

# Multi-Recurrent Primary Leiomyosarcoma

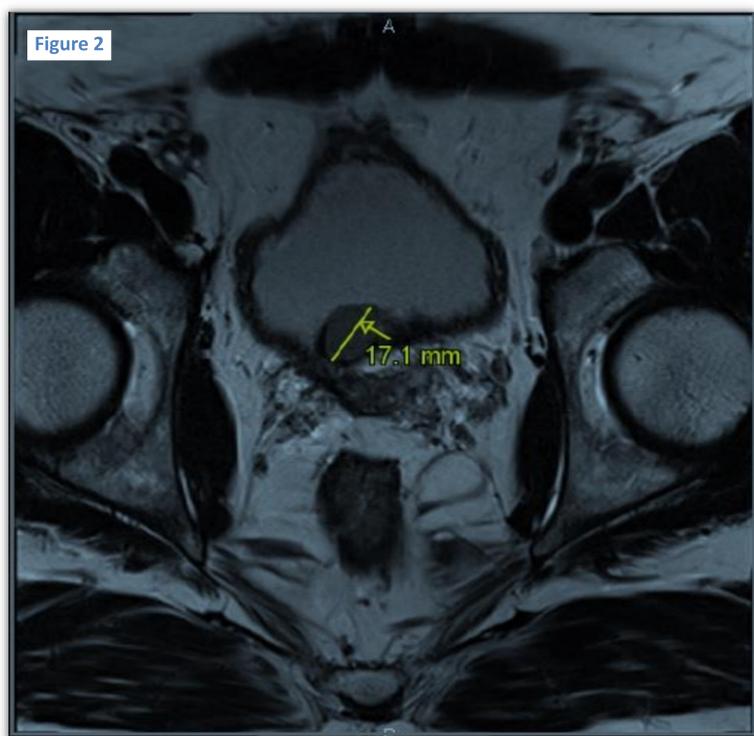
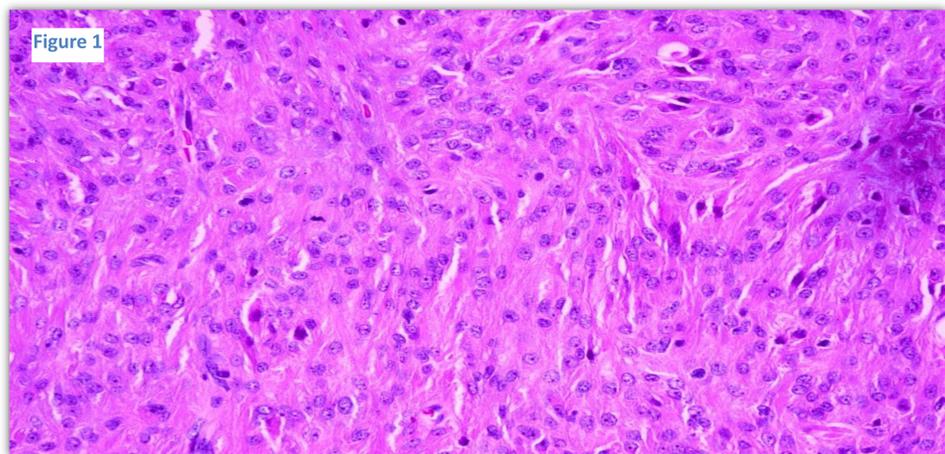
## of the seminal vesicle

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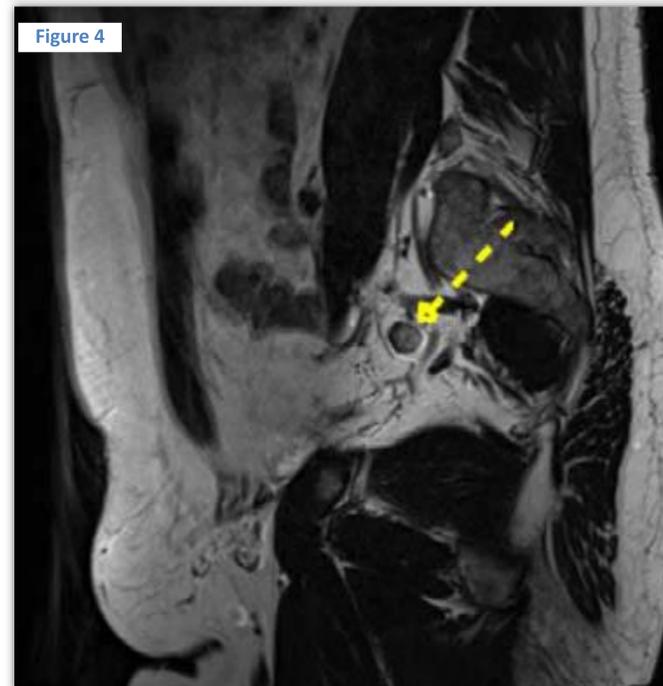
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### Case Presentation

A 58-year-old male patient consulted for a second opinion regarding an incidental discovery of a paraprostatic mass on abdomen-pelvis CT scan. Further imaging by PET-CT and MRI confirmed an hyperactive nodule of the right seminal vesicle. Trans-rectal biopsies were initially performed with a benign leiomyoma diagnosis. The patient underwent a robot-assisted laparoscopic removal of the right seminal vesicle. Final pathology report revealed a grade I leiomyosarcoma with negative margins. No adjuvant therapy was indicated. A close monitoring was initiated. Thirty months after surgery, he presented evidence of recurrence on MRI. The excision of a right periureteral nodule and right iliac lymph nodes was performed. The pathological examination revealed a grade I leiomyosarcoma on the right periureteral nodule with negative lymph nodes. (fig 1)



One year later, a new mass infiltrating the right side of the prostate base with bladder neck involvement (fig 2-3) and two internal iliac nodular formations (fig 4) were detected. A RALAP with tumor mass excision and eLND was performed. Histopathological analysis concluded to recurrence of leiomyosarcoma, grade 1 according to the FNCLCC.



### Conclusions

Primitive tumors of the seminal vesicle are often of poor prognosis and frequently classified as carcinomas or to a lesser extent as sarcomas. Primary leiomyosarcomas of the seminal vesicle are exceedingly rare and data on optimal treatment are lacking. A personalized treatment can be proposed according to the characteristics of the tumor. Early diagnosis and treatment are essential to improve the prognosis of this disease. In the literature, cystoprostatectomy appears to be the treatment of choice for those tumors. This is the first case of a recurrent primary grade I leiomyosarcoma of the seminal vesicle with up to 72-month follow-up published in the literature. Multimodal treatment should be discussed in a multidisciplinary approach.

### Bibliography

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2. Thiel R et al. Primary adenocarcinoma of the seminal vesicles. *J Urol*. 2002; 168: 1891-96.