



# Uterine PEComa: A Case Report

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# Introduction

- PEComa: Perivascular Epithelioid Cell Neoplasm

“ a mesenchymal tumor composed of histologically and immunohistochemically distinctive perivascular epithelioid cells”

WHO 2002



# The Case

- 56 year old
- 2ww referral for bleeding on HRT
- Para 2: NVDs
- PMH: GORD, stress incontinence Tx with Bulkamid, anxiety (PS=0)
- Surgical Hx: Appendicectomy
- Drug Hx: Oestrogen, Progesterone, Testosterone, Venlafaxine



# Initial Investigations

- Nov 2019:
  - TV USS: ET 5.6mm
  - Hysteroscopy, solitary polyp removed
  - CA125 = 15



# MDT

- Dec '19
  - Histology – the features and immune profile are mostly in keeping with malignant perivascular epithelioid cell neoplasm.
  - Second opinion sought from an expert at the Royal Marsden Hospital: Likely PEComa with a differential diagnosis of leiomyosarcoma
  - Recommend MRI and CT CAP



# MRI

- Large well defined vascular mass continuous to the endometrial cavity 8.3 x 7.9cm. Could be a fibroid but intermediate signal intensity is concerning
- No obvious pelvic spread, no LN

T2W\_HR SAG Im: 19/39

HR

PRIMARY

Study Time: 09:27:54

Study Date: 07-Jan-2020

ELLA

A



P

FL

WL:199 WW:345



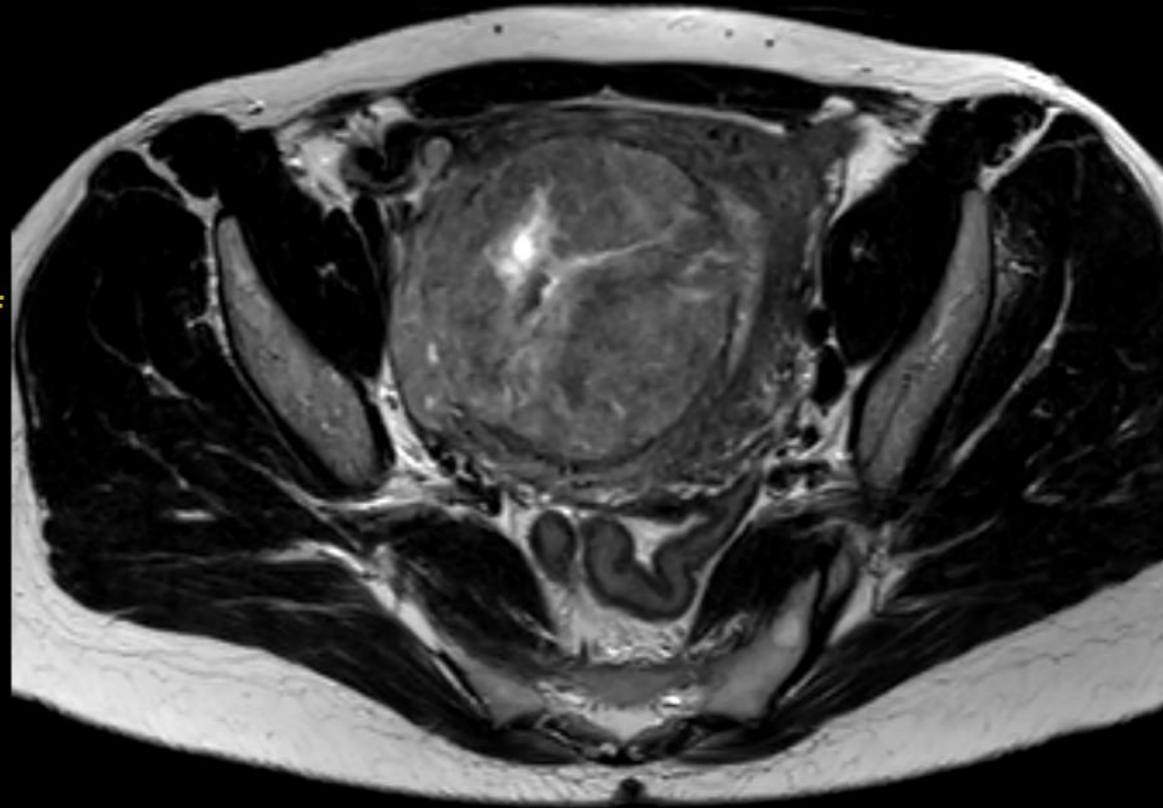
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PRIMARY

