

Clinical Pathologic Conference

Name : 黃○婷 Chart Number : 9580931

40 years old female, G3P2SA1

Past History : C/S ON 88/09/08 due to Breech

Family History : nil

Personal History : Allergy history(-), DM(-), HTN(-), Smoking(-)

2001/02/05 Urine frequency, she came our OPD for help

Myoma was diagnosed 2 years ago.

GYN echo was arranged

2001/02/19 Echo showed myoma about 9*6cm in size and degeneration was highly suspected

She refused to receive the operation.

2002/02/16 Due to myoma progression with degeneration, she came back for help

2002/02/19 Admission to GYN ward to receive operation on 2002/02/20

LMP:2002/02/10

Vital sign stable and pre-operation survey showed no specific findings.

Physical Examination

T:36°C P:73/min R:18/min BP:104/73/mmHg

Conscious : clear Conjunctiva : not pale

Sclera : not ictericus Neck : supple, LAP(-)

Chest: symmetric expansion Breathing sound:clear

Heart:regular heart beat, no murmur

Abdominal : palpable mass about GA22weeks size

Laboratory Findings

項目	單位	數值	項目	單位	數值	項目	單位	數值
Na	meq/L	138	WBC	1000/uL	6.4	P.T	sec	11.4
K	meq/L	4.3	APTT	sec	34.2	RBC	10 ⁷ /uL	4.34
Cl	meq/L	104	P.T	sec	11.5	APTT	sec	30.9
AST	U/L	16	HGB	g/dL	13.3	INR		0.99
BUN	mg/dL	14	HCT	%	39.6	MCV	UMM	91.2
Cre.	mg/dL	0.7	MCH	pg/Cell	30.6	MCHC	g/dL	33.6
Glu-(AC)	mg/dL	86	RDW	%	12.1	Plt.	1000/uL	412
			Seg.	%	67.1	Lym.	%	25.3
			Mono.	%	5.3	Baso.	%	0.3
			Eos.	%	2.0			

➤ **Presenter** : History 醫學六 張心怡
Image 醫學五 李佳倫
Pathology 醫學五 陳夢蝶
Discussion 醫學六 周欣慧
 醫學六 林珈辰
 醫學六 賴殷

➤ **Advisor** : 胸腔內科 張志豪醫師
 X光科 劉原彰醫師
 婦產科 黃寬仁醫師
 解剖病理科 李麗玉醫師

➤ **Moderator** : 解剖病理科 孫建峰醫師

CXR P-A view : negative finding of lungs, mediastinum, heart, airway, diaphragm and chest wall.

2002/02/20 Operation

- ⇒ Uterus, myometrium, myomectomy- **Leiomyoma with degeneration.**
- ⇒ Uterus, cervix, simple hysterectomy: chronic inflammation
- ⇒ Uterus, endometrium, **simple hysterectomy**: proliferative
- ⇒ Uterus, endometrium, simple hysterectomy: leiomyoma with degeneration
- ⇒ Ovary, right, **enucleation**: endometriosis

2002/02/24 Discharge

Her condition was stable with no fever after operation

2014/04/24 Nodular lesion noted during health examination, so she came to our OPD for help

Laboratory Findings

項目	數值	單位
CA15-3	10.7	U/mL
CEA	1.42	ng/mL
AFP	3.2	ng/mL
HBsAg	Nonreactive 0.31	
Anti-HBs	Negative <2.00	IU/L
CA-125	8.1	U/mL

Chest P-A view(standing) and lateral view (L't) followed up
HRCT was arranged to R/O lung nodular mass or nipple lesion

2014/05/13 CT showed mass at left lower lobe of lung and multiple subcentimetre nodule/groundglass opacification in the periphery of left upper lung, left lower lung and right medial lung.

First consideration is **homogenous metastasis.**

Differential diagnosis includes cryptococcosis, lymphoma or chronic granulomatous change. Rarely Wegener's granulomatosis or lymphangiomyomatosis (LAM).

Bronchoscopy was indicated for R/O endobronchial lesion, if negative CT guided biopsy was indicated.

2014/05/19 Bronchoscope was finished smoothly.

Bronchial washing cytology and lung biopsy (LB9) were done.

Mycobacterial smear and culture, fungal culture were also done.

- ⇒ The result of bronchoscope showed no endobronchial lesion, blood clot or bleeder in all accessible airway.
- ⇒ Pathology demonstrated negative for malignancy at lung, lb9 biopsy.
- ⇒ Bronchial washing cytology: negative for malignancy.
- ⇒ F/U CXR stationary in nodular size

Therefore, CT guided biopsy (left lower lobe, core needle biopsy) was indicated for tissue proof.

Cryptococcal Ag to R/O cryptococosis

Chest P-A View(Standing) followed up

2014/10/02

⇒The pathological report of CT guided biopsy showed benign metastasizing leiomyoma.

⇒F/U CXR showed : no significant change as compared with previous film.

⇒Arranged examinations of LH, FSH, estradiol, and progesterone at GYN OPD

⇒Arranged Chest P-A View(Standing), Chest Lateral View (L't), HRCT of Lung

CT for follow up right small nodule and left lower lung nodule at Chest OPD

❖ Point of Discussion :

1. Diagnosis and manifestation of benign metastasizing leiomyoma (BML)
2. To distinguish BML between intravenous leiomyomatosis (IVL) and other malignant neoplasm
3. Treatment and prognosis of BML
4. Possible pathogenesis and mechanism of the development of BML