

REVIEW

Uterine Leiomyosarcoma

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Incidence

Uterine Leiomyosarcoma (LMS) is a rare neoplasm with an estimated yearly incidence between 0.5 and 3.3 per 100,000 women.⁽¹⁻⁴⁾ It is considered one of the most lethal of all malignancies of the uterus.⁽⁵⁾ Leiomyosarcomas account for approximately 45% of all uterine sarcomas (Table 1)⁽⁶⁻²³⁾ and represents 1.3% of all uterine malignancies.⁽²⁴⁾ The incidence ratio between uterine leiomyomas and leiomyosarcomas is estimated to be 800 : 1.⁽²⁴⁾ The incidence of sarcomatous change of uterine leiomyoma is reported to be between 0.13% and 0.81%.⁽²⁵⁻³¹⁾

Etiologic factors

Radiation

An increased incidence of uterine sarcomas following radiation therapy to the pelvis is well documented in the literature^(2,7-8,16,18,32-4) but most sarcomas arising after radiation are malignant mixed mullerian tumors.

In uterine LMS, prior pelvic radiotherapy ranges from 1.7-6.7% which is also higher than normal population.^(1,14,29,33-37)

Other factors

Hormonal influence has been implicated in the

etiology of uterine LMS. Kirkman and algard placed androgen/estrogen pellets in syrian hamsters, found the proliferation of uterine horn smooth muscle cells which progressed from an atypical pattern to LMS.⁽³⁸⁻³⁹⁾ Furthermore, when leiomyomas of the Guinea pig uterus were included in 125 animals following administration of synestrol, 8 of the animals were observed to have LMS.⁽⁴⁰⁾ Further study has to be pursued to identify the causal effect of hormone to LMS.

A uterine LMS was experimentally induced in a rabbit after herpes virus type II inoculations.⁽⁴¹⁾ However, there is no conclusive evidence of causal association between any virus and the development of human soft tissue sarcomas.⁽⁴²⁾

Cytogenetic analysis was done on uterine LMS and found clonal chromosome abnormalities, various chromosome changes that included translocations, deletion, insertions were identified. Laxman et al⁽⁴³⁾ detected chromosomal abnormalities in 10 to 14 patients of uterine sarcomas (71%), the common abnormal sites were chromosome 1, 7 and 11. So the authors suggested that abnormalities of chromosomes 1, 7 and 11 may play a role in tumor initiation or progression in uterine sarcomas.

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