Study Time: 09:27:54

Study Date: 07-Jan-2020

RF



5

LH

cm

WL:369 WW:641

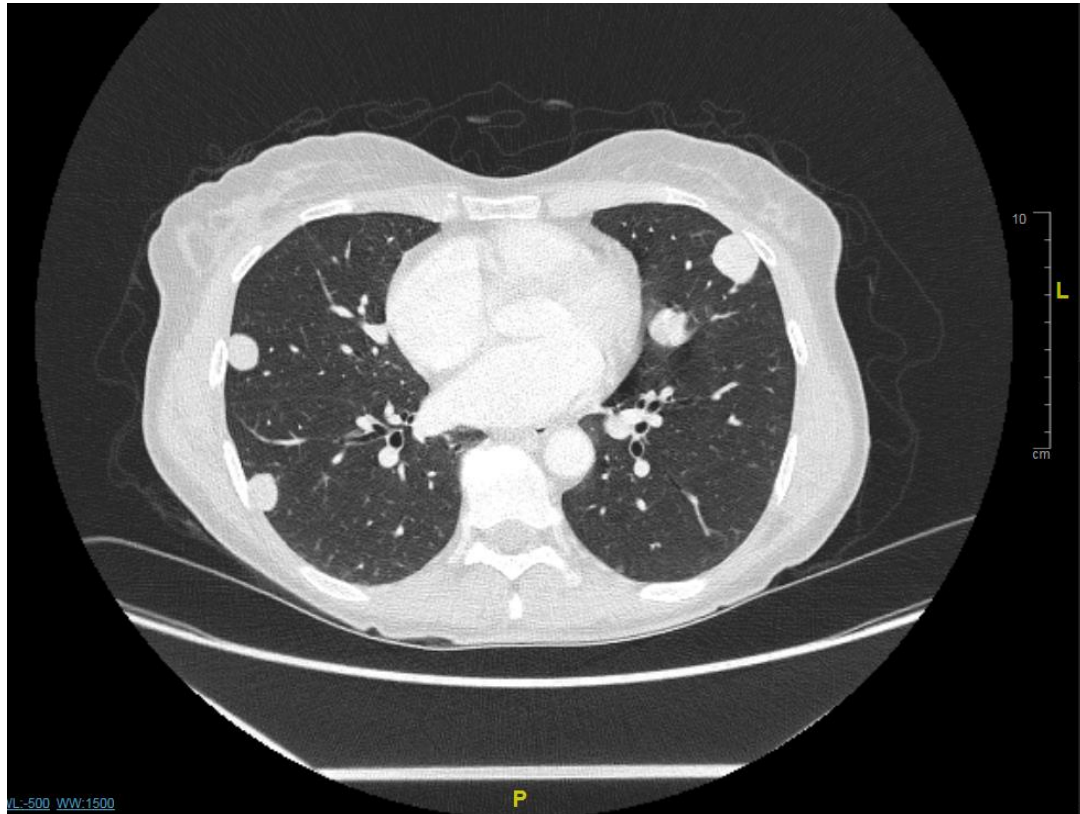
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# CT Scan

- Diffuse pulmonary metastasis





# Initial Surgery

- 13/1/20: TAH BSO and omental biopsy
- Histology:
  - Macro: Nodular tumour within the uterus with areas of necrosis
  - Micro: predominantly of epithelioid cells but with focal spindle cells. Marked nuclear atypia with numerous mitotic figures
  - Immuno: Strongly positive for HMB45 and Melan-A in keeping with **malignant PEComa**



