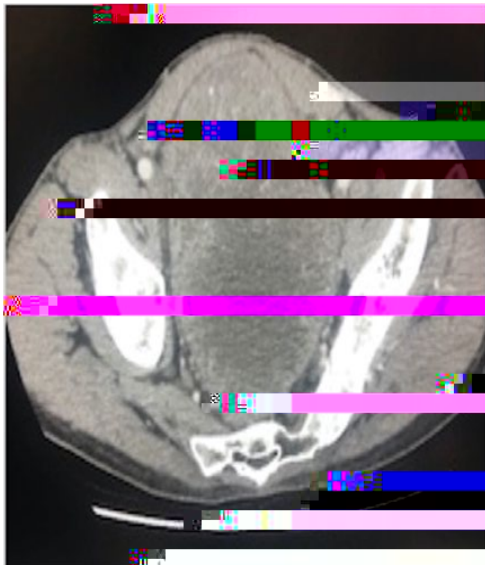
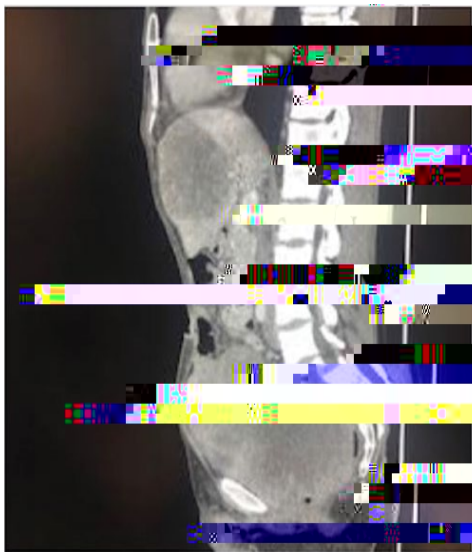
Journal of Oncology Research and Treatments



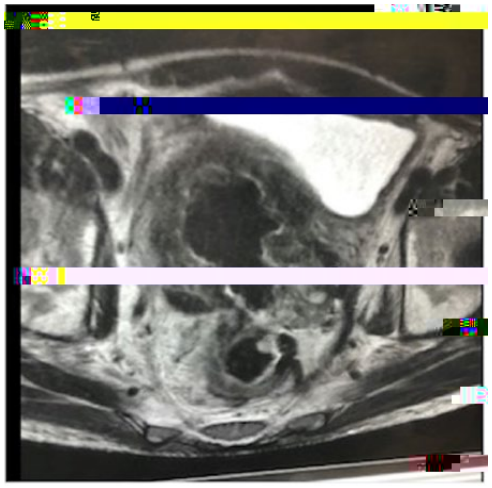
Chest abdominal-pelvic CT scan before treatment (axial plan).



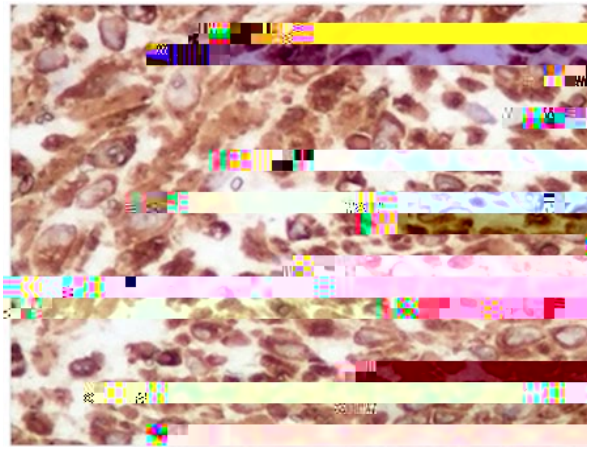
Chest abdominal-pelvic CT scan before treatment (sagittal plan).

No distinction was made regarding the histological subtypes. All 3 patients who were treated with partial cystectomy had recurrence. Neither report systematically included chemotherapy in the management. In an attempt to improve survival for patients with Leiomyosarcoma of the bladder or prostate, adjunctive chemotherapy and radiotherapy were combined with surgical excision. However, the use of adjuvant chemotherapy increased cystic necrosis without actual tumor response. Post-operative radiotherapy was reserved for residual disease.

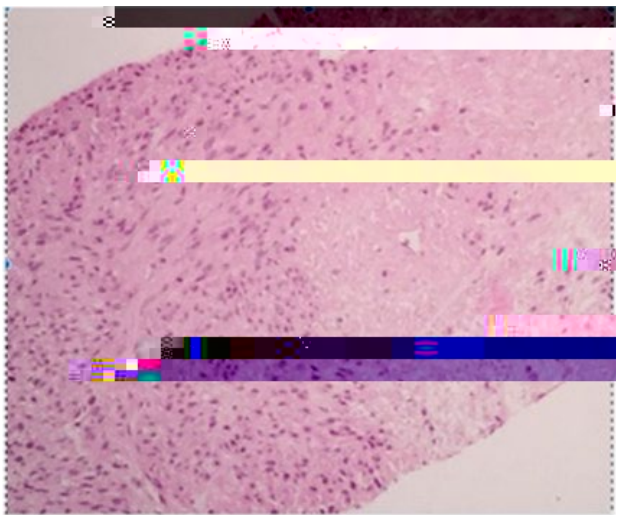
In our experience Leiomyosarcoma tends to be locally advanced before metastasizing. e mean follow up was approximately 1 year than the patient died. No clear-cut conclusions can be drawn with a tumor this rare. Palliative radiotherapy was indicated to reduce pain



: Chestabdominal-pelvic CT scan after treatment (axial plan).



Strong expression of desmine in immunohistochemical analysis.



Partially necrotic fusocellular tumor proliferation.

symptoms not for curative intention because the tumor was very extensive locally. It is interesting that the clinical response was apparent a er chemotherapy making us believing that probably the combination of chemotherapy and an operation o er the best results for these aggressive tumors.

e CT scan and MRI make it possible to assess the local and general extension of the tumor. e radiological appearance of Leiomyosarcoma is not speci c. It is generally a large heterogeneous tumor which can raise the bladder oor or invade it.

Endorectal ultrasound is superior in the assessment of local extension. e treatment of this tumor has not yet been codi ed, it includes surgery, pre or postoperative radiotherapy and neoadjuvant or adjuvant chemotherapy with anthracyclines, alkylating agents and alkaloids as appropriate. It depends on age, general condition, tumor volume, grade of malignancy and extension workup [7]. e prognosis of prostatic Leiomyosarcoma is o en unfavorable. Survival is very variable depending on the series. It is on average less than 10% in 5 years.

C c

Adult prostatic Leiomyosarcoma is a rare tumor, o en metastatic at diagnosis, with normal PSA levels. CT and especially MRI play an important role in the assessment of extension and post-treatment follow-up, but only the Prostate bie rnsion, tumoaeof t