Degenerative changes in myometrium simulating diffuse leiomyomatosis after treatment with gonadotrophin releasing hormone analogue

M Jeffers, C Cowan, C B Lunan

Abstract

Degenerative changes are encountered relatively frequently in uterine leiomyomas. Morphologic changes within leiomyomas, particularly necrosis and alterations in cellularity, have been described following treatment with gonadotrophin releasing hormone analogue, but the effects of this form of treatment on the morphology of the normal myometrium are less well documented. A case is reported of a 42 year old woman with a history of menorrhagia in whom a combination of degenerative and iatrogenic changes resulted in a histological appearance resembling diffuse leiomyomatosis.

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Keywords: Leiomyomatosis, gonadotrophin releasing hormone analogue.

Gonadotrophin releasing hormone (GnRH) analogues are used in the management of patients with uterine leiomyomas. Reduction in leiomyoma volume occurs following GnRH analogue administration, possibly because of atrophy of smooth muscle cells. Changes in cellularity, necrosis, and haemorrhage have been described in leiomyomas following treatment with GnRH analogues, but the range of histopathological changes resulting from the administration of GnRH analogues has yet to be fully defined. Here, we report a case in which features suggestive of diffuse leiomyomatosis were present in a hysterectomy specimen following administration of goserelin, a GnRH analogue.

Case report

A 42 year old woman had been attending the gynaecology clinic for four years with a history of menorrhagia. Examination at initial presentation revealed a small mobile uterus. She was started on a cyclical progesterone but defaulted from follow-up. Two years later, the patient presented with acute urinary retention and was found to have an enlarged uterus with fibroids. She also complained of menorrhagia; endometrial curettage was performed yielding normal secretory endometrium. She was started on a progesterone...
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Figure 1. Perinodular degeneration within a leiomyoma.

Discussion

Gonadotrophin releasing hormone analogues are used in the medical management of menorrhagia and for reducing leiomyoma volume before hysterectomy. The mode of action of these agents is not entirely clear, but the reduction in leiomyoma size is thought to be a result of the hypo-oestrogenic state induced by GnRH analogue administration. The mode of action of these agents is not entirely clear, but the reduction in leiomyoma size is thought to be a result of the hypo-oestrogenic state induced by GnRH analogue administration. The mode of action of these agents is not entirely clear, but the reduction in leiomyoma size is thought to be a result of the hypo-oestrogenic state induced by GnRH analogue administration. The mode of action of these agents is not entirely clear, but the reduction in leiomyoma size is thought to be a result of the hypo-oestrogenic state induced by GnRH analogue administration. The mode of action of these agents is not entirely clear, but the reduction in leiomyoma size is thought to be a result of the hypo-oestrogenic state induced by GnRH analogue administration.

Degenerative changes including necrosis, haemorrhage, and hyaline degeneration have been described in leiomyomas following administration of GnRH analogues. Both a reduction and an apparent increase in cellularity have been reported, the latter being regarded as an apparent increase resulting from condensation of atrophic smooth muscle cells rather than a genuine increase in cell number.

Perinodular hydropic degeneration within and adjacent to leiomyomas can result in appearances superficially resembling intravenous leiomyomatosis. This form of degeneration is probably responsible for some changes observed within the leiomyomas in the case reported here, but abnormalities were also present in the myometrium distant from the leiomyomas and extended to the junction of endometrium and myometrium, resulting in appearances similar to diffuse leiomyomatosis. The presence of large discrete leiomyoma masses and substantial areas of normal myometrium, however, excludes this diagnosis. We propose that these abnormalities resulted from smooth muscle cell atrophy induced by GnRH analogue administration in combination with hydropic degeneration.

Degenerative and iatrogenic changes are likely to be encountered more often in myomectomy and hysterectomy specimens with increased use of GnRH analogues in the medical management of fibroids. It is important to recognise these abnormalities to avoid over-diagnosis of rare conditions such as intravenous or diffuse leiomyomatosis and to define completely the spectrum of histopathological changes associated with this form of treatment.


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