

World Journal of *Clinical Cases*

World J Clin Cases 2022 November 16; 10(32): 11665-12065



OPINION REVIEW

- 11665** Combined use of lactoferrin and vitamin D as a preventive and therapeutic supplement for SARS-CoV-2 infection: Current evidence
Cipriano M, Ruberti E, Tovani-Palone MR

REVIEW

- 11671** Role of adherent invasive *Escherichia coli* in pathogenesis of inflammatory bowel disease
Zheng L, Duan SL, Dai YC, Wu SC
- 11690** Emerging potential of ubiquitin-specific proteases and ubiquitin-specific proteases inhibitors in breast cancer treatment
Huang ML, Shen GT, Li NL

MINIREVIEWS

- 11702** Overlap of diabetic ketoacidosis and hyperosmolar hyperglycemic state
Hassan EM, Mushtaq H, Mahmoud EE, Chhibber S, Saleem S, Issa A, Nitesh J, Jama AB, Khedr A, Boike S, Mir M, Attallah N, Surani S, Khan SA

ORIGINAL ARTICLE**Case Control Study**

- 11712** Comparing the efficacy of different dexamethasone regimens for maintenance treatment of multiple myeloma in standard-risk patients non-eligible for transplantation
Hu SL, Liu M, Zhang JY

Retrospective Cohort Study

- 11726** Development and validation of novel nomograms to predict survival of patients with tongue squamous cell carcinoma
Luo XY, Zhang YM, Zhu RQ, Yang SS, Zhou LF, Zhu HY

Retrospective Study

- 11743** Non-invasive model for predicting esophageal varices based on liver and spleen volume
Yang LB, Zhao G, Tantai XX, Xiao CL, Qin SW, Dong L, Chang DY, Jia Y, Li H

Clinical Trials Study

- 11753** Clinical efficacy of electromagnetic field therapy combined with traditional Chinese pain-reducing paste in myofascial pain syndrome
Xiao J, Cao BY, Xie Z, Ji YX, Zhao XL, Yang HJ, Zhuang W, Sun HH, Liang WM

- 11766** Endothelial injury and inflammation in patients with hyperuricemic nephropathy at chronic kidney disease stages 1-2 and 3-4

Xu L, Lu LL, Wang YT, Zhou JB, Wang CX, Xin JD, Gao JD

Observational Study

- 11775** Quality of life and symptom distress after cytoreductive surgery and hyperthermic intraperitoneal chemotherapy

Wang YF, Wang TY, Liao TT, Lin MH, Huang TH, Hsieh MC, Chen VCH, Lee LW, Huang WS, Chen CY

- 11789** Development and validation of a risk assessment model for prediabetes in China national diabetes survey

Yu LP, Dong F, Li YZ, Yang WY, Wu SN, Shan ZY, Teng WP, Zhang B

Case Control Study

- 11804** T-cell immunoglobulin mucin molecule-3, transformation growth factor β , and chemokine-12 and the prognostic status of diffuse large B-cell lymphoma

Wu H, Sun HC, Ouyang GF

META-ANALYSIS

- 11812** Prostate artery embolization on lower urinary tract symptoms related to benign prostatic hyperplasia: A systematic review and meta-analysis

Wang XY, Chai YM, Huang WH, Zhang Y

CASE REPORT

- 11827** Paraneoplastic neurological syndrome caused by cystitis glandularis: A case report and literature review

Zhao DH, Li QJ

- 11835** Neck pain and absence of cranial nerve symptom are clues of cervical myelopathy mimicking stroke: Two case reports

Zhou LL, Zhu SG, Fang Y, Huang SS, Huang JF, Hu ZD, Chen JY, Zhang X, Wang JY

- 11845** Nine-year survival of a 60-year-old woman with locally advanced pancreatic cancer under repeated open approach radiofrequency ablation: A case report

Zhang JY, Ding JM, Zhou Y, Jing X

- 11853** Laparoscopic treatment of inflammatory myofibroblastic tumor in liver: A case report

Li YY, Zang JF, Zhang C

- 11861** Survival of a patient who received extracorporeal membrane oxygenation due to postoperative myocardial infarction: A case report

