MANAGEMENT OF LEIOMYOSARCOMAS OF A GYNECOLOGICAL TRACT AND PROGNOSTIC INDICATORS

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Objectives :

Leiomyosarcomas of the gynecological tract (LMS) consist a heterogeneous group of mesenchymal gynecological malignancies with unclear therapeutic recommendations and unspecific but poor prognosis since they usually metastasize and tend to recur very often, even in early stages.

The aim of this study is to report our experience in the treatment of LMS of the gynecological tract, to better characterize this disease.

Methods:

We retrospectively analyzed all female patients with LMS treated in our institution over the last 19 years. Clinicopathological data, treatments, and outcomes were recorded.

Results:

Data were retrieved from 16 women with a median age of 51 (range: 31-77) years, at diagnosis. Fifty percent of patients were in the menopause period. The mean symptom was bleeding, followed by pelvic pain. Ten patients had uterine leiomyosarcoma, three patients had cervix leiomyosarcoma, and three patients had vaginal leiomyosarcoma. The mean size was 6.4 (range: 3-10) cm. The staging workup didn't show any metastatic lesion for all the patients.

Uterine LMS was discovered in the final histological exam of myomectomy.

Fifteen patients underwent surgery as initial treatment, while one patient underwent external beam radiotherapy followed by brachytherapy.

Surgical treatment consists on hysterectomy without adnexectomy in 3 patients, 10 patients underwent hysterectomy with bilateral adnexectomy, one patient underwent hysterectomy with bilateral adnexectomy and vaginectomy, and one patient underwent anterior exenteration.

Adjuvant chemotherapy was done in four patients, and adjuvant radiotherapy was done in 7 patients.

Chemotherapy regimen consists on cyclophosphamide, vincristine, doxorubicin, and dacarbazine in one patient, and adriamycin and holoxan in three patients.

Six patients were diagnosed with LMS grade 1, three patients had grade 2, and 7 patients had grade 3. Median of follow up was 61 months. Nine patients had a complete remission; five patients had a progressive disease course, while two patients had a locoregional recurrence. Seven patients died of disease.

Discussion:

Leiomyosarcomas are largely considered to be a uterine neoplasm and typically arise de novo from uterine smooth muscle, with a rare few originating from preexisting leiomyomas. Despite this rare transformation from a leiomyoma to a leiomyosarcoma.

The presentation of this malignancy can vary, but generally patients with this malignancy will present with an asymptomatic vaginal mass.

The optimal treatment modalities have not been established, primary treatment typically consists of resection of the tumor with adequate margins. After resection of the tumor, the ideal management is less well defined. Some study showed that there was no difference in survival between patients who had surgery alone and those who had surgery followed by adjuvant radiotherapy or chemotherapy.

Conclusion:

The relative rarity of LMS, as well as their pathological diversity, hinders studies aimed at improving understanding of the disease and makes it difficult to define the optimum management.