

Disseminated peritoneal leiomyomatosis

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Abstract We present a case of a 35-year-old lady with disseminated uterine leiomyomatosis diagnosed during laparoscopic uterine myomectomy, 7 years after a laparoscopy performed for the same reason. The disease should be kept in mind in order to avoid aggressive treatment due to the fact that the peritoneal myomas mimic malignant peritoneal tumors.

Keywords Uterine myomas · Leiomyomatosis · Peritoneum · Disseminated peritoneal leiomyomatosis

Introduction

Disseminated peritoneal leiomyomatosis (DPL) is a rare disease characterized by multifocal proliferation of smooth muscle-like cells that are histologically similar to uterine myomas, occurring predominantly in women of childbearing age. It is usually diagnosed during operations per-

formed for other reasons due to its generally indolent course. We present a case of a patient with DPL and uterine myomas and the suggested treatment.

Case study

A 35-year-old lady was referred to our clinic due to uterine myomas. The patient had a previous myomectomy 7 years before and had never been under hormonal treatment. Transvaginal ultrasound detected four uterine myomas and a laparoscopic myomectomy was scheduled.

During the laparoscopy performed using the three-chip Standard System Analogue Camera (Karl Storz GmbH, Tuttlingen, Germany), the uterine myomas were visualized, confirming the diagnosis (Fig. 1). Disseminated small nodules mimicking malignant tumors were visualized on the peritoneum of the pelvic wall (Fig. 2) and small bowel (Fig. 3). A biopsy was taken from the peritoneum. The uterine myomas were excised; hemostasis was assured by a single layer of Vicryl 1 hemostatic sutures over the uterine scars (Fig. 4) and a site-specific adhesion barrier (SprayShield™ Covidien Mechelen Belgium) was used (Fig. 5).

Histological examination of the excised peritoneal specimen showed it was a myoma, and the diagnosis of disseminated peritoneal leiomyomatosis was made.

A second look performed 8 weeks later using the three-chip High Definition Digital Camera (Karl Storz GmbH, Tuttlingen, Germany) visualized the same peritoneal myomas (Figs. 6, 7, and 8) and only a few de novo adhesions between the intestine and the uterine fundus which were cut (Fig. 9). Inspection of the upper abdomen showed no evidence of peritoneal tumors highlighting in our patient the exclusive presence of the disease in the pelvis (Fig. 10).

Conflict of interest There is no actual or potential conflict of interest in relation to this article.

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Fig. 1 Uterine myomas

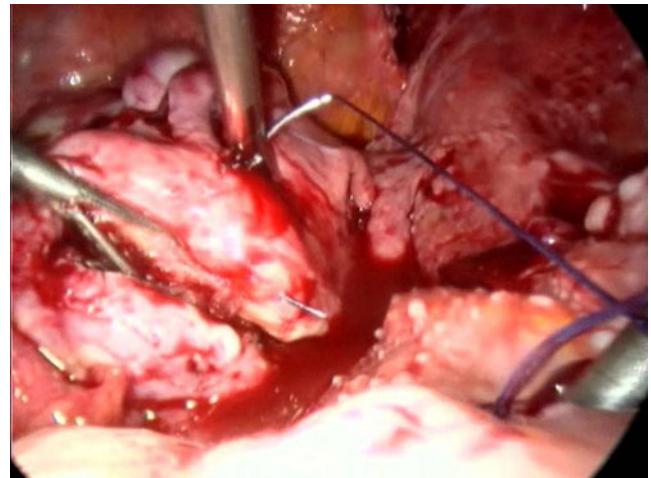


Fig. 4 Vicryl 1 hemostatic sutures over the uterine scars



Fig. 2 Small nodules visualized on the peritoneum of the pelvic wall



Fig. 5 A site-specific adhesion barrier (SprayShield™)



Fig. 3 Small nodules visualized on the small bowel



Fig. 6 Peritoneal myomas visualized 8 weeks later



Fig. 7 Peritoneal myomas visualized 8 weeks later



Fig. 8 Peritoneal myomas visualized 8 weeks later

A long-term follow-up was recommended and no medical treatment was given postoperatively.

Discussion

Disseminated peritoneal leiomyomatosis occurs primarily in premenopausal women and malignant transformation is extremely rare. The importance of recognizing the disease relies basically on the treatment options. Excision of all myomas has been tried and suggested by some authors [1], while medical treatment with GnRH analogs, aromatase inhibitors [2] or chemotherapeutic agents [3] was suggested by others for unresectable or metastatic disease. In most cases though, conservative treatment and long-term follow-up is recommended because of DPL's generally indolent clinical course [4]. Although it is a rare



Fig. 9 Only a few de novo adhesions between the intestine and the uterine fundus which were cut



Fig. 10 Inspection of the upper abdomen showing no evidence of peritoneal tumors

disease, it must be kept in mind whenever a patient presents with abdominal masses following myomectomy or hysterectomy.

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