



Botswana Multidisciplinary Tumour Board

A 35 year-old woman with leiomyosarcoma

22 May 2012

35-year old Female with groin mass

History:

- Over 3yrs developed swelling, mass in left groin with progressive lymphedema in left leg
- For past several months, noted new growth in right thigh
- Weight loss of 6kg
- Traditional healer told her that her leg would rot and the other would follow
- Dec 2011, presented to private clinic with groin lump and waist ache

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Past Medical History:

- HIV positive, dx June 2008
- No known opportunistic infections
- CD4 in October 2011, 121 cells/microL
- Started HAART in October 2011 (TDF/FTC/NVP)

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Clinical Exam:

- large, hard, fixed mass in left groin just above femoral vessels
- L leg edema
- Possible molluscum lesions of the leg

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Initial Impression/Management:

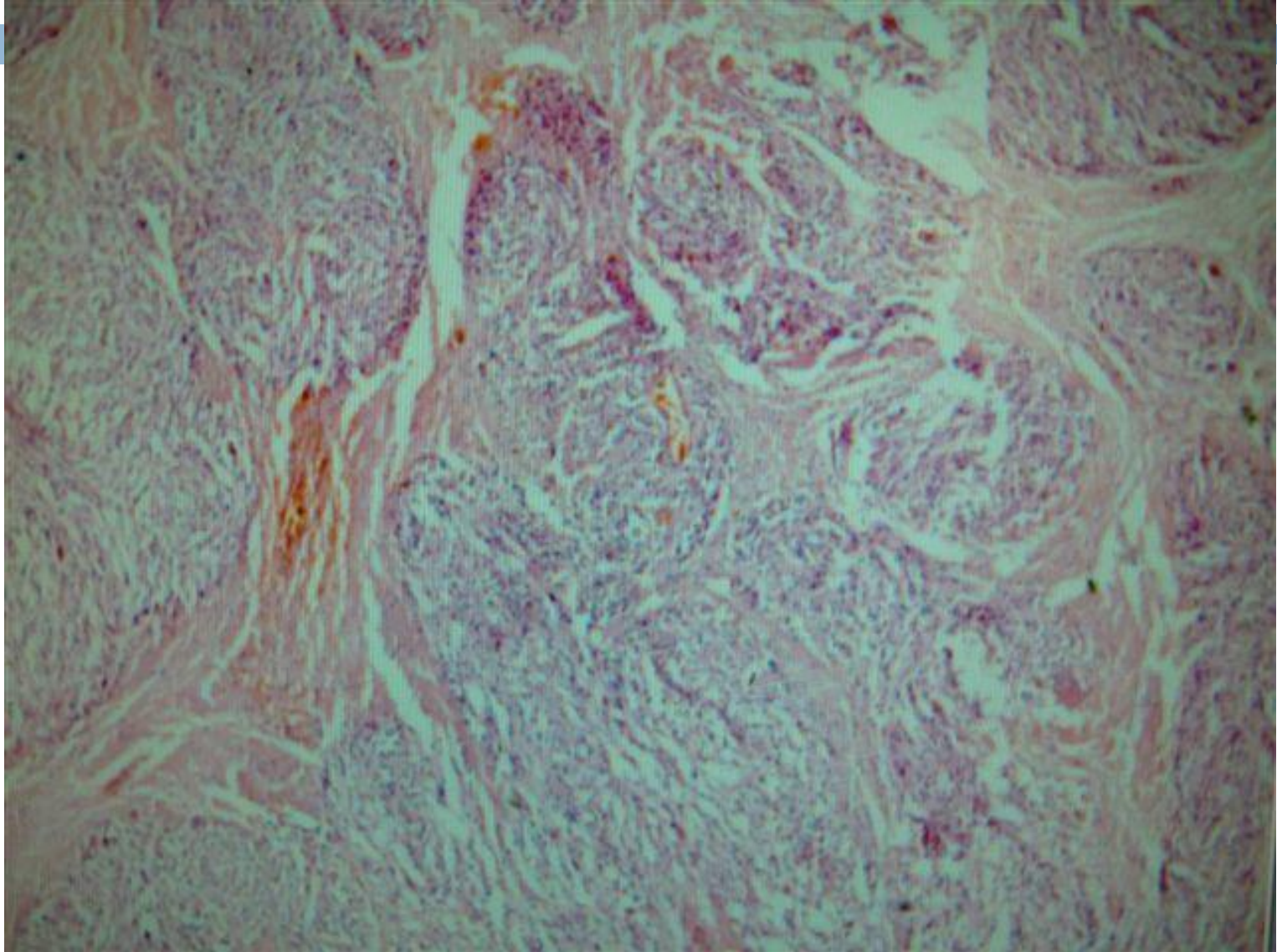
- Suspected malignancy
- Ibuprofen for pain relief
- Referred to public hospital for evaluation due to cost concerns

