Lipoleiomyoma of Uterus-A Rare Entity

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ABSTRACT

Lipoleiomyomas of uterus are uncommon benign neoplasms and are considered to be a variant of uterine myomas are composed of variable proportion of mature lipocytes and smooth muscle cells. These occur in asymptomatic obese perimenopausal or menopausal women. This case of uterine lipoleiomyoma is being presented due to its rarity.

Key words: Lipoleiomyoma, Uterus, Menopause.

INTRODUCTION

Lipoleiomyoma an unusual benign lipomatous uterine tumor, lies in the spectrum of tumors that includes pure lipomas, lipo-leiomyomas and fibro-lipomyomas.[1] Uterine corpus is the commonest site of occurrence. Histopathologically Lipoleiomyoma is composed of an admixture of smooth muscle cells, lobules of adipocytes and fibrous tissue. Though common age of occurrence of Lipoleiomyoma is postmenopausal it can be found in younger individuals.[2]

Case Report

We present a case of 54-year-old postmenopausal, obese woman who presented with history of pain abdomen and vomiting since 10 days. There was no history of postmenopausal bleeding, discharge per vaginum, dysuria, abdominal distension, or fever. On physical examination, vitals were stable and abdominal examination revealed a mass of 16 weeks size which was firm and nontender. Gynecological examination did not show any vulval or cervical abnormalities. Ultrasonography (USG) revealed heterogeneously echogenic lesion in the pelvis suggestive of a fibroid. We received a hysterectomy specimen with adnexae measuring 8×6×3 cm. On gross examination, endometrium was polypoidal and measures 0.5cm and there was an intramural well-circumscribed, yellowish-white growth measuring 2×1×1 cm (Figure 1). Cervix was unremarkable and both the ovaries showed cysts ranging between 0.5 to 1cm in size. Histopathological examination revealed an encapsulated tumor with interlacing fascicles of smooth muscle cells without nuclear atypia admixed with sheets of mature adipocytes. The nuclei of the smooth muscles were elongated and had even chromatin with no mitoses or necrosis. The adipose component was devoid of lipoblasts. Based on these findings, the tumor was diagnosed as a benign lipoleiomyoma (Figure 2). In addition to this endometrial hyperplasia was noted. The ovaries showed multiple follicular cysts (Figure 3).

DISCUSSION

Previously Lipoleimyoma was recognised as fatty metamorphosis, lipomatous degeneration, adipose metaplasia. The work of Lopstein in 1916 led to the description of this tumour as lipoleimyoma and is now regarded as a distinct true neoplasm.[3] Most common in obese menopausal women ranging from 50 to 70 years old and 90% of the patients are older than 40 years of age.[4] Histologically, Lipoleiomyoma is composed of benign smooth muscle cells and mature adipose tissue as was observed in our case. Adipocytes may be regularly positioned within the tumor or may exhibit a focal location. Other site of occurrence of LL are uterine cervix, broad ligament, retroperitoneum and ovary. The usual mode of presentation is of a solitary mass with size ranging from 0.5 to 55 cm in and mean size being 5.50 cm. Histogenesis of uterine lipo-leiomyomas is uncertain however immunohistochemical studies supported a complexity of origin from metaplasia of uncertain smooth muscle cells, or from immature mesenchymal or ectopic embryonic fat cells. The study by Akbulut et al. revealed that the fat component was positive for Ki-67, desmin, vimentin and ER and PR receptors, which could probably mean that the adipose cells may have originated from the transformation of a totipotent mesenchymal cell.[3,4]

On imaging modalities such as USG, CT and magnetic resonance imaging (MRI) the fatty component of the tumor can be delineated. On USG usually reveals a hyperechoic mass partially encased by a hypoechoic peripheral strip of myometrium surrounding the lipid component.[2] However, these features are not specific, various studies attribute the occurrence of the lipoleiomyoma to the hyperestrogenic state. The contribution of the metabolic disorders like hyper-

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History
- Submission Date: 07-09-2017;
- Review completed: 18-10-2017;
- Accepted Date: 05-11-2018.

DOI: 10.5530/ogh.2018.7.2.24

Article Available online
http://www.oghreports.org/v7/2

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Cite this article: Patki S, Shah P. Lipoleiomyoma of Uterus-A Rare Entity. OGH Reports. 2018,7(2):104-5.
lipidemia, hypothyroidism and diabetes mellitus in occurrence of lipoleiomyoma is also questioned by few.\[5\]

The list of the common differential diagnosis of pelvic fatty tumors includes benign cystic ovarian teratoma, uterine fatty tumors, pelvic fibromatosis, well-differentiated liposarcoma, carcinosarcoma with heterologous liposarcomatous differentiation and degeneration of leiomyomas.\[6\]

**CONCLUSION**

Lipoleiomyoma should be considered as a differential diagnosis of leiomyoma with distinctive radiological and histological appearance. It has an excellent prognosis with minimal symptoms and in most of the cases is an incidental finding.

**REFERENCES**


Cite this article: Patki S, Shah P. Lipoleiomyoma of Uterus-A Rare Entity, OGH Reports. 2018;7(2):104-5.