Uterine precursor lesions in patients with incidental nodal lymphangioleiomyomatosis

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Nodal lymphangioleiomyomatosis (NLAM) involving the pelvic and para-aortic lymph nodes is found in between 0.4-0.7% of cases where lymph node biopsies were performed in women undergoing staging biopsies for a variety of gynecologic cancers. This proliferation is not found in men who undergo pelvic lymph node staging procedures for prostatic carcinoma. Microscopic examination of the uterus in women with NLAM using immunohistochemical stains for cathepsin K, HMB-45, and β-catenin reveals microscopic precursor lesions of myomelanocytic proliferations that are proposed to give rise to the lesions of NLAM. By gross examination these lesions are inapparent and by routine hematoxylin and eosin histologic stains, these precursor lesions are also not apparent. 3 histologic variants/patterns of these precursor lesions are described. Of note, unlike uterine lesions in patients with pulmonary lymphangioleiomyomatosis (PLAM), these proliferations do not have an associated lymphatic proliferation. These uterine precursor lesions, on morphologic grounds, arise from altered uterine smooth muscle cells and not from "perivascular epithelioid cells". Although incidental NLAM is not thought to be a harbinger of PLAM, some caution is recommended, because PLAM is a disease which evolves over decades of time, and the follow up in cases of NLAM is in the range of 25-45 months.

Biography

Charles M Lombard is a pathologist in mountain view, California and is affiliated with El Camino Hospital. He received his medical degree from University of Chicago Pritzker School of Medicine and has been in practice for more than 20 years.

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