

LUNG MASSES

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INTRODUCTION

Benign metastasizing leiomyoma usually occur in women who have had uterine leiomyoma, either currently identifiable or previously, if there had been a hysterectomy. Some of them arise from the small bowel. They are slow growing benign tumours, although sarcomatous transformations are not entirely precluded.

CASE HISTORY

A 60 years old lady, living in Peshawar, Pakistan, presented with the complaints of shortness of breath on moderate exertion and productive cough of several months duration with exacerbations off and on. She was otherwise asymptomatic.

Clinical examination revealed bilaterally prolonged expiration. She used inhalers for allergies off and on, but did not give any history of asthma.

Routine chest X-ray revealed bilateral pulmonary shadows in 1993. CT Scan done in 1995 showed multiple bilateral well-defined pulmonary nodules, mainly in the lower lobes. Serial CT Scans till August 2001 showed slowly growing sizes of these masses with small satellite lesions scattered throughout the lung fields on both the sides, mainly in the lower lobes.

A trucut biopsy of the right basal mass was performed. Histopathological examination with immunohistochemical stain was consistent with Leiomyoma, as reported by the Pathologist of Shaukat Khanum Memorial Cancer Hospital & Research Center, Lahore Pakistan.

The diagnosis was discussed with the Histopathologist and Oncologist both in Sarasota, Florida as well as the Department of Armed Forces Institute of Pathology, Washington, DC. Dr Travis, Head of Pulmonary Pathology at that Institute, reviewed the slides and agreed with the diagnosis. The case was discussed by a panel of consultants at the Doctor's Hospital, Sarasota in Tumor conference on August 22, 2001. The consensus diagnosis was Benign Metastasizing Leiomyoma.

DISCUSSION

Benign Metastasizing Leiomyoma is a rare entity with only 40 cases reported so far in the world's literature. Leiomyoma is a benign tumour of the smooth muscle, especially common in the uterus. As is true for all benign tumours, they rarely spread to distant organs which is the behavior of malignant tumours. Rarely they do metastasize to other organs and the commonest

secondary deposits are found in the lungs. Surgical removal of the primary tumour may help prevent further metastases to occur. Surgical resection of the lung masses may neither be practical, nor feasible, since it will entail removal of large pulmonary tissue with crippling effect on the lung capacity.

Once the diagnosis is confirmed, Tamoxifen 20 mg OD orally may induce a long lasting response as often these tumours are hormone dependant. Serial CT Scans will document effectiveness of the therapy besides showing any abnormal behavior of the tumour. If c-kit gene is 'present-, Gleevec 400 mg OD orally can have a profound long lasting response leading to shrinkage of the tumour. Local therapies, like irradiation, cryotherapy and radioablation are not thought to be feasible or helpful.

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