Wang QQ, Jiang Y, Zhu JG, Zhang LW, Tong HJ, Shen P

- 11869** Triple hit to the kidney-dual pathological crescentic glomerulonephritis and diffuse proliferative immune complex-mediated glomerulonephritis: A case report

Ibrahim D, Brodsky SV, Satoskar AA, Biederman L, Maroz N

- 11877** Successful transcatheter arterial embolization treatment for chest wall haematoma following permanent pacemaker implantation: A case report
Zheng J, Tu XM, Gao ZY
- 11882** Brachiocephalic to left brachial vein thrombotic vasculitis accompanying mediastinal pancreatic fistula: A case report
Kokubo R, Yunaiyama D, Tajima Y, Kugai N, Okubo M, Saito K, Tsuchiya T, Itoi T
- 11889** Long survival after immunotherapy plus paclitaxel in advanced intrahepatic cholangiocarcinoma: A case report and review of literature
He MY, Yan FF, Cen KL, Shen P
- 11898** Successful treatment of pulmonary hypertension in a neonate with bronchopulmonary dysplasia: A case report and literature review
Li J, Zhao J, Yang XY, Shi J, Liu HT
- 11908** Idiopathic tenosynovitis of the wrist with multiple rice bodies: A case report and review of literature
Tian Y, Zhou HB, Yi K, Wang KJ
- 11921** Endoscopic resection of bronchial mucoepidermoid carcinoma in a young adult man: A case report and review of literature
Ding YM, Wang Q
- 11929** Blue rubber bleb nevus syndrome complicated with disseminated intravascular coagulation and intestinal obstruction: A case report
Zhai JH, Li SX, Jin G, Zhang YY, Zhong WL, Chai YF, Wang BM
- 11936** Management of symptomatic cervical facet cyst with cervical interlaminar epidural block: A case report
Hwang SM, Lee MK, Kim S
- 11942** Primary squamous cell carcinoma with sarcomatoid differentiation of the kidney associated with ureteral stone obstruction: A case report
Liu XH, Zou QM, Cao JD, Wang ZC
- 11949** Successful live birth following hysteroscopic adhesiolysis under laparoscopic observation for Asherman's syndrome: A case report
Kakinuma T, Kakinuma K, Matsuda Y, Ohwada M, Yanagida K
- 11955** What is responsible for acute myocardial infarction in combination with aplastic anemia? A case report and literature review
Zhao YN, Chen WW, Yan XY, Liu K, Liu GH, Yang P
- 11967** Repeated ventricular bigeminy by trigeminocardiac reflex despite atropine administration during superficial upper lip surgery: A case report
Cho SY, Jang BH, Jeon HJ, Kim DJ
- 11974** Testis and epididymis-unusual sites of metastatic gastric cancer: A case report and review of the literature
Ji JJ, Guan FJ, Yao Y, Sun LJ, Zhang GM

- 11980** t(4;11) translocation in hyperdiploid *de novo* adult acute myeloid leukemia: A case report
Zhang MY, Zhao Y, Zhang JH
- 11987** Sun-burn induced upper limb lymphedema 11 years following breast cancer surgery: A case report
Li M, Guo J, Zhao R, Gao JN, Li M, Wang LY
- 11993** Minimal change disease caused by polycythemia vera: A case report
Xu L, Lu LL, Gao JD
- 12000** Vitreous amyloidosis caused by a Lys55Asn variant in transthyretin: A case report
Tan Y, Tao Y, Sheng YJ, Zhang CM
- 12007** Endoscopic nasal surgery for mucocele and pyogenic mucocele of turbinate: Three case reports
Sun SJ, Chen AP, Wan YZ, Ji HZ
- 12015** Transcatheter arterial embolization for traumatic injury to the pharyngeal branch of the ascending pharyngeal artery: Two case reports
Yunaiyama D, Takara Y, Kobayashi T, Muraki M, Tanaka T, Okubo M, Saguchi T, Nakai M, Saito K, Tsukahara K, Ishii Y, Homma H
- 12022** Retroperitoneal leiomyoma located in the broad ligament: A case report
Zhang XS, Lin SZ, Liu YJ, Zhou L, Chen QD, Wang WQ, Li JY
- 12028** Primary testicular neuroendocrine tumor with liver lymph node metastasis: A case report and review of the literature
Xiao T, Luo LH, Guo LF, Wang LQ, Feng L
- 12036** Endodontic treatment of the maxillary first molar with palatal canal variations: A case report and review of literature
Chen K, Ran X, Wang Y
- 12045** Langerhans cell histiocytosis involving only the thymus in an adult: A case report
Li YF, Han SH, Qie P, Yin QF, Wang HE