# Adjuvant Treatment

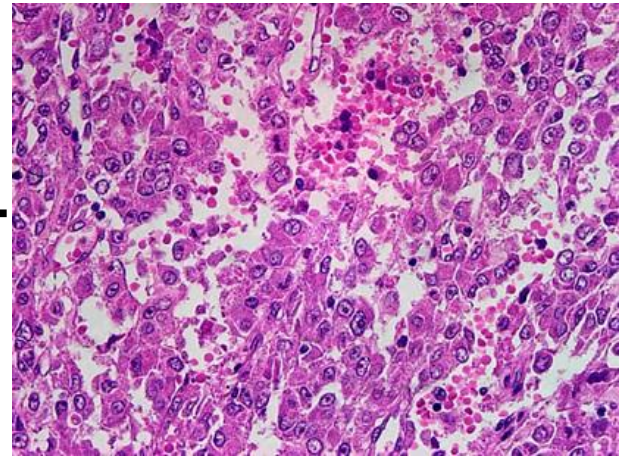
- Lung Bx – confirmed PEComa
- Discussion with Sarcoma MDT
- Standard chemotherapy not effective
- Recommendation for Sirolimus 3mg OD – off license treatment for sarcoma
- CT Aug 2020 – pulmonary mets reduced in size



# Current Status

- Continues on Sirolimus
- CT Feb 2021 – pulmonary mets increased in size
- Opinion sought from Royal Marsden Oncologist
- ?for experimental treatment

# Brief History of PEComa



- Mesenchymal neoplasms
- More common in females
- Subset of sarcoma
- Commonly benign
- Appear in visceral (GI tract, uterus), abdominopelvic and retroperitoneal sites
- The perivascular epithelioid cell has no known normal tissue counterpart

- Nearly all show reactivity to HMB45 and or Melan-A as well as actin and desmin
- Gynaecological PEComa's most commonly in the uterus
- May be asymptomatic
- Radiological appearance is extremely variable
- All types of PEComa can be a feature of Tuberous Sclerosis
- Malignant PEComas tend to be aggressive and commonly metastasise



# Management

- Evidence based on case reports as the condition is rare
- Surgical resection is primary treatment  
Hysterectomy +/- BSO
- Adjuvant treatment:
  - RT: no evidence
  - CT: varying regimes have been tried with varying results
  - mTOR inhibitors



# mTOR Inhibitors

- mTOR is an atypical serine/threonine kinase
- regulates cellular metabolism, growth, and proliferation
- Two complexes mTORC1 and mTORC2
- The mammalian target of Rapamycin
- Rapamycin – antifungal metabolite produced by *Streptomyces hygroscopicus*
- Possesses immunosuppressive and anti-proliferative properties (targeting mTORC1)





- Increased activation of mTORC1 is seen in numerous cancers
- Hyperactive mTORC1 is seen in tuberous sclerosis
- Sirolimus has been successful in reducing tumour size in Lymphangiomyomatosis (LAM) in the lung and angiomyolipomas



# Royal Marsden Study



University Hospitals of  
Derby and Burton  
NHS Foundation Trust

- Benson et al 2014
- Series of 10 patients with metastatic PEComa (2 gynaecological)
- Treated with Sirolimus or Temsirolimus (70% adjuvant post surgery)
- Half of patients showed a partial response with one patients disease remaining stable
- 78% 1 year survival
- Recommends Sirolimus as first line treatment



# Future Considerations

- Considerations for disease progression:
  - Dual mTORC1/2 inhibitors (in phase 1 trials)
  - P13 kinase inhibition
  - Combination of mTOR and insulin like growth factor-1 receptor inhibitors
- Recruitment to trials is encouraged.



# Summary

- Malignant PEComa is a rare tumour
- Aggressive, metastatic potential. Poor prognosis
- Current evidence based on small case series
- Primary surgery is recommended
- Followed by mTOR inhibitors
- Treatment of recurrence isolated to clinical trials



# References

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