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Letter to the Editor

Post-irradiation leiomyosarcoma of the maxilla

Dear Sir,

In the December 1991 issue of the Journal of Laryngology and Otology, our department reported a case of post-irradiation leiomyosarcoma of the maxilla and reviewed the literature (Martin-Hirsch *et al.*, 1991). The case presented was of a 45-year-old man who had developed the tumour 43 years after radiotherapy for bilateral retinoblastomas. He was treated in our department surgically, initially, with removal of the tumour *via* a right lateral rhinotomy and subsequently with a total maxillectomy including orbital exenteration.

Subsequently after the report, there was a tumour-free interval of several months but then the sarcoma recurred locally and progressed very rapidly. The tumour mass invaded both the anterior and middle cranial fossae and filled the maxillectomy cavity, displacing the upper dental prosthesis. The tumour was debulked using a CO_2 laser on a number of occcasions, but due to the very vascular nature of the lesion, the blood loss during these sequential procedures became unacceptable. Six months after the radical surgery it was decided to attempt to treat the recurrence with a single dose of radiotherapy. Following this treatment, the patient's condition deteriorated and he was admitted to a hospice for terminal care. Within two weeks however, it was noted that the tumour was shrinking rapidly and this was mirrored by an improvement in the patient's general condition. Six weeks following radiotherapy, all macroscopic evidence of the tumour had disappeared and the patient was able to return to his occupation as a university lecturer. The patient remained well for a further 12 months before dying of metastatic disease, the primary site remaining tumour-free.

Primary leiomyosarcomata of bone are rare (Kratochivil *et al.*, 1982) with only 11 cases reported involving the maxilla (Martin-Hirsch *et al.*, 1991). The rarity of such tumours dictates that treatment decisions are often based on experience with other sarcomata and therefore wide local excision is usually employed (Weitzner, 1980). Despite surgical treatment, the majority of patients with maxillary leiomyosarcoma will develop metastatic disease, with few surviving more than two or three years (Martin-Hirsch *et al.*, 1991). Radiotherapy or chemotherapy are thus often utilized, though leiomyosarcomata are generally regarded as resistant to both modalities (Nishi *et al.*, 1987). Our finding of a significant response to radiotherapy, though limited to one individual, leads us to conclude that where surgery has failed to irradicate disease, radiotherapy may be a useful second line treatment.

Yours faithfully,

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