LETTER TO THE EDITOR

- 12052** Heart failure with preserved ejection fraction: A distinct heart failure phenotype?
Triposkiadis F, Giamouzis G, Skoularigis J, Xanthopoulos A
- 12056** Insight into appropriate medication prescribing for elderly in the COVID-19 era
Omar AS, Kaddoura R
- 12059** Commentary on "Gallstone associated celiac trunk thromboembolisms complicated with splenic infarction: A case report"
Tokur O, Aydın S, Kantarci M
- 12062** Omicron targets upper airways in pediatrics, elderly and unvaccinated population
Nori W, Ghani Zghair MA

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Camelia Cristina Diaconu, FACC, FACP, FESC, MHSc, PhD, Associate Professor, Department of Internal Medicine, "Carol Davila" University of Medicine and Pharmacy, Clinical Emergency Hospital of Bucharest, Bucharest 014461, Romania. drcameliadiaconu@gmail.com

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (*WJCC*, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The *WJCC* is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Journal Citation Reports/Science Edition, Current Contents®/Clinical Medicine, PubMed, PubMed Central, Scopus, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2022 Edition of Journal Citation Reports® cites the 2021 impact factor (IF) for *WJCC* as 1.534; IF without journal self cites: 1.491; 5-year IF: 1.599; Journal Citation Indicator: 0.28; Ranking: 135 among 172 journals in medicine, general and internal; and Quartile category: Q4. The *WJCC*'s CiteScore for 2021 is 1.2 and Scopus CiteScore rank 2021: General Medicine is 443/826.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: *Hua-Ge Yu*; Production Department Director: *Xu Guo*; Editorial Office Director: *Jin-Lei Wang*.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

November 16, 2022

COPYRIGHT

© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>

Retroperitoneal leiomyoma located in the broad ligament: A case report

Xue-Song Zhang, Shuang-Zhu Lin, Yu-Jiao Liu, Lei Zhou, Qian-Dui Chen, Wan-Qi Wang, Jia-Yi Li

Specialty type: Oncology

Provenance and peer review:

Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0

Grade B (Very good): B, B

Grade C (Good): C

Grade D (Fair): 0

Grade E (Poor): 0

P-Reviewer: Agrawal P, United States; Dayan D, Israel

Received: August 4, 2022

Peer-review started: August 4, 2022

First decision: September 27, 2022

Revised: September 30, 2022

Accepted: October 17, 2022

Article in press: October 17, 2022

Published online: November 16, 2022



Xue-Song Zhang, Department of Gynecology, First Affiliated Hospital to Changchun University of Chinese Medicine, Changchun 130021, Jilin Province, China

Shuang-Zhu Lin, Diagnosis and Treatment Center for Children, First Affiliated Hospital to Changchun University of Chinese Medicine, Changchun 130021, Jilin Province, China

Yu-Jiao Liu, Department of Respiratory Medicine, First Affiliated Hospital of Changchun University of Chinese Medicine, Changchun 130021, Jilin Province, China

Lei Zhou, Department of Pathology, First Affiliated Hospital to Changchun University of Chinese Medicine, Changchun 130021, Jilin Province, China

Qian-Dui Chen, Department of Integrated Traditional Chinese and Western Medicine, Changchun University of Chinese Medicine, Changchun 130117, Jilin Province, China

Wan-Qi Wang, Jia-Yi Li, Department of Traditional Chinese Medicine, Changchun University of Chinese Medicine, Changchun 130117, Jilin Province, China

Corresponding author: Shuang-Zhu Lin, MD, Attending Doctor, Diagnosis and Treatment Center for Children, First Affiliated Hospital to Changchun University of Chinese Medicine, No. 1478 Gongnong Road, Chaoyang District, Changchun 130021, Jilin Province, China. 61858@163.com

Abstract

BACKGROUND

Retroperitoneal leiomyoma is a rare benign tumor. Retroperitoneal leiomyomas located in the latissimus uterine ligament are even rarer. Retroperitoneal leiomyomas have similar characteristics to uterine leiomyomas in terms of tissue, which results in confusion during diagnosis.