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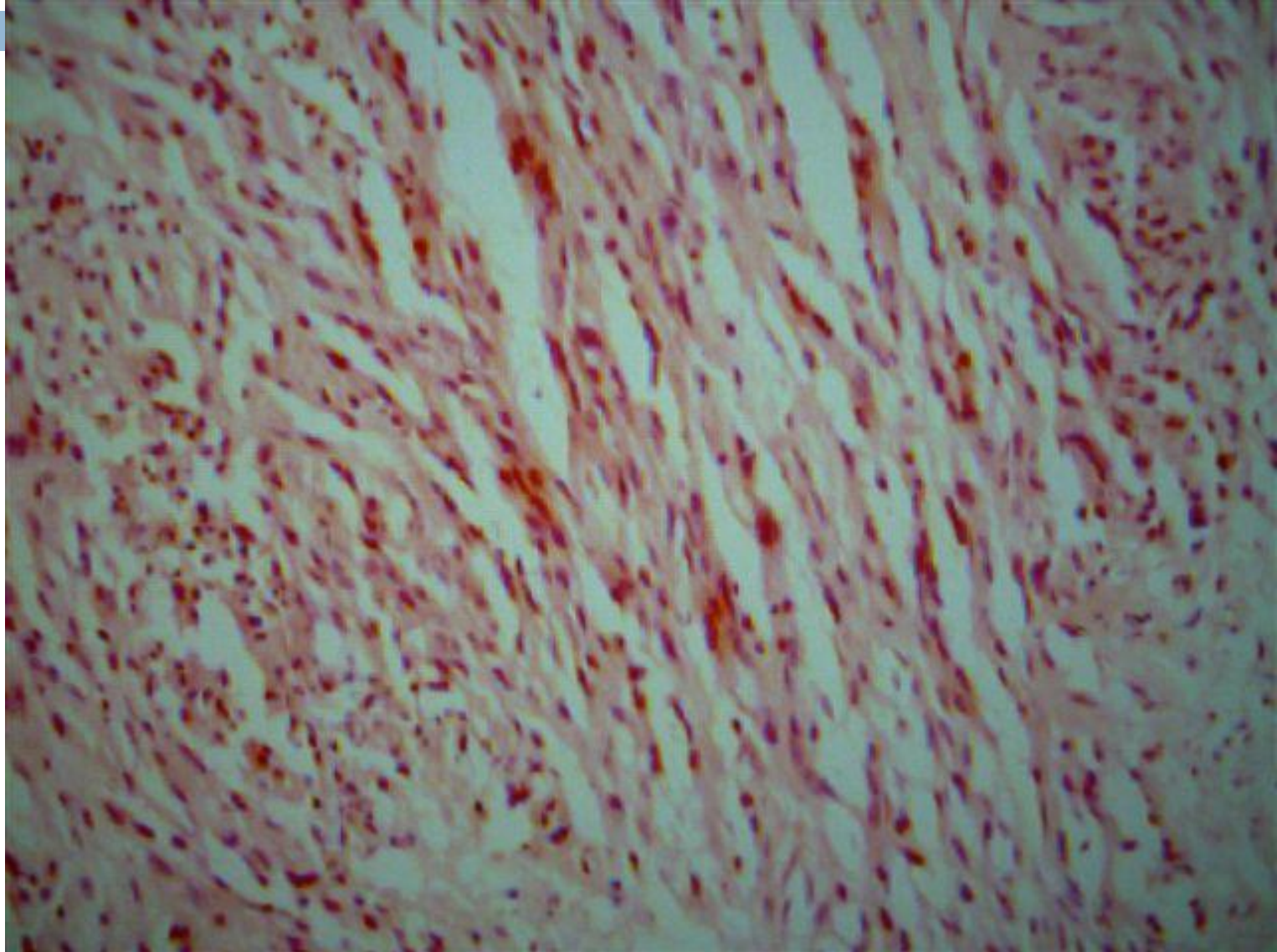
Fine Needle Aspiration:

- Dec 2011, cytology: groups of spindle-shaped cells in a whorled manner with blood and fat cells.
- Impression: Spindle cell sarcoma vs. leiomyosarcoma.

