

# Retroperitoneal Leiomyosarcoma

## An Unusual Cause of Gastrointestinal Bleeding

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### LEARNING OBJECTIVES

- Recognizing retroperitoneal leiomyosarcoma tumors (RLMS) as a rare cause of gastrointestinal bleeding

### CASE PRESENTATION

A 55 year-old woman presented for the evaluation of anemia with a HGB of 7.4 g/dL

#### Medical history:

- Wilms' tumor in childhood
- Breast cancer s/p treatment

#### Upper endoscopy findings:

- A large infiltrative and ulcerated mass with stigmata of recent bleeding in the second portion of the duodenum

#### CT findings:

- A large retroperitoneal mass measuring up to 11 cm involving the right adrenal gland, the posterior right hepatic lobe and abutting duodenum, ascending colon and inferior vena cava, also extending to involve the iliopsoas and paraspinal soft tissues
- Abdominal lymph nodes noted in normal size

#### Pathology findings from endoscopy:

- A high grade leiomyosarcoma

#### Treatment provided:

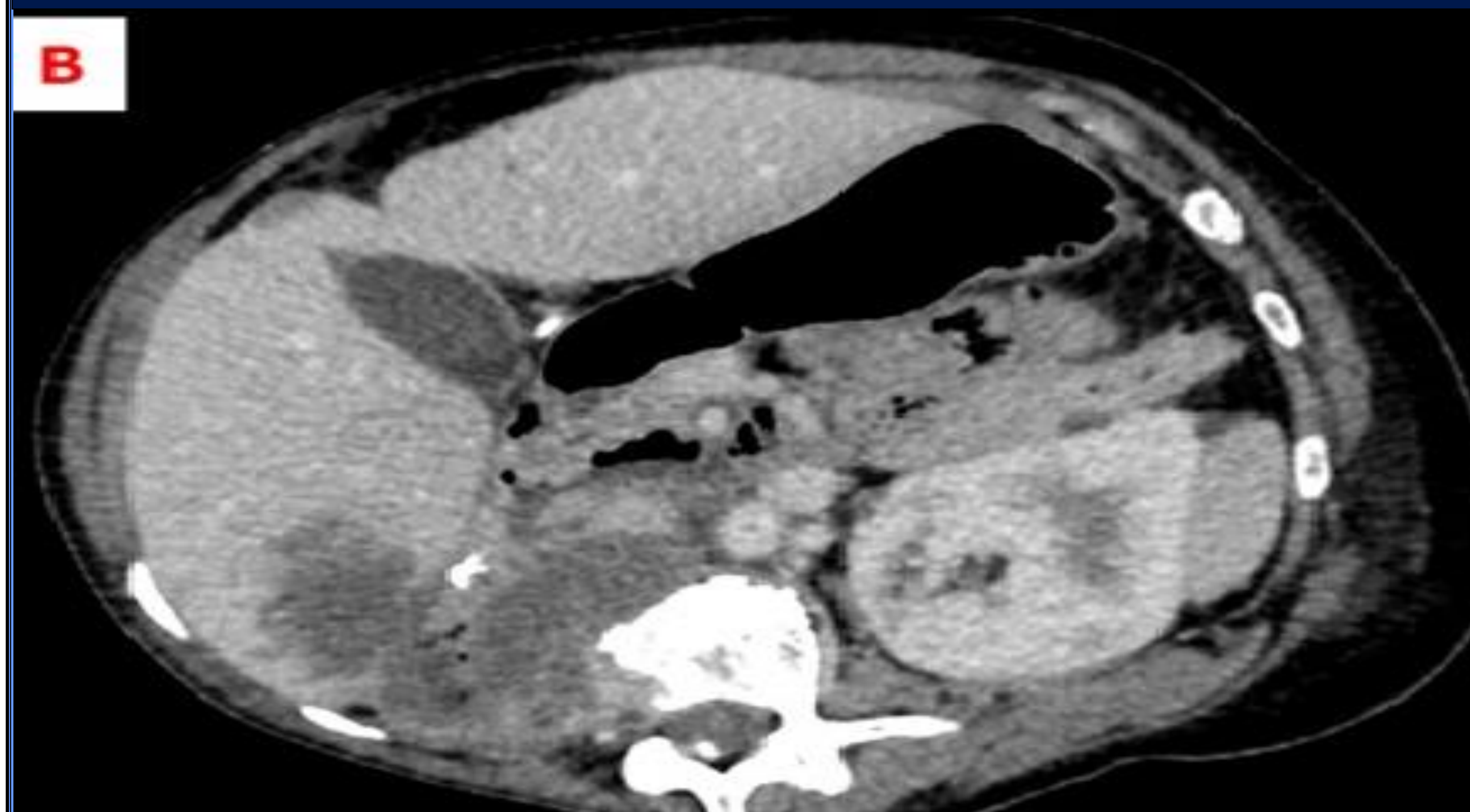
- Due to the extent of disease, surgical resection was deemed unsafe
- Patient opted for hospice care

### UPPER ENDOSCOPY FINDINGS



A large infiltrative and ulcerated mass with stigmata of recent bleeding in the second portion of the duodenum. Pathology revealed a high grade leiomyosarcoma

### CT FINDINGS



A large retroperitoneal mass measuring up to 11 cm involving the right adrenal gland, the posterior right hepatic lobe and abutting duodenum, ascending colon and inferior vena cava

### DISCUSSION

- Soft tissue sarcomas represent less than 1 percent of adult malignancies
- Approximately 50 percent originate in the extremities, with only 13 percent originate from the retroperitoneal space
- Histologic types include primarily liposarcoma and leiomyosarcoma
- Overall, retroperitoneal leiomyosarcoma (RLMS) is rare with an incidence rate of 2 per million population
- The retroperitoneum often accommodates a relatively large tumor, invading, compressing or spreading before symptoms arise (abdominal pain, palpable mass)
- Tissue diagnosis can be complicated by needle tract seeding
- The relative mortality is high as curative en bloc resection is often not feasible safely and systemic chemotherapy or radiotherapy with low yield

### CONCLUSIONS

- Endoscopic tissue diagnosis of RLMS tumor invading the duodenum is very rare
- This atypical presentation enables a rapid and safe sampling, minimizing needle tract seeding and prompt diagnosis