Uterine leiomyosarcoma: A clinical challenge for gynecologist and oncologist

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Uterine leiomyosarcoma (LMS) accounts for approximately 1% of all uterine malignancies. Although several findings at ultrasound and magnetic resonance imaging can raise the suspicion of a uterine LMS, there are no pathognomonic features at any imaging techniques and therefore, the large majority of the cases are diagnosed after surgery at the histological examination of a hysterectomy or myomectomy specimen. Uterine LMS has an aggressive clinical behavior with a great tendency to local recurrence and even more to distant relapse. Total hysterectomy and bilateral salpingo-oophorectomy (BSO) is the standard surgical therapy for apparently early stage disease. However, BSO in premenopausal women could be unnecessary unless the ovaries are macroscopically involved. FDA is a warning against the use of laparoscopic power morcellators in women undergoing myomectomy or hysterectomy for a presumed leiomyoma, because of the risk of disseminating unexpected LMS. Pelvic and aortic lymphadenectomy is not indicated in absence of macroscopic extra-uterine disease. As far as post-operative treatment of women with completely resected, early stage uterine LMS is concerned, adjuvant radiotherapy is not usually recommended and should be reserved to select cases with risk factors for local recurrence and the value of adjuvant chemotherapy is still debated. Obviously, pharmacological treatment plays a major role in the management of advanced, persistent or recurrent LMS. Doxorubicin, ifosfamide and dacarbazine have been long used, whereas novel agents are represented by gemcitabine, docetaxel, trabectedin, pazopanib and aromatase inhibitors. The role of eribulin, angiogenic agents and mammalian target of rapamycin (m-TOR) inhibitors is still investigational. Whenever possible, women with recurrent uterine LMS should be encouraged to enter well-designed clinical trials aimed to detect novel active agents.

Biography
Angiolo Gadducci is currently working as Professor at Department of Obstetrics and Gynecology, University of Pisa, Italy. He has extended her valuable service as oncologist has been a recipient of many award and grants. His international experience includes various programs, contributions and participation in different countries for diverse fields of study. His research interests reflect in his wide range of publications in various national and international journals.

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