A Case Report Of Uterine Sarcoma

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Abstract

A 71 year old female belonging to socio economic class 4 who is a P2L2A1/ previous 2 NVD/ ST done/ postmenopausal 20 years ago, k/c/o T2DM on regular treatment (OHA), k/c/o bronchial asthma on symptomatic treatment, Came with c/o post menopausal bleeding x 2 days in December 2020 , soaked 2 pads/day for past 3 months on and off ,c/o breathlessness on and off + for one week . On examination vitals stable , P/A-Soft, bowel sounds +,Obese abdominal wall , SPT scar + healthy, Non tender, No mass palpable. P/S cervix- could not be visualized. P/V Cervix high up, flushed with vagina Uterus size palpable upto 16 weeks B/L fornices free. Al investigations were done. MRI was done endometrium was found to be thickened (figure -1). Endometrial aspiration as OP procedure was tried twice but os was tightly closed. Hence planned for surgery after obtaining fitness from cardiologist, respiratory medicne and after explaining the risk and getting consent. Staging laparotomy -TAH with BSO done on 1/3/2021 under spinal anesthesia . Intraoperatively uterus was found to be 16 weeks in size. Cut section showed ?degenerated fibroid like mass (figure -2) and was sent for HPE. Report showed endometrial stromal sarcoma- high grade with staging T 1bNxMx (figure-3).

Patient was referred to Aringar anna cancer institute karapettai for further management where regular follow up was advised.

INTRODUCTION

Uterine sarcomas are relatively large tumors arising from mesenchymal tissues of uterus, including uterine muscle & endometrial stroma. Incidence is < 2/100000 women. They account for approximately 3%-7% of all uterine malignancies. Two most common histologic types of uterine sarcoma are leiomyosarcoma(LMS) & endometrial stromal sarcoma(ESS) Staging of uterine sarcoma was based on the FIGO staging system for endometrial adenocarcinoma. Based on unique spread pattern and clinical behaviour, an independent staging system for each histologic type was developed in 2009. Notorious for their aggressive nature and poor prognosis because of their location in the vascular myometrium of the uterus Early invasion an widespread metastasis , particularly to the lungs.

CASE PRESENTATION

A 71 year old Mrs. X belonging to socio economic class 4 who is a P2L2A1/ prev 2 NVD/ ST done/ postmenopausal 20 years ago, k/c/o T2DM on regular treatment (OHA), k/c/o bronchial asthma on symptomatic treatment, Came with c/o post menopausal bleeding x 2 days since December 2020 on and off for 3 months, soaked 2 pads/day, C/O breathlessness on and off for 1 week, No other significant complaints. On examination, Conscious, oriented, afebrile, Well built and nourished, Normal gait, Height - 157cm ; weight - 87kg ; BMI- 38, Pallor +, No cyanosis, icterus , clubbing, lymphadenopathy, pedal oedema ,Vitals- BP- 130/80mmHg, pulse – 86/min , temp – 97.8, Rr- 19/ min, Spo2 -99% at room air Cvs-S1S2+, RS-NVBS+BAE+P/A-Soft,BS+,Obese abdominal wall,SPT scar+ healthy,Non tender, No mass palpable, P/S cervix- could not be visualised, P/V Cervix high up, flushed with vagina, Uterus size palpable upto 16 weeksB/L fornices free.INVESTIGATION- Hb-10.2 g/dl, PCV-34, Blood group-B positive, PLT-3.1laks, MCV-78.5, MCH-25.9, MCHC-35.1, TC-8600, ESR-22, UREA-20, CREAT- 0.7URINE ALB-NIL, SUG-NIL ELECTROLYTES- Na-135.4, K-4.5, Cl-99.4, HCO3-22..5, LFT - Total bil-0.9, Direct-0.2, SGPT-16.2,SGOT-25.0, ALP-128,GGT-16.9, Total protein-6.2, albumin-3.0, globulin-3.2. Endometrial aspiration as OP procedure was tried twice but os was tightly closed. Hence planned for surgery after obtaining fitness from cardiologist, respiratory medicne and after explaining the risk and getting consent. Staging laparotomy -TAH with BSO done on 1/3/2021 under spinal anesthesia . Intraoperatively uterus was found to be 16 weeks in size. Cut section showed ?degenerated fibroid like mass (figure -2) and was sent for HPE. Report showed

endometrial stromal sarcoma- high grade with staging T 1bNxMx (figure-3). Patient was referred to Aringar anna cancer institute karapettai for further management where regular follow up was advised.