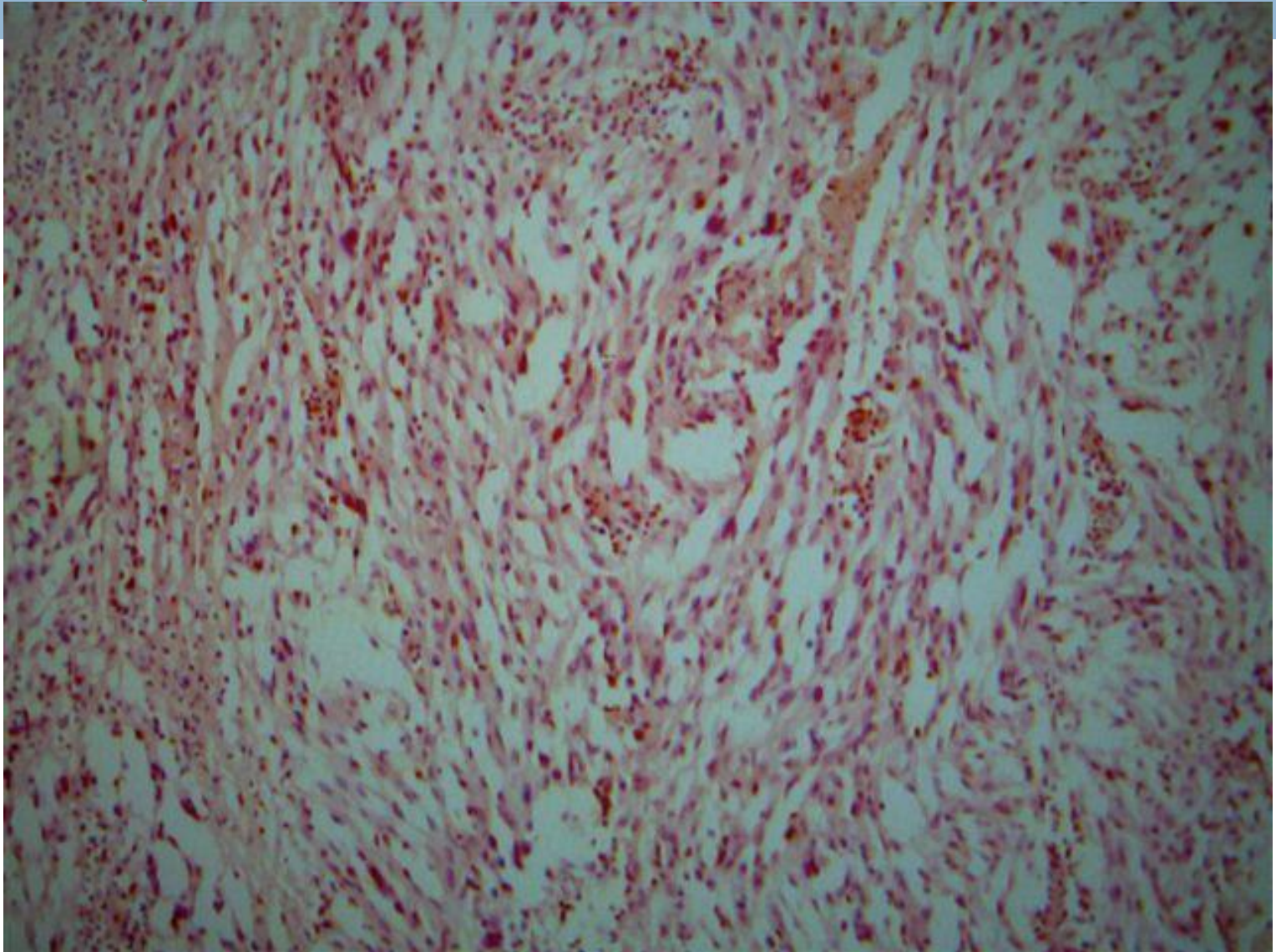
Left groin excisional biopsy (March 2012):



