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Letter to Editor

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Combination of Gemcitabine and Docetaxel in Management of Leiomyosarcoma Metastasis

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What do we learn from this article?

A combination therapy of gemcitabine with docetaxel seems to be a good treatment regime for Leiomyosarcoma metastasis.

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Author's Profile

Ms. Monali Rajawat

Sir,

Leiomyosarcoma is a type of soft tissue sarcoma which is a very tumor found in the human mankind [1]. It is predominantly localized either in stomach, small intestine or retroperitoneum [2] and often metastasizes to the distant parts like the lungs or liver. The main route of the metastasis is via the bloodstream, however, the lymphatics could also be used as a medium. The etiology of leiomyosarcoma (LMS) is yet unknown to men, but few studies has shown that genetic factors have an important role to play [1]. The treatment options available for LMS metastasis (mets) in liver are very limited which ranges from chemotherapy, radiofrequency ablation and target therapy. Here I discuss a case of LMS mets to the liver managed by a combination therapy of Gemcitabine and Docetaxel.

A 47 year old patient came to the hospital having a mets of LMS to the liver (primary LMS was in stomach which was resected 2 years back). Post resection of the primary tumor from the stomach, the patient was put on doxorubicin (6 cycles) as a precautionary treatment. However, two years after I noticed mets (one large lesion of approximately 29x27 mm in right lobe and other small multiple lesions) in the liver. The patient was then once again put on Doxorubicin (2 cycles). However, the treatment did not work and the size of the largest lesion increased to 35x24 mm with

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an increment in the number of other lesions. Post the primary doxorubicin treatment, the patient was given 3 cycles of D-gemcitabine (1400mg) on day 1 followed by a combination of gemcitabine (1200 mg) with docetaxel (100mg) on day 8. Following this regimen, there was a considerable reduction in the number and size of other lesions/masses in the liver seen in USG. The patient was again put on 2 more cycles of the same regime and further there was a reduction in the size and number of lesions. Now the largest lesion had a size of only 24x23 mm.

Reduction in masses showed a ray of hope and the patient is again advised to undergo 2 more cycles of the same regime. Further, depending upon the condition of other lesions, radiofrequency ablation may be a viable option. Hence I suggest that more research should be done on this topic and more chemotherapeutic options should be available. Till then, a combination therapy of gemcitabine with docetaxel seems a good treatment regime for LMS mets.

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