MRI IMAGES – FIGURE 1

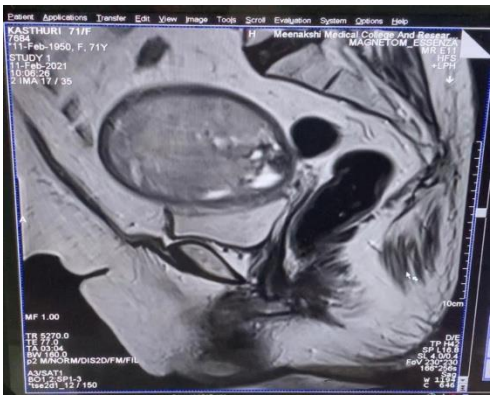

FIGURE 1.A

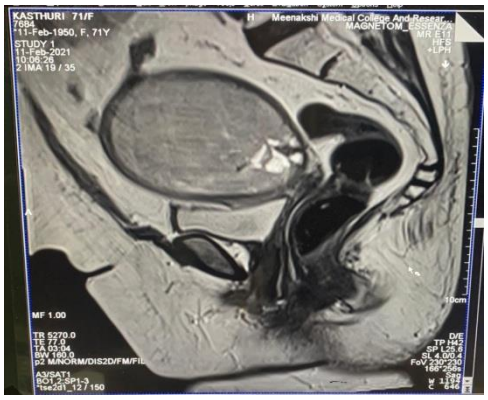

FIGURE 1.B

PROCEDURE DONE- STAGING LAPAROTOMY – TAH WITH BSO

INTRAOP-IMAGES – FIGURE 2

Figure 2.A mass was cut and showed features of ?degenerated fibroid

Figure 2.B cut section of uterus showing tumour

BIOPSY REPORT – FIGURE 3

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DEPARTMENT OF PATHOLOGY
BIOPSY REPORT

[redacted]
REF.BY: Dr.JAYANTHI
[redacted]

AGE/SEX:71/F
DATE: 09.03.2021
BIOPSY NO: G184/2021

CLINICAL FEATURES:
Diagnosis: P3L3A2/ Previous two normal vaginal delivery and 1 lower segment cesarean section / Postmenopausal bleeding.
Procedure: Total abdominal hysterectomy with bilateral salpingo-oopherectomy.
Specimens: Uterus with ?Submucosal degenerative fibroid or malignant changes.

MACROSCOPIC FEATURES :
Received an already cut open specimen of total abdominal hysterectomy with bilateral salpingo-oopherectomy, uterus with cervix measuring 11.5x11x5cm.
Tumour present in the endometrium measuring 10.5x10cm.C/S: Grey white, friable. Areas of hemorrhage and necrosis present. Tumour extends into the myometrium.
Small fibroid present in the isthmus part of uterus measuring 1.5x1.5cm. C/S: Grey white, whorls present.
Bilateral ovaries and fallopian tubes not made out.

MICROSCOPIC FEATURES:
Multiple section studied from the endometrial tumour shows a malignant neoplasm composed of oval to spindle cells arranged in the form of sheets and fascicles infiltrating extensively into the myometrium. The malignant cells resemble endometrial stromal cells and have eosinophilic to amphophilic moderate cytoplasm, large vesicular nucleus, coarse clumped chromatin and prominent nucleoli. Numerous abnormal mitotic figures present. Mitotic counts are 25/10HPF. Large areas of necrosis and small areas of hemorrhage present.

FIGURE 3.A

Sections from the small fibroid present in the isthmus show benign smooth muscle cells arranged in the form of interlacing fascicles.
Sections from the cervix show features of chronic endocervicitis.

IMPRESSION :
Procedure- Total abdominal hysterectomy with bilateral salpingo-oopherectomy.
Specimen integrity- Opened.
Tumour size- 10.5x10cm.
Histologic type- Endometrial stromal sarcoma-High grade.
Other tissue/organ involved- Not applicable.
Margins- Cannot be assessed.
Lymphovascular invasion- Not identified.
Regional lymph nodes- No lymph nodes submitted.
Pathological staging- $T_{1b}N_xM_x$.
Additional finding- Intramural leiomyoma of uterus.

GROSSED BY
ASST. PROFESSOR
Reg.No:121317. Dept. of Pathology
Date: 9/3/2021 Time: 3:00pm

REPORTED BY
ASSOC. PROFESSOR
Date: 9/3/2021 3:00pm

FIGURE 3.B

DIFFERENTIAL DIAGNOSIS-Leiomyoma ,Leiomyosarcoma,Leiomyoma with degenerative changes ,myxoid,myxoid sub type,MMMT (malignant mixed mullerian tumour of the uterus) , Endometrial stromal sarcoma, STUMP (smooth muscle tumours of uncertain malignant potential)

CONCLUSION- Pre-operative diagnosis of uterine sarcoma is often difficult. Women with early stage uterine sarcoma have same clinical presentation as that of uterine leiomyomas. For diagnosis, endometrial sampling has low predictive value. Imaging modalities are unlikely to differentiate uterine leiomyoma from leiomyosarcoma. In the management of uterine sarcomas, surgery remains the main stay of management. There is no standard recommendation regarding adjuvant therapy with chemotherapy, radiation & hormones.

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