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Clinical Image

Leiomyomatosis Peritonealis Dissiminata

Metastatic properties with the proliferation of uterine fibroids via the lymphatic and vascular system have been discussed, but are contradicted by the fact that LPD is noted in women who are hysterectomized earlier. Malignancies development is never described.

Conclusion

Dissiminated peritoneal leiomyomatosis is usually discovered incidentally and symptoms are unusual. The lesions are completely benign and apparently undergo spontaneous regression, therefore minimal or no treatment is indicated after the diagnosis is confirmed by biopsy (Figure 1).

The leiomyomatosis peritonealis dissiminata (LPD) a histologically benign condition, but it can residivere and be metastatic. Since the macroscopically picture imitates diffuse peritoneal carsinosis, the risk of unnecessary drastic precautions are nearby.

Clinical Picture

LPP is a multifocal tumor with a macroscopic image of multiple fibroids and subperitoneal nodules varying in size from 0.1 to 0.3 cm, histologically constructed of smooth muscle cells with fibroblasts. It is believed that Noduli is formed by metaplastic transformation of submesothelial stroma derived from the mulleric ductuli, induced and activated by changes in the body's oestrogen and/or progesteron ballance.

The LDP is usually subclinical and discovered incidentally in women, even in pregnancy and rarely in postmenopausal patients. The diagnosis is made peroperatively unexpected in laparoscopic examinations, hysterectomies, sectio casesarean or by autopsy. Surgical treatment of LPD is indicated only by subjective symptoms as most fibroids of LPD will disappear by themselves.

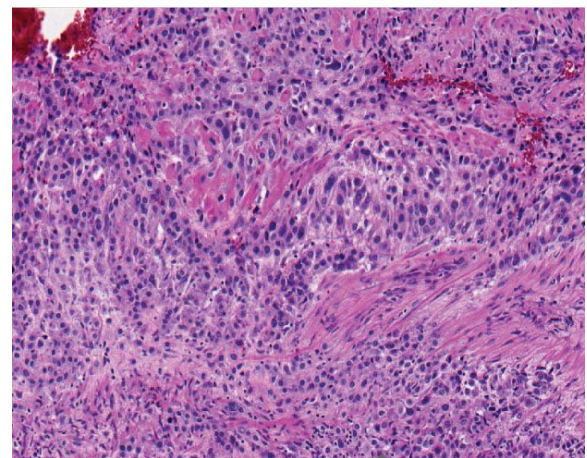


Figure 1: e_placental_site_trof_tu billede.