Dear Editor,

We appreciate the author’s positive comments about our article published in the July 2020 issue of the *Oman Medical Journal*.\(^1,2\)

We agree with your suggestion to include pre- and intraoperative and macroscopic figures to give more information and knowledge for the readers. Our patient gave us consent to publish the case, understanding that it is a very rare pathology. From an ethical point of view and to respect the patients’ autonomy and confidentiality, we submitted only microscopic pictures as the diagnostic criteria of leiomyosarcoma.\(^3,4\)

Immunohistochemistry helps to confirm the diagnosis. Our patient tumor cells showed diffuse strong positive staining for smooth muscle actin, caldesmon, and desmin. The Ki-67 (MIB-1) proliferation index was around 30%. Negative staining was observed for CD117.

![Figure 1: Immunohistochemistry positive for caldesmon, magnification = 200 ×.](image1)

![Figure 2: Spindled tumor cells showing immunoreactivity for desmin, magnification = 400 ×.](image2)

![Figure 3: Tumor cells show positive (nuclear) reaction for Ki 67(MIB-1), magnification = 400 ×.](image3)
The histomorphological features and immunoprofile were consistent with leiomyosarcoma grade 2, according to the French Federation of Cancer Centers Sarcoma Group grading system.\textsuperscript{2,5}

REFERENCES


Figure 4: Tumor cells show a strong positive reaction for spinal muscular atrophy, magnification = 400×.

CD4, vimentin, and S100 [Figures 1–4]. The