DISSEMINATED PERITONEAL LEIOMYOMATOSIS AND ENDOMETRIOSIS: A CASE-REPORT

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INTRODUCTION

Disseminated peritoneal leiomyomatosis (DPL) is a rare condition characterized by the proliferation of multiple smooth muscle nodules throughout the peritoneal surfaces. The underlying pathophysiology remains unclear, but the most widely accepted theory includes genetic, hormonal and iatrogenic factors. Association with endometriosis has also rarely been reported. Although there is no standard treatment, hormonal therapies can be used to suppress estrogen levels. Surgery is also an option in symptomatic patients, and in cases of partial or no response to medical treatments.

CASE PRESENTATION

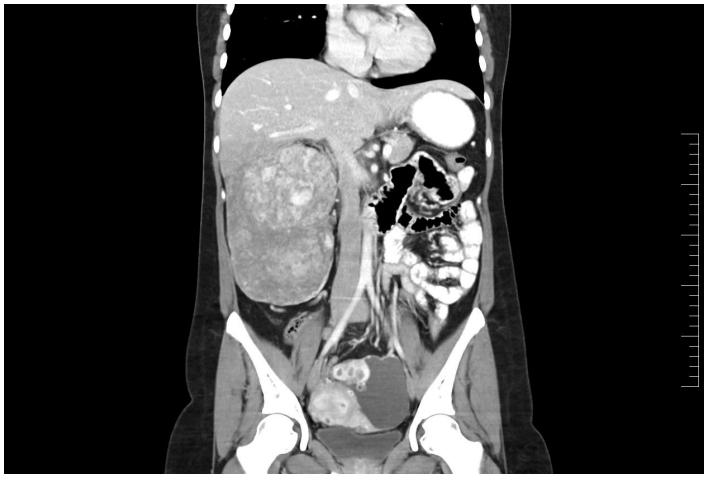
We present a case of DPL and endometriosis in a young woman with a previous history of laparoscopic myomectomy with intra-abdominal morcellation.

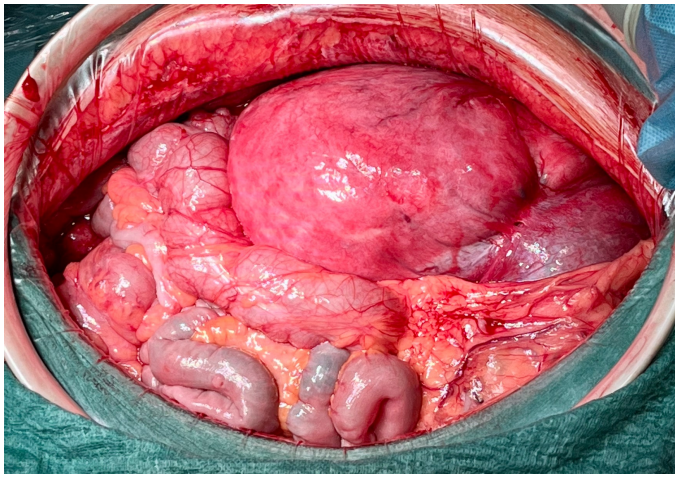
Diagnosis of DPL was made in 2011 when the patient was 33 years old, two years after the first fibroid surgery, and the patient was then reoperated to remove all the visible myomas. In 2015 the patient was diagnosed of adenomyosis, endometriomas and deep infiltrating bowel endometriosis. One year later, during pregnancy an abdominal ultrasound examination revealed a large retroperitoneal mass of 15 cm in contact with the liver, and recurrence of DPL was suspected.

The patient was asymptomatic and preferred conservative management. She started medical treatment with go gonadotropin-releasing hormone agonists after delivery, with a considerable reduction of the mass size in the following months. She received multiple hormonal therapies during years, but progressive increase in tumor size and worsening of compressive symptoms led to a new surgery in May 2022.

Total hysterectomy, left oophorectomy, intestinal shaving and multiple peritoneal myomas excision (including a giant myoma in the hepatorrenal fossa afecting Glisson's capsule) were performed. There were no complications and the patient was discharged from hospital a week after the surgery.

Anatomopathological examination of surgical pieces revealed a disseminated peritoneal adenomyomatosis and multiple endometriosis foci.





CLINICAL COURSE

At the follow-up visit six months after surgery, the patient was completely asymptomatic and no residual or new lesions were identified by ultrasound.

CONCLUSION

This case-report illustrates diagnostic challenges and possible therapeutic strategies regarding DPL in a patient with endometriosis.