Myxoid smooth muscle tumours

- Malignant > benign
Margins

BEGINNIN

MALIGNANT
Vascular smooth muscle tumours
Intravenous leiomyomatosis

Grossly visible worm-like intravascular neoplasm

Microscopic intravenous leiomyomatosis
Intravenous leiomyomatosis
Intravenous leiomyomatosis

- of special interest because of its quasi-malignant behaviour

- It propagate along blood vessels, inferior vena cava and ultimately into the right heart
Dissecting/ Cotyledonoid Leiomyomas
Sarcoma-like, cystic, haemorrhagic, multinodular, fungating, lesion protruding from the uterus into the broad ligament or peritoneal cavity.
Degeneration

- Hyaline
- Hydropic
- Cystic
- Myxoid
- Haemorrhage, necrosis, and calcification
Hyaline
Problematic leiomyomas

?? combination of two or more unusual patterns/degeneration
Epithelioid/perinodular/Hydropic
Endometrial Stromal Tumours

- Uncommon <5% of uterine tumours
- **WHO (2003) classification**
  - Endometrial stromal nodule
  - Endometrial stromal sarcoma [low-grade]
  - Undifferentiated endometrial sarcoma
  - Uterine tumour with sex cord differentiation
Uniform cells/whorling around thickened vessels
Arborizing vessels

CD34
Collagen bands/amianthoid fibres
Differences between ESN & ESS

- **Margins**
- **Vascular invasion**
  - ? Mitotic figures <5 MF/10HPF
  - ??Size
DD of endometrial stromal tumours

- Cellular leiomyoma
- Cellular endometrial polyp-curettings
- Adenomyosis/predominant stroma
- Intravenous leiomyomatosis
In Curettings

- Not possible to make a definitive diagnosis
- ?? Young women
  - Imaging
  - Hysteroscopy
  - Local excision
  - FU
Prognosis of endometrial stromal tumours

- **ESN** - excellent prognosis

- **ESS** - Indolent tumour / favourable prognosis / Late recurrences - 1/3 of cases
  - Pelvis
  - Abdomen
  - Lung
  - Vagina
Cellular leiomyoma
Cellular leiomyoma