomyoma because of its rarity and review the literature to study this rare tumor.

### CASE REPORT

49 year old female P3L2 post-menopausal presented with complaints of abnormal uterine bleeding since 2 months and pain in abdomen since 1 month. Gynecological history included menarche at 14 years and menopause at 46 years. On examination vulva vagina cervix was normal. On per vaginum examination the uterus was bulky. On USG examination multiple fibroids were detected along with a large 5x5x4 cms fibroid. Patient was diagnosed with fibroid uterus and was operated upon.

### Gross findings

Received uterus of size 5x4x4 cms with cervix of length 4 cms. Cervix appears distorted. Also received B/L adnexa. On cutting the uterus, one sub mucosal and three subserosal fibroids were identified. Largest subserosal fibroid was attached at the lower uterine segment. It measured 5x4x4 cms in size. Cut surface was yellowish in color. Other fibroids were small 1x0.5 cms in size. B/L adnexa were normal.

### Histopath findings

On H and E sections the largest fibroid showed interlacing bundles and fascicles of smooth muscle cells with bland appearing nuclei. It also showed interspersed in between, mature adipocytes. Diagnosis was lipoleiomyoma. The other fibroids were diagnosed as simple leiomyomas.

### DISCUSSION

Myolipoma of soft tissue was firstly described 1991 by Meis and Enzinger [1]. These tumors showed characteristic histological findings, being composed of benign smooth muscle and mature adipose tissue [2]. Similar tumors in the uterus are known as Lipoleiomyomas [2]. In 1916, Lopstein first described a

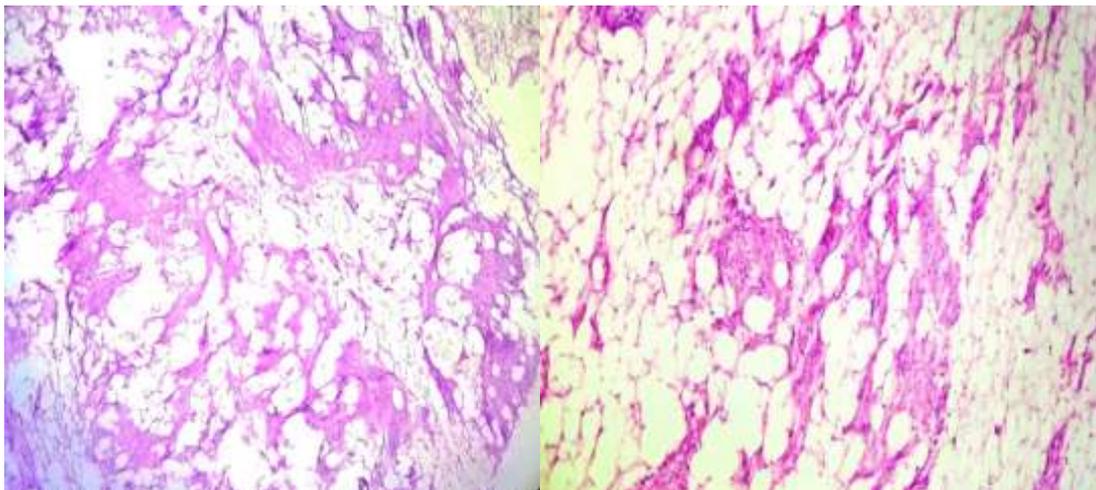
Lipoleiomyoma [3]. Lipoleiomyoma is a rare and easily recognized benign variant of uterine leiomyoma, composed of an intimate admixture of mature smooth muscle cells and adipocytes, often with the former element predominant [3]. Uterine lipoleiomyoma are most frequently found in the uterine corpus and are usually intramural. Lipoleiomyomas can be found anywhere in the uterus or cervix and maybe subserosal [4]. Uterine lipoleiomyoma is a rare benign tumor, with a reported incidence of 0.03% to 0.20% [4]. The pathogenesis remains obscure. Immunocytochemical studies confirm the complex histogenesis of these tumors, which may arise from mesenchymal immature cells or from direct transformation of smooth muscle cells into adipocytes [2]. Postmenopausal women ranging from the age 50 to 70 years old are the most vulnerable age group for uterine lipoleiomyoma and 90% of the patients are older than 40 years of age [4]. Lipoleiomyoma of the uterus are typically found in postmenopausal women and are associated with ordinary leiomyomas. The mean ages of the patients in the series of Wang *et al.*, [5] and Aung *et al.*, [6] were 53.9 and 59.9 years, respectively Most patients are asymptomatic The most common signs and symptoms are abnormal uterine bleeding, abdominal and/or pelvic

pain, a palpable mass, urinary frequency, incontinence and a sensation of pressure similar to those of typical leiomyomas [3]. Recognition of this rare and benign tumor is of great importance, because it may be confused with other gynecologic maladies, including spindle cell lipoma, angioliipoma, angiomyolipoma, atypical lipoma, myelolipoma, myxoid mesenchymal

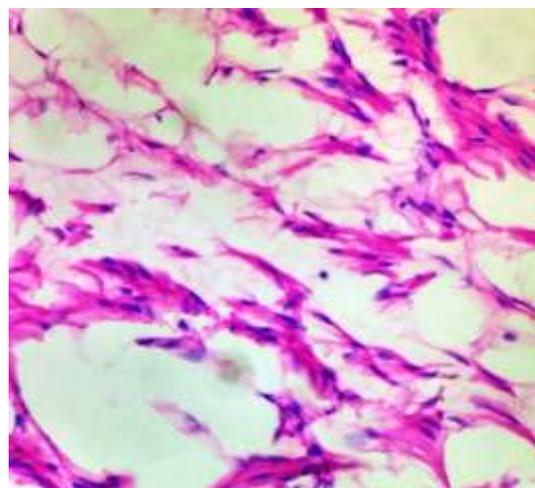
tumors, pelvic fibromatosis, well-differentiated liposarcoma, carcinosarcoma (malignant mixed Müllerian tumor) with heterologous liposarcomatous differentiation, ovarian fatty tumors, and benign or malignant degeneration of ordinary leiomyomas Lipoleiomyosarcomas arising in uterine lipoleiomyoma have also been reported [5, 6].



**Fig-1: Gross appearance of a lipomatous tumor of uterus**



**Fig-2 & 3: (10X) interlacing bundles of smooth muscle cells with interspersed mature adipocytes**



**Fig-4: (40X) interlacing bundles of smooth muscle cells with interspersed mature adipocytes**

## CONCLUSION

Thus Lipoleiomyoma is rare benign tumor which may be asymptomatic or mimic leiomyoma in perimenopausal women. At times it is an incidental finding. However awareness of this rare entity by clinicians and pathologists is required as it can be confused with other entities like ovarian teratoma, spindle cell lesions, mesenchymal tumors, pelvic fibromatosis, etc. liposarcomatous transformation has also been seen. As the above mentioned gynecological maladies have different prognosis and treatment, awareness of this rare entity is required to benefit the patient.

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