中文題目:病例報告 -以多個肺結節表現的良性轉移性平滑肌瘤

英文題目: Benign metastasizing leiomyoma presented with multiple lung nodules, a case report 作 者:葉東奇¹、洪仁宇^{1,2} 服務單位:¹台灣高雄市高雄醫學大學附設醫院內科部胸腔內科^{,2}台灣高雄市高雄醫學大學醫 學院醫學系內科學科

Introduction

Benign metastasizing leiomyoma (BML) are benign tumors that originate from uterus but metastasize to extrauterine sites, mostly to lungs. The patients with BML are usually asymptomatic, and may incidental be discovered by chest radiograph. BML may present with diffuse well defined nodules throughout the lungs on image study. The pathogenesis of BML is not well understood.

Case Report

A 46 years old healthy female was found pregnancy 2 month ago before this admission. She visited to obstetrician-gynecologist out-patient department for abortion. However, sonography showed cystic lesions in her uterus. And abdominal magnetic resonance image (MRI) showed non-enhanced cystic lesions in the anterior myometrium of the uterus and heterogeneous enhanced lesion in the endometrial cavity. She was arranged for hysteroscopy in general anesthesia. However, in pre-operation survey, chest posterior-anterior radiograph showed nodular lesion in bilateral lungs, suspect metastasis. Chest CT showed multiple round shape, well-defined, poor enhancing nodules disseminated in both lungs. Tumor marker showed within normal limit. Tissue biopsy in endometrium and wedge resection of right middle and lower lobe were conduct. Histopathology of endometrium showed myomatous lesion composed of fascicles of smooth muscle cells with usual cellularity. Histopathology of lung showed multiple nodules composed of bland, benign-looking fascicles of spindle cells with entrapped glandular structure lined by cuboidal epithelium. In immunohistochemistry study, the spindle cells are positive for desmin and estrogen receptor (ER). The findings were compatible with metastasizing leiomyoma. The patient was under gonadotropin-releasing hormone (GnRH) agonists treatment now.

Discussion

Bilateral pulmonary nodules with variety of size, no lobulation, cavities or calcification are seen in the image of pulmonary BML. Cytogenetic data may provide clues for metastasis. Histophathology of BML characterizes as multiple nodules composed of spindle smooth muscle cells as uterine leiomyomas. Positive of estrogen and progesterone are characteristic of BML. Treatment as medical or surgical intervention to reduce progestins and estrogens may effective to BML. BML usually have good prognosis, but need continuing monitor.