Ossification In Uterine Leiomyomas
H Mohan, R Punia, S Kumar, P Jain, U Handa

Citation

Abstract
Ossification in uterine leiomyoma is exceedingly rare and is an example of heterotopic bone formation. This generally occurs in long-standing leiomyomas with other degenerative changes like hyalinization and calcification. In our study of 900 cases the most common degenerative change seen was hyaline degeneration (70%) and only 5 cases (0.55%) showed changes of ossification. This secondary change of ossification could be due to ignorance of the patients with late reporting to the gynaecologist in the Indian subcontinent.

INTRODUCTION
Ossification is an exceedingly rare degenerative change in the uterine leiomyomas. Leiomyomas can undergo various secondary changes including hyaline degeneration, cystic change, myxoid degeneration, infection, necrosis, calcification and rarely ossification. Most of these changes result from inadequate blood supply resulting in replacement of muscle fibres by hyaline material, collagen, calcium, mucopolysaccharides or a combination of these.\(^1\)\(^2\)\(^3\) There are very few references regarding ossification of leiomyomas in the English literature. We present 5 cases of uterine leiomyoma with secondary changes of ossification which we came across during routine histopathological examination of hysterectomy specimens.

PATIENTS AND METHODS
The study was conducted on 900 diagnosed cases of leiomyomas retrieved from the files of Department of Pathology, Govt. Medical College, Chandigarh between January 1995 to June 2000. Sections were stained with routine H&E stain and were examined for secondary changes. Relevant clinical details including chief complaints, duration, and USG diagnosis were also noted.

RESULTS
Out of 900 cases of leiomyoma diagnosed on hysterectomy specimens, only 5 cases showed secondary changes of ossification. The age of patients ranged from 34 to 68 years. Out of 5 cases, 4 were postmenopausal while 1 was premenopausal. Only 1 out of 5 patient was nulliparous. The duration of signs and symptoms ranged from 2 months to 1½ years. Size of the tumour varied from 0.8 cm to 8 cm in diameter. Microscopic examination revealed leiomyoma with secondary changes of ossification associated with hyalinization in 3 cases while it was seen along with calcification in 2 cases (Fig.1,2). Hyalinization alone however, was the most commonly observed secondary change in leiomyoma, seen in 70% cases. One of the patients who was nulliparous had also papillary serous cystadenocarcinoma in right ovary (Table).

Figure 3
Figure 2: Photomicrograph showing osseous metaplasia in leiomyoma
Ossification In Uterine Leiomyomas

Figure 2

<table>
<thead>
<tr>
<th>S. No</th>
<th>Age</th>
<th>Parity</th>
<th>Chief Complaints</th>
<th>Duration</th>
<th>USG Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>38</td>
<td>Multiparous</td>
<td>Uterine bleeding, pain, Heaviness lower abdomen</td>
<td>1 1/2 years</td>
<td>Right ovarian cyst with subserosal fibroid</td>
</tr>
<tr>
<td>2</td>
<td>70</td>
<td>Multiparous</td>
<td>Something coming out of vagina.</td>
<td>1 year</td>
<td>Intramural fibroid</td>
</tr>
<tr>
<td>3</td>
<td>68</td>
<td>Multiparous</td>
<td>Prolonged menorrhagia, bleeding</td>
<td>2 months</td>
<td>Intramural fibroid</td>
</tr>
<tr>
<td>4</td>
<td>48</td>
<td>Multiparous</td>
<td>Faint lump lower abdomen</td>
<td>1 year</td>
<td>Multiple intramural fibroid</td>
</tr>
<tr>
<td>5</td>
<td>38</td>
<td>Multiparous</td>
<td>Irregular intermenstrual bleeding</td>
<td>9 months</td>
<td>Intramural fibroid</td>
</tr>
</tbody>
</table>

Figure 4

Table 1: Clinicopathological changes in cases of Uterine Leiomyomas with Ossification