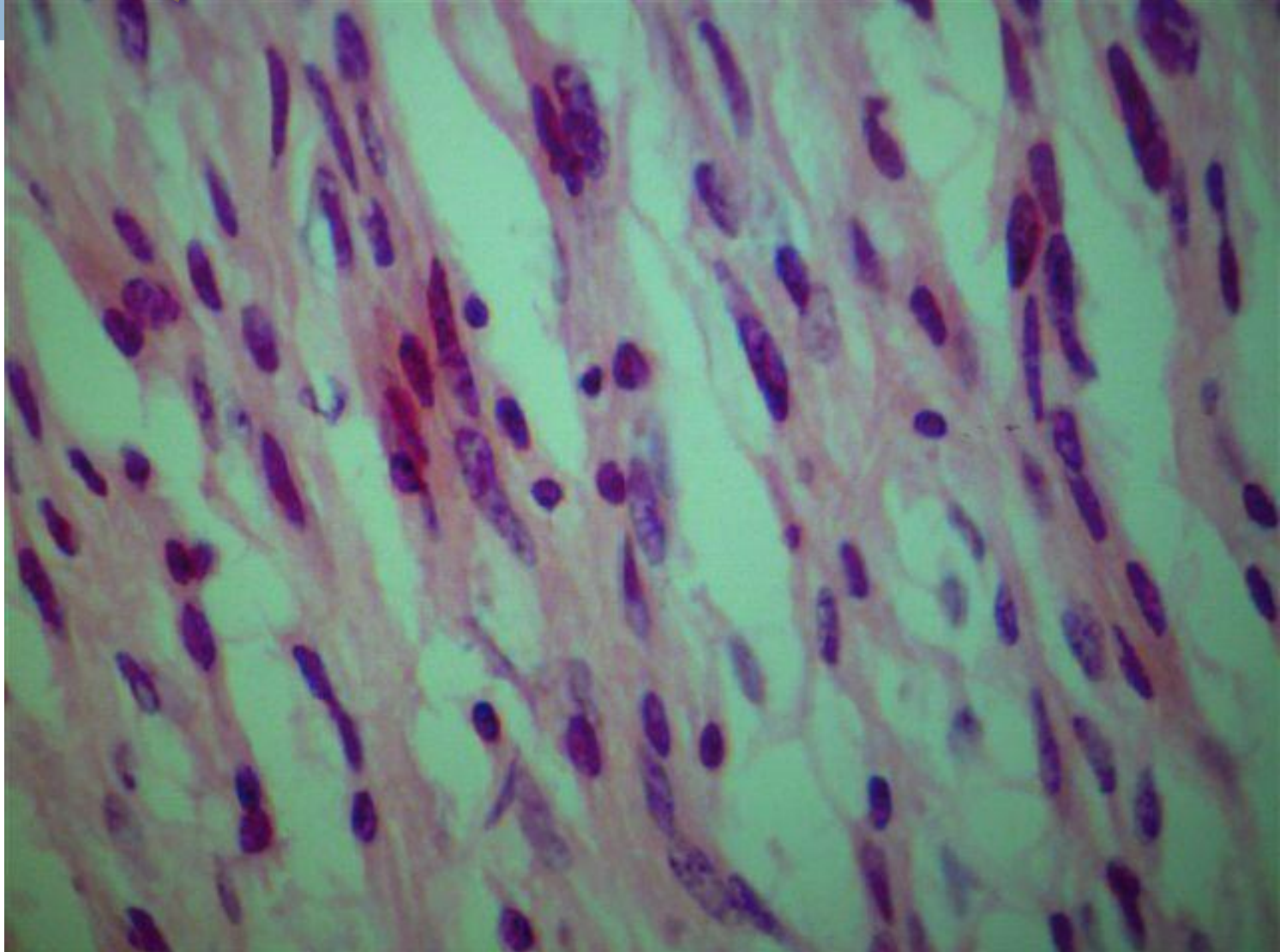
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