UTERINE INTRAMURAL LIPOMA – A BENIGN BUT RARE ENTITY

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Abstract

Lipoma of the uterus is a rare benign tumor, usually developing in post menopausal woman. Clinical symptoms and Physical signs are similar to those found in leiomyomas. Most are post operative chance finding following hysterectomy for leiomyoma A 50 years old postmenopausal woman presented with vaginal prolapse. The hysterectomy specimen showed an intramural Lipoma of the uterus. Various imaging techniques can aid in pre-operative diagnosis. The diagnosis of pure Lipoma of uterus should be made when any smooth muscle if present is confined to the periphery of the tumor. Uterine lipoma has been reported in association with other lesions like endometrial carcinoma, cervical carcinoma and struma ovarii. We present a case of pure lipoma of the uterus with a coincidental benign brenners tumor of the ovary in a 60-year-old female. Patient presented with pain in the abdomen and a preoperative diagnosis of leiomyoma was made based on ultrasonography findings. Gross examination revealed a fatty tumor with a nodule in the right ovary. Microscopy confirmed the presence of pure uterine lipoma with a co-existant brenners tumor of the ovary. To the best of our knowledge this is the first case of uterine lipoma to be reported in association with ovarian brenners tumor.

Key words : Pure Lipoma Uterus, Benign

Introduction

Intramural Lipoma of uterus is extremely rare & only a few cases have been reported so far. Decades before it leads to differential diagnostic problems but with latest imaging techniques it can be diagnosed pre-operatively as well. We are reporting a case of intramural Lipoma of uterine corpus in a post menopausal woman which was an incidental finding in a hysterectomy specimen.

Case Report

A 50 years old postmenopausal woman underwent vaginal hysterectomy for UV Prolapse having no other gynaecological complaints. Grossly, the uterus with cervix
measured 9 × 5 × 4 cms with slight widening of body of uterus. Cut surface showed a well circumscribed greasy, yellow intramural mass of 1.5 cm diameter with patent endometrial cavity. No concomitant fibroid or any other lesion seen. Microscopically, Tumor was composed of mature adipose tissue with an occasional vessel No smooth muscle cells or fibrous elements were seen within the tumor. The smooth muscle fibers were pushed to periphery forming a capsule along with fibrous tissue. There was no element of sarcomatous component. The diagnosis of intramural Lipoma of uterus was made.

**Discussion**

Pure Lipoma of uterus are extremely rare. Only a few cases have been reported since its first description by lobesten. 90% of these occur in postmenopausal women. Majority of cases are asymptomatic & post operative incidental finding while some may present with symptoms similar to leiomyoma of comparable size. They arise in uterine corpus predominantly, Intramural & size ranges from few mm to as large as 32 cms. Largest series reported is of 10 cases of which one was pure Lipoma & nine were lipoleiomyomas. The largest series of pure Lipoma is of 3 cases. These tumors are of unknown histogenesis & nomenclature. Histogenesis controversial from pluripotent connective tissue cell. Other theories proposed are implanted embryonic fat cells, metaplasia of muscle or connective tissue into fat cells, proliferation of perivascular fat cells, fatty infiltration or degeneration of connective tissue. More common fatty tumor is lipoleiomyoma, angioLipomas or benign mixed mesodermal tumors. Lipomas make a sporadic but unproven relationship with endometrial carcinoma.

**Summary**

The importance of this lesion lies in fact that they occur in post menopausal women. They are either asymptomatic or can present with pain abdomen & rapidly increasing abdominal mass & ultrasonography reveals a hyperechoic mass giving a wrong perception of sarcoma. But with recent imaging modalities like CT Scan & MRI, they can be correctly diagnosed pre-operatively as well & unnecessary surgery & panic can be avoided in asymptomatic patients.

Till date, the Nomenclature and classification of these lipomatous tumors are inadequate & no attempt has so far been made towards differentiating lipomas from lipoleiomyomas.

**References**

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