CASE SUMMARY

A 47-year-old female with 3 years of pain in the right lower quadrant and discovery of a pelvic mass 13 d ago underwent open abdominal exploration. In the right broad ligament, a solid mass with well circumscribed boundaries, approximately 15 cm × 10 cm × 10 cm in size was bluntly peeled off. The pathological result was a spindle cell tumor, morphologically considered to originate from smooth muscle. Immunohistochemical results supported a deep soft tissue leiomyoma.

CONCLUSION

Retroperitoneal leiomyoma is a rare benign tumor, and surgical treatment can have a good therapeutic effect.

Key Words: Leiomyoma; Broad ligament; Spindle cell tumor; Surgery; Case report

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: Retroperitoneal leiomyoma is a rare tumor, with more than 100 cases reported. Preoperative diagnosis is difficult, and resection is diagnostic and therapeutic. Our patient was diagnosed with retroperitoneal leiomyoma and underwent surgical treatment with a good outcome.

Citation: Zhang XS, Lin SZ, Liu YJ, Zhou L, Chen QD, Wang WQ, Li JY. Retroperitoneal leiomyoma located in the broad ligament: A case report. *World J Clin Cases* 2022; 10(32): 12022-12027

URL: <https://www.wjgnet.com/2307-8960/full/v10/i32/12022.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v10.i32.12022>

INTRODUCTION

Leiomyoma is a benign non-epithelial mesenchymal monoclonal tumor that originates in myoblast smooth muscle cells or muscle vessel walls or interstitium composed of fibrous connective tissue[1]. The most common type of these tumors is uterine leiomyomas, most of which are located posterior to the visceral peritoneum (serous membrane) of the uterus and occasionally in the pelvic or posterior peritoneal wall of the abdomen[2]. The signs and symptoms caused by uterine leiomyomas include pain, flatulence, menstrual irregularities, infertility, and uterine bleeding during the postmenopausal period. Retroperitoneal-abdominal leiomyomas are similar to uterine leiomyomas, but are relatively rarer, with more than 100 cases described in the literature since 1941[2]. They consist of elongated smooth muscle cells, occasionally arranged in a cord or reticulated arrangement. Compared to the most common uterine leiomyomas, the pathological features are similar to those of uterine leiomyomas, but the pathogenesis is unclear and the cytogenetics and molecular genetics of the tumor are almost unknown.

Retroperitoneal leiomyomas have similar tissue characteristics[3]. Retroperitoneal leiomyomas and uterine leiomyomas usually both have hyaluronic fibrosis, mucoid changes, or alternating trabecular changes, and are positive for estrogen and progesterone receptors. In addition, they all show low mitosis activity, little or no atypia and necrosis, and the immunohistochemical characteristics are consistent with smooth muscle tumors[2,4,5]. However, estrogen receptors may be strongly expressed in uterine leiomyosarcomas, but are uncommon in retroperitoneal-abdominal leiomyosarcomas and are usually weakly focal[4]. The most common clinical indicator of retroperitoneal leiomyoma compared to uterine leiomyomas is palpation of a pelvic mass, present in almost 90% of patients. Although many symptoms of retroperitoneal leiomyomas are also common in uterine leiomyomas, there are also some important differences. For example, the most common symptoms of uterine leiomyomas are abnormal uterine bleeding, pelvic pain and pressure, while uncommon in retroperitoneal leiomyomas[2].

CASE PRESENTATION

Chief complaints

The patient had pain in the right lower quadrant for 3 years, aggravated recently, and a pelvic mass was found at our outpatient clinic.

