

# Leiomyosarcoma

Gynecological cancers metastasizing to the spine are rare. In a series, overall survival following diagnosis of spinal metastases and surgery was 27 months, with [cervical cancer](#), [endometrial cancer](#), and [leiomyosarcoma](#) survival being 32, 26, and 20 months, respectively. Combined with literature cases, survival differs depending on primary histology, with decreasing survival from cervical cancer (32 months) to leiomyosarcoma (22.5 months) to endometrial cancer (10 months). Integrating such information with other patient factors may more accurately guide decision making regarding management of such spinal lesions <sup>1)</sup>.

## Case reports

### 2015

Strong et al. describe the case of a patient who initially presented with uterine leiomyosarcoma (LMS) that later metastasized to the spine. The patient was treated at another institution for her primary uterine LMS, undergoing resection followed by adjuvant chemotherapy. After several years of disease remission, the patient presented in January 2011 to the authors' institution with recurrent uterine LMS metastatic to the spine, which has been treated with multiple therapeutic modalities in a combination of surgery, radiosurgery, and chemotherapy. As a result of this approach, the patient has been progression free for 35 months since her presentation (April 2011 to March 2014). They suggest that patients with recurrent uterine LMSs should be considered for treatment using a multimodality approach with emphasis on enrollment into clinical trials <sup>2)</sup>.

### 2014

A 12-year-old girl with Fanconi anemia presented with a primary intracranial leiomyosarcoma arising from the torcular Herophili and infiltrating the adjacent venous sinuses after previous allogenic hematopoietic stem cell transplantation. Radical tumor resection followed by radiotherapy resulted in tumor-free survival and good outcome at a 2-year follow-up.

Despite occurrence of leiomyosarcoma in a site thought unfavorable for surgery, combined tumor resection and radiosurgery may yield excellent outcome <sup>3)</sup>.

A patient with leiomyosarcoma passed away within several weeks of treatment secondary to disseminated extracranial primary disease <sup>4)</sup>.

<sup>1)</sup>

Liu A, Sankey EW, Godwin CR, Kosztowski TA, Elder BD, Bydon A, Witham TF, Wolinsky JP, Gokaslan ZL, Sciubba DM. Postoperative survival and functional outcomes for patients with metastatic gynecological cancer to the spine: case series and review of the literature. *J Neurosurg Spine*. 2015 Sep 11:1-14. [Epub ahead of print] PubMed PMID: 26360144.

<sup>2)</sup>

Strong MJ, Rosenlof T, Padmanabha S, Weiner RS, Morgan LR, Ware MI. Treatment of recurrent metastatic uterine leiomyosarcoma of the spine: a multimodality approach using resection, radiosurgery, and chemotherapy. *J Neurosurg Spine*. 2015 Jul 17:1-6. [Epub ahead of print] PubMed PMID: 26186448.

3)

Aumüller M, Sykora KW, Hartmann C, Hermann EJ, Krauss JK. Primary intracranial leiomyosarcoma of the torcular Herophili associated with Fanconi anemia and allogenic stem cell transplantation. Childs Nerv Syst. 2014 Sep;30(9):1613-6. doi: 10.1007/s00381-014-2422-7. Epub 2014 Apr 22. PubMed PMID: 24752708.

4)

Shepard MJ, Fezeu F, Lee CC, Sheehan JP. Gamma knife radiosurgery for the treatment of gynecologic malignancies metastasizing to the brain: clinical article. J Neurooncol. 2014 Dec;120(3):515-22. doi: 10.1007/s11060-014-1577-0. Epub 2014 Aug 17. PubMed PMID: 25129546.

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