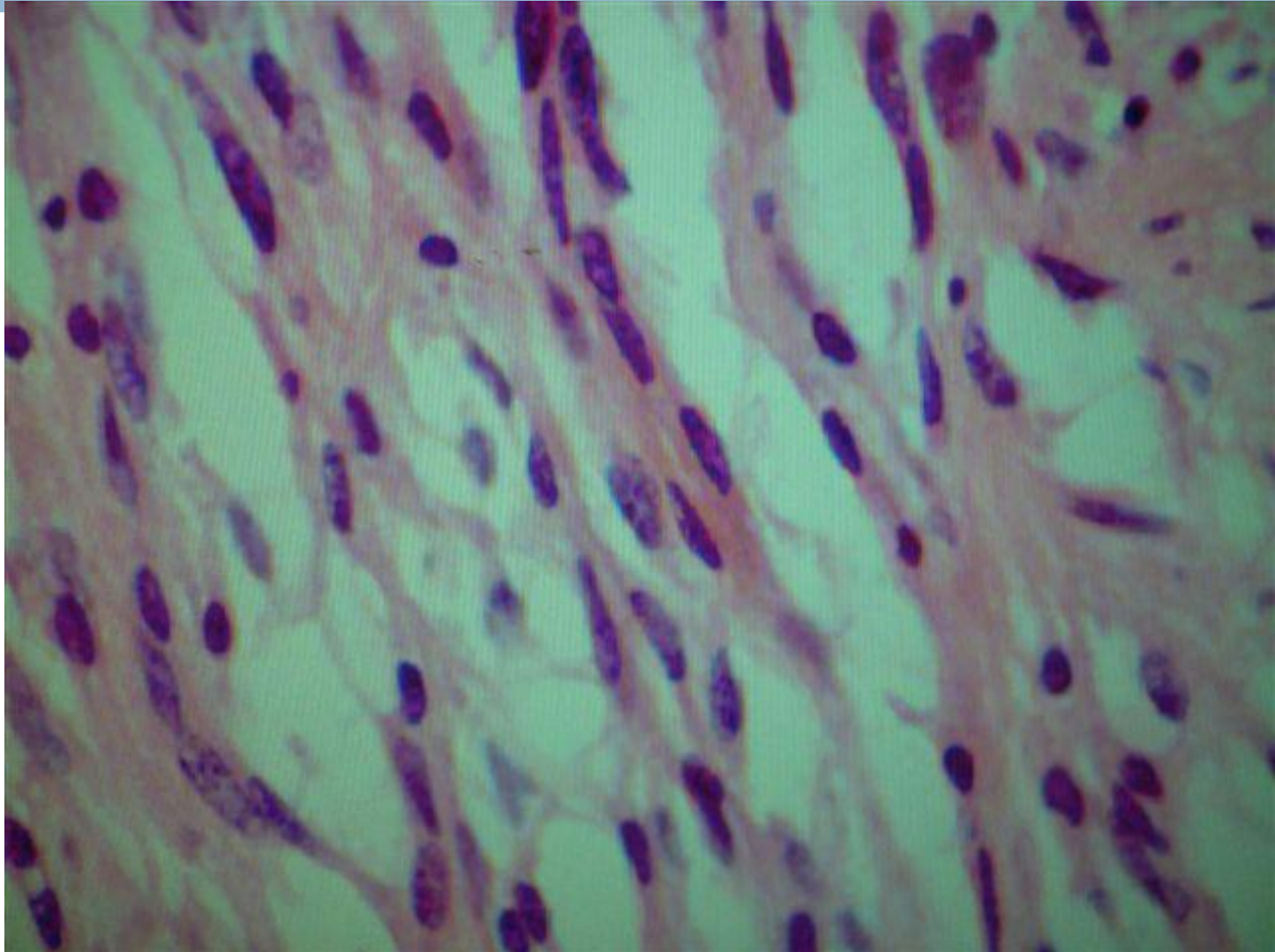
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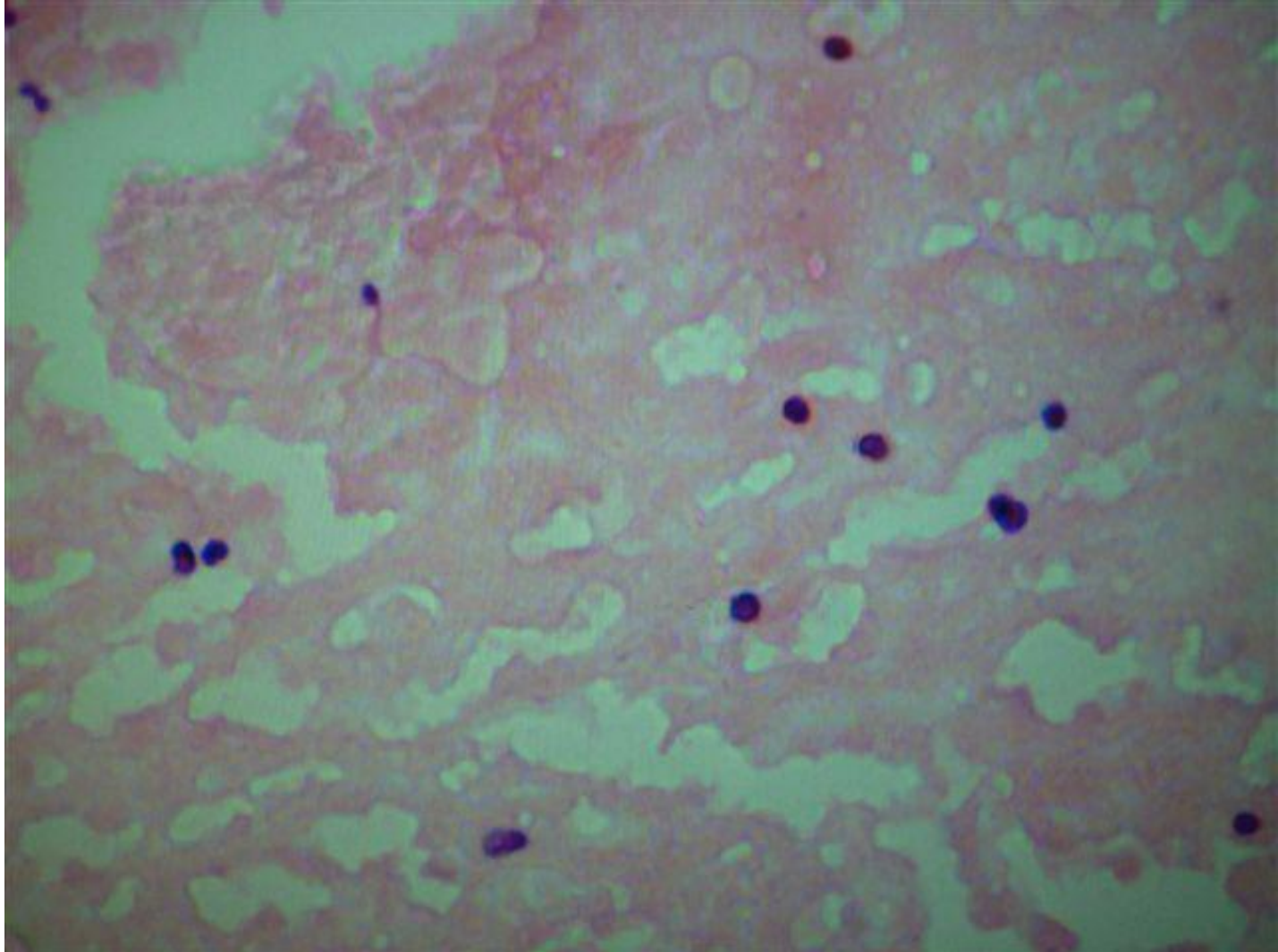
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Left groin excisional biopsy (March 2012):