History of present illness

The patient had pain in the right lower quadrant three years ago without an obvious precipitating cause, but she did not seek medical advice. The pain was aggravated after activity 2 mo ago, and she was examined in our outpatient clinic 13 d ago.

History of past illness

The patient had previously been in good health.

Personal and family history

The patient had 2 pregnancies, 1 birth, and 1 daughter in good health. Her menstrual cycle was regular.

Physical examination

Physical examination revealed no significant abnormalities.

Laboratory examinations

No abnormalities were noted after blood count, routine urine, liver and kidney function, electrolytes, blood glucose, lipids, carcinoembryonic antigen, alpha-fetoprotein, cancer antigen 125 (CA125), and human immunodeficiency virus testing.

Imaging examinations

Ultrasound results were as follows: preuterine position, approximately 59 cm × 50 cm × 50 cm in size, uneven echo of the uterine muscle wall, unclear contour of the right wall and posterior wall, uneven echo of the endometrium, thickness of 12.5 mm. Color ultrasound examination showed that the right adnexal area demonstrated a mixed echo of 16 cm × 10 cm × 10 cm. It was considered as uterine leiomyoma based on the ultrasound images.

Further diagnostic work-up

Low Midline laparotomy was performed, and uterine size and morphology, bilateral fallopian tubes and ovarian size and morphology were all normal. In the right broad ligament a 15 cm × 10 cm × 10 cm well defined mass was observed, and no adhesions, the tumor was resected (Figure 1A). Pathological results were as follows: Spindle cell tumor (Figure 1B), each cell had the same morphology, bundle arrangement, mild cell morphology, no nucleus division, no bleeding and necrosis. Immunohistochemistry results were: Desmin (+) (Figure 2A), Calponin (+) (Figure 2B), Caldesmon (+) (Figure 2C), SMA (+) (Figure 2D), ER (+) (Figure 2E), CD117 (partially weak +) (Figure 2F), DOG1 (partially weak +) (Figure 2G), K1-67 (+ 1%) (Figure 2H), GFAP (-) (Figure 2I), S100 (-) (Figure 2J), and CD34 (-) (Figure 2K).

FINAL DIAGNOSIS

Retroperitoneal leiomyoma was diagnosed based on the pathological and immunohistochemical findings.

TREATMENT

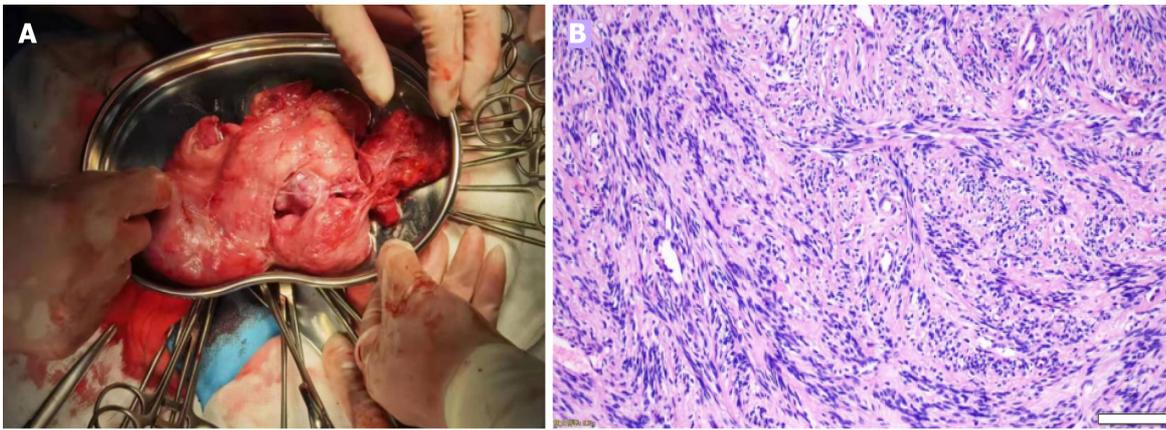
With the active cooperation of the patient, surgical resection was finally performed with good recovery.