<table>
<thead>
<tr>
<th>S. No</th>
<th>Gross Examination</th>
<th>Microscopic Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Right ovarian cyst - 23 cm diameter with a solid greywhite area, 2 subserosal fibroids 1.1 and 0.8 cm diameter.</td>
<td>Right ovarian cyst-Papillary cystadenocarcinoma. Uterine tumour-Leiomyomatosa with secondary changes of hyalinization and ossification.</td>
</tr>
<tr>
<td>2</td>
<td>Intramural fibroid 1 cm diameter.</td>
<td>Leiomysoma with area of calcification and ossification.</td>
</tr>
<tr>
<td>3</td>
<td>Intramural fibroid 1.2 and 0.8 cm diameter.</td>
<td>Leiomysoma with secondary changes of calcification and ossification.</td>
</tr>
<tr>
<td>4</td>
<td>Multiple intramural fibroids, largest 7.5 cm diameter.</td>
<td>Leiomysoma with changes of hyalinization and osseous metaplasia.</td>
</tr>
<tr>
<td>5</td>
<td>Intramural fibroid 8 cm diameter.</td>
<td>Leiomysoma with hyaline degeneration and foci of osseous metaplasia.</td>
</tr>
</tbody>
</table>

DISCUSSION

Leiomyomas are more commonly seen in premenopausal, multiparous black females. The reason for the frequent development of leiomyoma in the uterus is suspected to be hormonal influence, especially oestrogen, growth hormone and progesterone. Leiomyomas are known to regress after menopause. These are well circumscribed, solid, white with whorled appearance. A variety of degenerative changes can take place in leiomyomas which may be due to inadequate blood supply. The degree and rapidity of vascular insufficiency decide the type of degenerative change. The types of degeneration include hyaline, myxoid, mucinous, cystic, haemorrhagic, calcification and rarely ossification.1,2

Ossification in uterine leiomyoma is an example of heterotopic bone formation which is generally of membranous type. Frank osteoid material may be found as a sequele to an old missed abortion, ensuing upon dystrophic calcification or as a metaplastic phenomenon. Secondary change of ossification is generally present in the long-standing leiomyomas with other degenerative changes like hyalinization and calcification. Calcification is a process of deposition of calcium in the tissue in the form of carbonate and phosphate while ossification is a process of differentiation of connective tissue along with presence of collagen fibres blended with mucopolysaccarides and enclosing living cells. The mere presence of calcium salt in inducing ossification is not sufficient but presence of proliferating mesenchymal cells capable of metaplasia are equally essential.1,4,5,6

In a study from West Indies common degenerative changes seen in leiomyoma were hyaline change (63%), myxomatous change (13%), calcification (8%), cystic (4%), fatty change (3%), and sarcomatous change (0.7%). None of the cases showed changes of ossification.2 In our study of 900 cases the most common degenerative change seen was hyaline degeneration. Only 5 cases (0.55%) showed changes of ossification which were associated with other degenerative changes like hyalinization and calcification indicating a gradual transformation of degeneration from one stage to another. This secondary change of ossification in postmenopausal females could be due to ignorance of a patient with late reporting to the gynaecologist in the Indian subcontinent.

CORRESPONDENCE TO

Dr. Harsh Mohan Professor & Head Dept. of Pathology
Govt. Medical College Sector – 32 Chandigarh – 160030 ,
India Office : Phone No. +91 (0172)665253-Extn.1050 Fax: +91 (172)609360 email harshmohan@glide.net.in

References

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Author Information
Harsh Mohan, MD, MNAMS, FICP
Prof. & Head., Dept. of Pathology, Govt. Medical College & Hospital

RPS Punia, MD.
Senior Lecturer, Dept. of Pathology, Govt. Medical College & Hospital

Sanjay Kumar, MD.
Ex Senior Resident, Dept. of Pathology, Govt. Medical College & Hospital

Prashant Jain, MD.
Senior Resident, Dept. of Pathology, Govt. Medical College & Hospital

Uma Handa, MD.
Reader, Dept. of Pathology, Govt. Medical College & Hospital