- Gross description: 6.5x6.4 cm grey mass
- Histology: Spindle shaped cells with pink cytoplasm and blunt-ended nuclei. Tumor cells are arranged in irregular fascicles. The mitotic activity is high (8 per 10 hpf). The tumor shows extensive necrosis.
- Impression: The morphologic features are consistent with a **leiomyosarcoma**. The tumor cells are present at the surgical margin.



CT (April 2012)



CT (April 2012)



CT (April 2012)

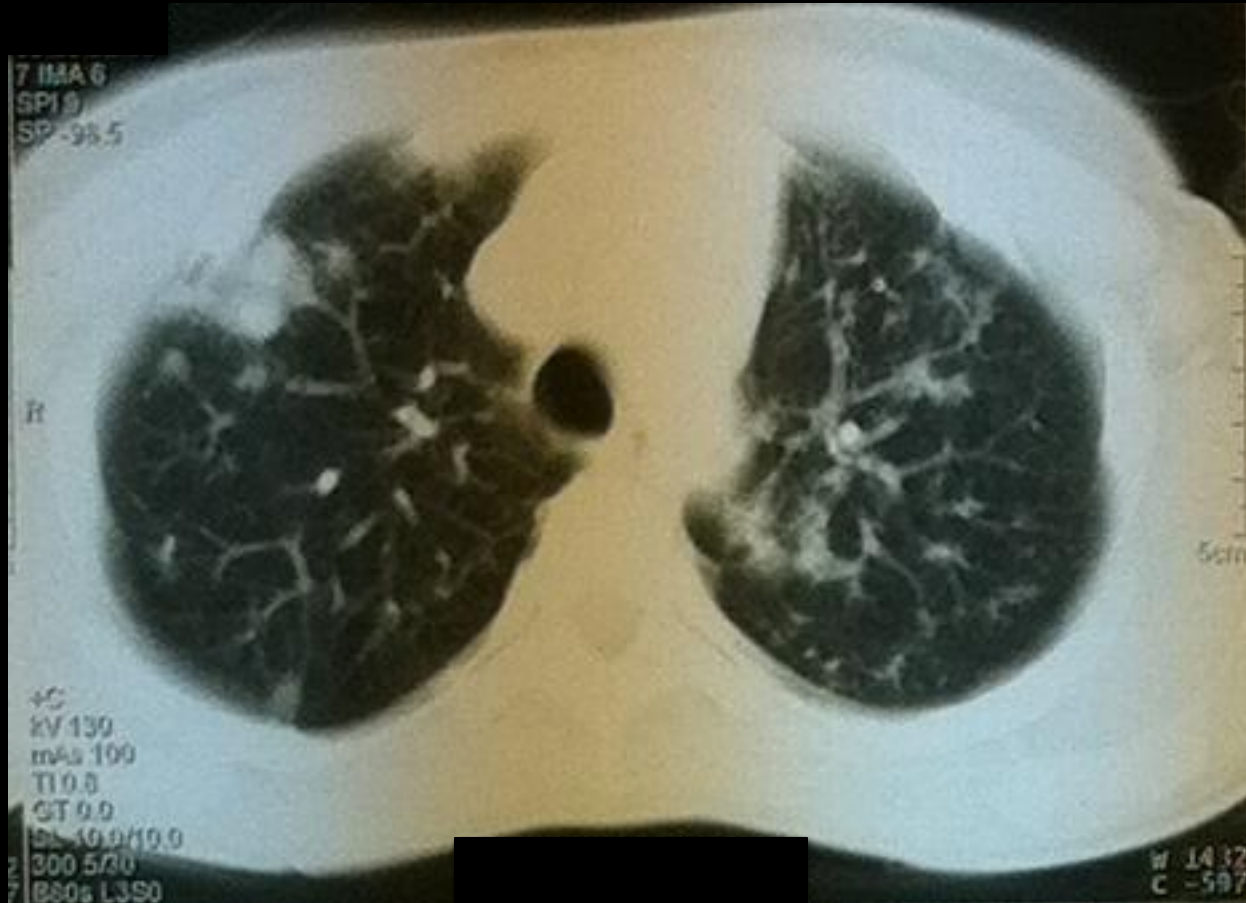


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Chest/Abdomen/Pelvis CT Interpretation:

- Chest: Widespread nodular opacities in both lung fields with largest area in R lung field, no pleural effusion or mediastinal lymphadenopathy,
- Abdomen: normal liver, gallbladder, pancreas, bladder, kidneys and spleen; very little abdominal adipose tissue hence retroperitoneal/omental tissue definition not well demonstrated, however there appears to be a hypoechoic soft tissue mass area in the para-aortic region suggestive lymphadenopathy.
- Pelvis: No pelvic free fluid.
- **Summary:** features are consistent with extensive bilateral lung metastasis with probable para-aortic lymphadenopathy

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□ **Current status:**

- Normal renal fxn and electrolytes, WBC 3.1, Hb 10.7, Plt 231
- Weight 48kg, height 160cm, performance status 1

□ **Plan:** cytarabine, vincristine, doxorubicin (with metocloperamide, hydrocort/prednisone for nausea);

- No plan for radiation or further surgery