OUTCOME AND FOLLOW-UP

At 8 mo follow-up, there were no signs of recurrence of the tumor.

DISCUSSION

Retroperitoneal leiomyoma is a rare benign tumor, and most retroperitoneal tumors are considered malignant[5]. Retroperitoneal leiomyomas located in the broad ligament parauterine are very rare[1,5,6]. There are two main types of benign leiomyomas in deep soft tissues, namely somatic soft tissue leiomyomas and retroperitoneal leiomyomas, which are composed of closed mature leiomyocytes[7], which are more common in perimenopausal women[4]. Our patient was also perimenopausal. Retroperitoneal leiomyomas mainly need to be distinguished from leiomyosarcomas, which differ in terms of clinical, morphological, and imaging manifestations. In addition, we performed CA125 for this patient and had normal results, which may be a means of distinguishing retroperitoneal leiomyomas from uterine fibroids. The results of immunohistochemistry helped us to classify the tumor body that were removed, and in conjunction with the results of pathological examination, identified our patient as having a retroperitoneal leiomyoma. The patient presented with pain in the right lower quadrant and underwent a color ultrasound examination, which suggested the presence of a mass near the uterus, but did not help us to determine the specific nature and source of the mass. During laparotomy exploration, we performed a rapid pathological examination, the pathological results suggested spindle cells, and subsequent immunohistochemical results supported the diagnosis of retroperitoneal leiomyoma. The



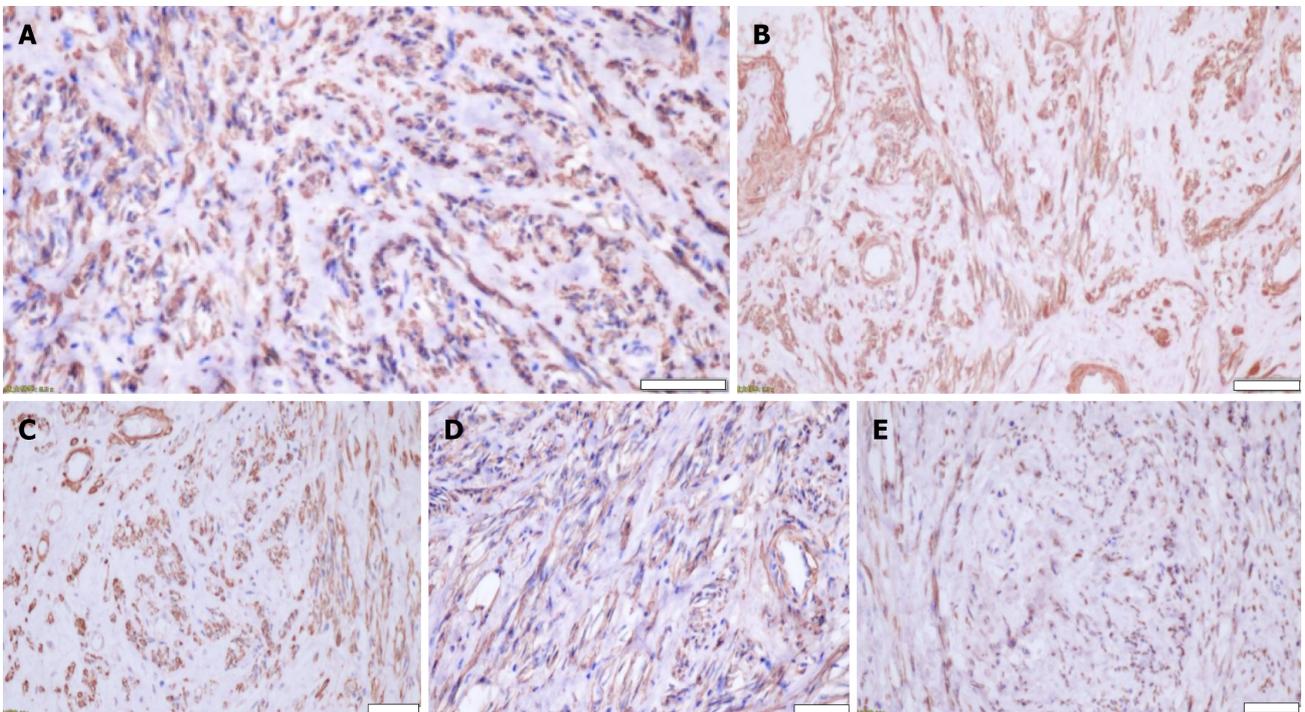
DOI: 10.12998/wjcc.v10.i32.12022 Copyright ©The Author(s) 2022.

