

# Uterine Lipoleiomyoma

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## Citation

R Bindra, N Sharma. *Uterine Lipoleiomyoma*. The Internet Journal of Gynecology and Obstetrics. 2009 Volume 12 Number 2.

## Abstract

A uterine lipoleiomyoma is a variant of uterine myomas. It is a rare benign tumor.

We report case of a 61-year-old female presenting with leucorrhea and mild pelvic discomfort. We report this case of uterine lipoleiomyoma because of its rarity.

A lipoleiomyoma is an uncommon benign uterine neoplasm<sup>(1)</sup> The reported incidence varies from 0.03% to 0.2%. Lipoleiomyomata of the uterus are typically found in postmenopausal women and are associated with leiomyomata<sup>(2)</sup>

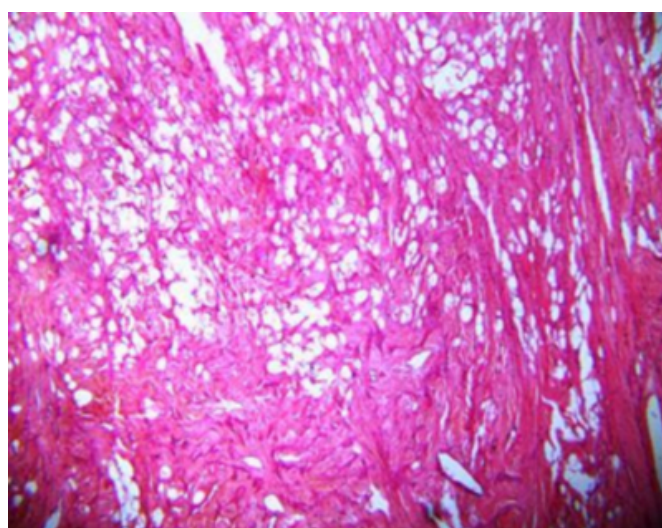
A 61-year-old postmenopausal women, Gravida 2, Para 2, presented with leucorrhoea and of mild pelvic discomfort. Physical examination revealed a palpable lump arising from her pelvis. Pelvic ultrasonography was performed and a preoperative diagnosis of lipoleiomyoma was made.

The patient underwent a total abdominal hysterectomy. Gross pathologic examination of the uterus revealed on fundal aspect of uterus a large well circumscribed, solid mass measuring 19x14x6 cm with a smooth outer surface.

Cut surface was yellowish in colour with admixed grey areas. Histopathological examination (Fig 1.) revealed mature adipose tissue and smooth muscles which are consistent with lipoleiomyoma so a final diagnosis of lipoleiomyoma was made.

## Figure 1

Fig 1. Histopathology (H/E Stain) 40X shows mature adipose tissue and smooth muscles.



Lipoleiomyoma of the uterus is a rare tumor found in menopausal women. The sign and symptoms are similar to those caused by leiomyomas of the same size, such as a palpable mass, hypermenorrhea, and pelvic pain. Most patients are asymptomatic. They usually occur in corpus, predominantly intramurally, however they may be subserosal.<sup>(2,3)</sup> In our case, the location of lipoleiomyoma was fundal. A case of ovarian lipoleiomyoma has also been reported.<sup>(4)</sup> The histological spectrum includes lipoma, and fibromyolipoma,<sup>(5)</sup> so lipoleiomyoma are composed histologically of variable amounts of smooth muscle, fat cells and fibrous tissue.

Fatty metamorphosis of smooth muscle cells of leiomyomas is the most likely cause for the development of tissue rather than fatty degeneration. The differential diagnosis of the lipomatous mass in the pelvis includes benign cystic teratoma, malignant degeneration of cystic teratoma, nonteratomatous lipomatous ovarian tumor, benign pelvic

lipoma , liposarcoma<sup>(4,5)</sup> and lipoblastic lymphadenopathy. Association of lipomatous uterine tumors and endometrial carcinomas with lipoleiomyosarcomas arising in uterine lipoleiomyomas have been reported.

Lipoleiomyoma if asymptomatic requires no treatment and is clinically similar to a leiomyoma; so it is important to differentiate these tumors from ovarian teratoma, which require surgical excision<sup>(6)</sup>.

Though imaging plays an important role in preoperative diagnosis and exact intrauterine location of a lipoleiomyoma, it is the final pathological examination that confirms the diagnosis. This case is being reported because of its rarity.

## **References**

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