

A Rare Case of Symplastic Leiomyoma Arising From Thigh**Vijay P Agrawal¹, Rahul Zamad², Nitin Wasnik³, Sushrut Bukte⁴, Akash Tiwari⁵**¹Assistant Professor, ²Senior resident, ³Associate Professor, ^{4,5}Resident, Department of General surgery, NKP Salve Institute of Medical Sciences & Lata Mangeshkar Hospital, Nagpur, India***Corresponding author**

Dr. Vijay P Agrawal

Email: vijugunnu@gmail.com

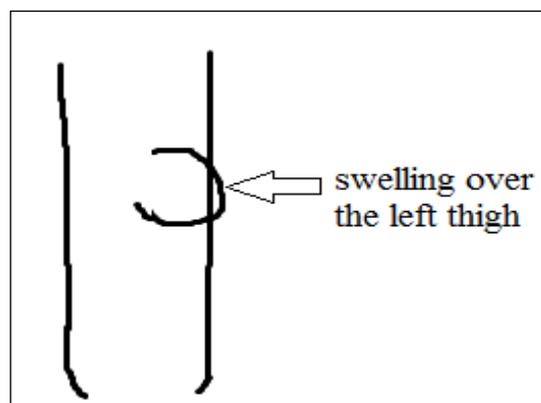
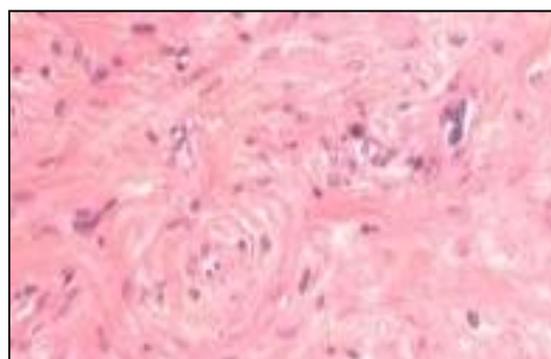
Abstract: We present a 65 year old female presented with a swelling over the left thigh since 8 years later diagnosed as case of a symplastic leiomyoma. Literature suggests leiomyoma arising from the renal pelvis, bladder, spermatic cord, epididymis, prostate and glans penis. Symplastic leiomyoma arising from thigh is very rare.**Keywords:** Symplastic leiomyoma, Finger.

INTRODUCTION

Leiomyomas are benign smooth muscle tumours. Symplastic means atypical or bizarre. Symplastic leiomyomas are generally seen in the uterus, dermis and scrotum. The lesions are erythematous, papular and multiple nodules in the dermis of millimeter size. Solitary nodules can be larger than multiple dermal nodules [1]. Literature suggests leiomyoma arising from the uterus, renal pelvis, bladder, spermatic cord, epididymis, prostate and glans penis [2-5]. We present a rare case of Symplastic leiomyomas arising from thigh.

CASE REPORT

A 65 year old female presented with swelling over the left thigh since 8 years. It was gradually increasing in size with no other complaints. On examination, there was 5×3 cm swelling over the anterior aspect of the left mid thigh. It was not tender, firm in consistency, not freely mobile and skin over the swelling was free. Patient underwent excision. Histopathology report shows mass composed of interlacing & intersecting fascicles of smooth muscle cells arranged in whorled pattern. Cells exhibit mild to moderate nuclear pleomorphism, few bizarre cells & occasional mitotic figures. Many dilated & congested vessels, areas of hemorrhages, skeletal muscle fibres and large area of necrotic debris are seen. Histological features suggestive of Symplastic leiomyomas. (Figure 1 & 2)

**Fig 1: Location of the swelling****Fig 2: HPE****DISCUSSION**

Cases of Symplastic leiomyomas arising from uterus, renal pelvis, bladder, spermatic cord, epididymis, prostate and glans penis have been reported in the literature. Leiomyomas are well known to be by far the commonest neoplasm arising from the uterus [6]. Symplastic leiomyomas are rarely reported lesions in the medical literature [7]. On gross sections these tumours appear white-grey and are well circumscribed

and encapsulated. On high power images these neoplasms are characterised by interlacing bundles of spindle shaped muscle cells with pleomorphic nuclei and occasional nuclear inclusions. Immunohistochemically, the tumour cells express vimentin, desmin, smooth muscle actin, and muscle specific actin, but not cytokeratin, neurofilament, or glial fibrillary acidic protein.

It is important to emphasize that despite their histological characteristics on presentation, compatible with malignancy, these tumours have a benign course not any different from conventional leiomyomas even when they are larger in size than those reported in the literature. Histologically they behave differently to both conventional leiomyomas as well as leiomyosarcomas. The treatment of cutaneous leiomyoma comprises a simple surgical excision, like the thigh leiomyomas in our case. After excision, dermal lesions have a 40% recurrence rate [8]. So far, there has been no recurrence in our case for 3 months. Even if microscopically mitotic activity is shown, follow-up is of utmost importance. Differentiation from leiomyosarcoma is very important to avoid unnecessary treatment [9].

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