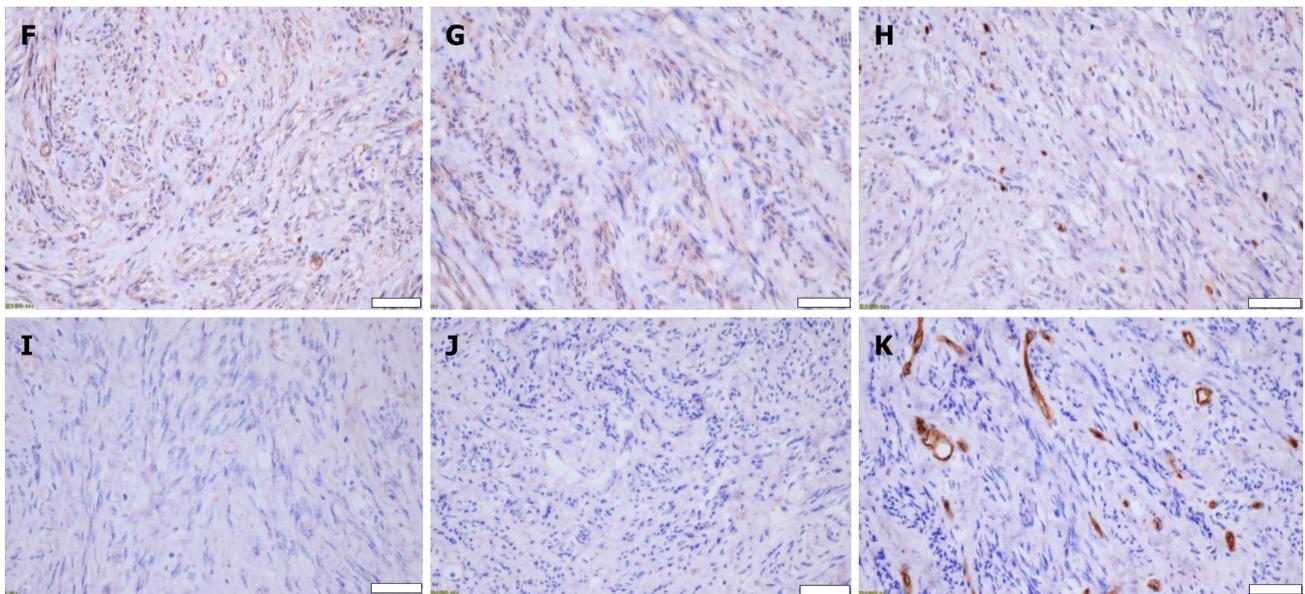
Figure 1 The tumor and pathological findings. A: The tumor was removed during operation, about 15 cm × 10 cm × 10 cm in size; B: Pathological findings showed a bundle-like spindle cell tumor (Scale bar: 200 μm).

preferred treatment for retroperitoneal leiomyoma is surgery, a previously reported conservative approach showed that the tumor was prone to recurrence[8].

CONCLUSION

In summary, we report a rare case of retroperitoneal leiomyoma located in the broad ligament approximately 15 cm × 10 cm × 10 cm in size in a 47-year-old female. Retroperitoneal leiomyoma located in the broad ligament is a rare and benign tumor and resection of the tumor confers good outcomes. And our case adds reference on this disease.





DOI: 10.12998/wjcc.v10.i32.12022 Copyright ©The Author(s) 2022.

Figure 2 Immunohistochemistry results. A: Desmin (+); B: Calponin (+); C: Caldesmon (+); D: SMA (+); E: ER (+); F: CD117 (partially weak +); G: DOG1 (partially weak +); H: K1-67 (+ 1%); I: GFAP (-); J: S100 (-); K: CD34 (-) (Scale bar: 200 μ m).

ACKNOWLEDGEMENTS

We would like to thank the patient and her family members for their contributions to this report.

FOOTNOTES

Author contributions: Zhang XS was the main provider of this case; Lin SZ, Liu YJ, and Zhou L reviewed the literature, wrote and revised the manuscript; Chen QD, Wang WQ, and Li JY compiled the literature review, conducted preliminary translation of the report and subsequent submission; all authors issued final approval for the version to be submitted.

Supported by the Science and Technology Department of Jilin Province, No. 20210204080YY.

Informed consent statement: Informed written consent was obtained from the patients for the publication of this report and any accompanying images.

Conflict-of-interest statement: The authors declare that they have no conflict of interest.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country/Territory of origin: China

ORCID number: Xue-Song Zhang 0000-0002-2505-4828; Shuang-Zhu Lin 0000-0001-5333-2138; Yu-Jiao Liu 0000-0002-0732-4644; Lei Zhou 0000-0002-1408-3703; Qian-Dui Chen 0000-0002-8593-4077; Wan-Qi Wang 0000-0002-8247-7616; Jia-Yi Li 0000-0002-7729-4479.

S-Editor: Chen YL

L-Editor: A

P-Editor: Chen YL

REFERENCES

- 1 **Chmaj-Wierzchowska K**, Buks J, Wierzchowski M, Szymanowski K, Opala T. Leiomyoma cellulare in the broad ligament of the uterus--case report and review of literature. *Ginekol Pol* 2012; **83**: 301-304 [PMID: [22712264](#)]
- 2 **Poliquin V**, Victory R, Vilos GA. Epidemiology, presentation, and management of retroperitoneal leiomyomata: systematic literature review and case report. *J Minim Invasive Gynecol* 2008; **15**: 152-160 [PMID: [18312983](#) DOI: [10.1016/j.jmig.2007.12.009](#)]
- 3 **Panagopoulos I**, Gorunova L, Bjerkehagen B, Heim S. Novel KAT6B-KANSL1 fusion gene identified by RNA sequencing in retroperitoneal leiomyoma with t(10;17)(q22;q21). *PLoS One* 2015; **10**: e0117010 [PMID: [25621995](#) DOI: [10.1371/journal.pone.0117010](#)]
- 4 **Billings SD**, Folpe AL, Weiss SW. Do leiomyomas of deep soft tissue exist? *Am J Surg Pathol* 2001; **25**: 1134-1142 [PMID: [11688572](#) DOI: [10.1097/00000478-200109000-00003](#)]
- 5 **Paal E**, Miettinen M. Retroperitoneal leiomyomas: a clinicopathologic and immunohistochemical study of 56 cases with a comparison to retroperitoneal leiomyosarcomas. *Am J Surg Pathol* 2001; **25**: 1355-1363 [PMID: [11684951](#) DOI: [10.1097/00000478-200111000-00002](#)]
- 6 **Vieira SC**, França JC, Fé JA, Santos LG, Almeida NM. [Benign metastasizing uterine leiomyoma: case reports]. *Rev Bras Ginecol Obstet* 2009; **31**: 411-414 [PMID: [19838590](#)]
- 7 **Sabrine D**, Hafsa E, Omar M, Jahid A, Znati K, Zakia B, Zouaidia F. Retroperitoneal leiomyoma of gynecologic type: a case report and review of the litterature. *J Surg Case Rep* 2020; **2020**: rjaa489 [PMID: [33391639](#) DOI: [10.1093/jscr/rjaa489](#)]
- 8 **Hague WM**, Abdulwahid NA, Jacobs HS, Craft I. Use of LHRH analogue to obtain reversible castration in a patient with benign metastasizing leiomyoma. *Br J Obstet Gynaecol* 1986; **93**: 455-460 [PMID: [3085706](#)]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-3991568
E-mail: bpgoffice@wjgnet.com
Help Desk: <https://www.f6publishing.com/helpdesk>
<https://www.wjgnet.com>

