

# CARCINO-SARCOMA OF UTERUS

## (A Case Report)

BY

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Carcino-sarcoma of uterus is a very rare tumour which comes under "collision tumours" where the two types of malignancies may co-exist but not intermingled as contrasted to composition tumours where the two types of malignancies are intermingled. Browne (1955) states that only 28 such tumours are reported in literature but Hughesdon, in 1955, while reporting a case of endometrial sarcoma complicating cystic hyperplasia, states in his paper that only 10 cases are reported which can be classified as true carcino-sarcoma. Reports of this type of malignancy are scanty in literature and hence this case is reported.

### Case Report

Patient N, aged 35 years, was admitted in this hospital on 12-12-1957 with a complaint of pain in lower abdomen and profuse bleeding per vaginam for the last 2 weeks.

She attained her menarche at the age of thirteen, married at twenty-three and had a full-term natural delivery one year later. After that, she never conceived. Menstruation was re-established three months after the delivery and since then it has been regular, once in 28-30 days, flow painless, moderate in quantity and lasting for 3 to 4 days. Previously, on 10-9-1953, she had been admitted in this hospital for bleed-

ing per vaginam and pain in lower abdomen of one month's duration following an amenorrhoea of 40 days. Examination at that time revealed a uterus of about 12 weeks' size, with a tender cystic mass (4" x 3" in size) in the right fornix and a small one in the left fornix. Uterus was retroverted and fixed. A provisional diagnosis of pelvic infection was made and after a course of antibiotics she was operated on 20-9-1953. On opening the abdomen a tubo-ovarian abscess was found behind the right broad ligament and uterus was pushed to the left and bound down by adhesions. Left tube and ovary could not be located. Right salpingo-oophorectomy was done and uterus was freed from adhesions. She was discharged on 11-12-1953 but was re-admitted after three weeks for persistent pain in the right iliac fossa. Examination revealed a certain amount of induration in right parametrium. A course of short wave therapy was given. For nearly three years after the operation she kept good health. Her periods were regular till June 1957 when she was re-admitted on 9-6-1957 for blood-stained discharge per vaginam and pain in abdomen of three months' duration. On examination at this time, uterus was found to be retroverted and bulky and there was a small fixed mass in the right fornix. She was given another course of antibiotics and short wave therapy. The bleeding stopped. She was advised a diagnostic curettage but she refused. Since June 1957 her menstrual rhythm had been fairly regular except for blood-stained discharge in between the periods. Her last menstrual period was on 3-11-1957.

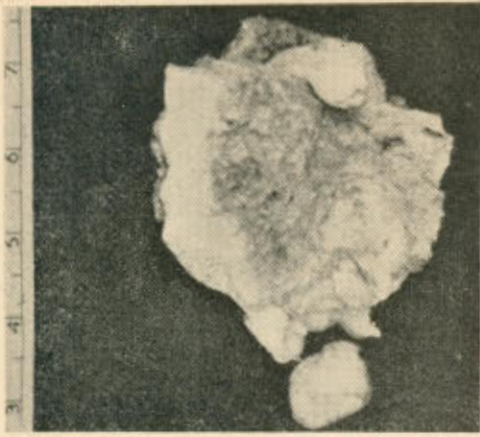


Fig. 1

Specimen photograph of carcino-sarcoma of uterus.

On examination, patient was an obese woman, slightly anaemic, no lymph glands were palpable. Her blood pressure was 104/70, Hb. 70%. Urine did not show any albumin or sugar.

On abdominal examination there was a subumbilical incisional hernia and no other abnormality was made out per abdomen. On bimanual examination, the uterus was enlarged to 12-14 weeks' size and products of conception could be felt through the patulous and dilated cervix. A provisional diagnosis of inevitable abortion was made.

Five hours after admission, she passed a fleshy mass which did not look like products of conception. So the uterine cavity was explored under anaesthesia and was found to be irregular and shaggy. It was curetted by a blunt curette and material sent for histo-pathological examination. Report was carcino-sarcoma. She was advised operation, but the patient went home for a few days and was re-admitted on 6-1-1958 for operation. X-ray chest was normal.

On 14-1-1958 she was operated. At laparotomy uterus was found to be retroverted and fixed. Caecum and small bowel were adherent to it. Size of uterus was about 10 weeks' pregnancy. No tubes or ovaries could be seen on either side.

There was a small fibroid on the right side of cervix which was enucleated. A total hysterectomy was done and abdomen closed in layers. There was no metastasis in the liver or elsewhere; the incisional hernia was repaired.

The uterus, on cut section, revealed thickened myometrium. The whole of the endometrium was replaced by an irregular growth. There was another polypoidal fleshy mass in the lower part of endometrial cavity on the left side. The growth was extending to the level of the internal os, but the endocervix was healthy. The post-operative period was uneventful and patient was given a course of deep X-ray therapy to the pelvis.

#### Microscopic Examination

(1) Uterus. Fairly well differentiated adenocarcinomatous structure had replaced the endometrium throughout, with varying degrees of infiltration in the myometrium. In large areas the islands of adenocarcinomatous structures were widely separated by groups of larger pleomorphic hyperchromatic stromal cells with few giant cells—the latter indicating the sarcomatous element.

(2) The polypoid mass in the lower part of the uterus showed similar structure as in No. 1.

(3) The fibroid removed from the cervix showed structure of a benign myoma.

#### Discussion

The case is reported because of its rarity. One peculiar feature about the case is that the left ovary could not be located at the time of the first operation when right salpingo-oophorectomy was done. Probably, some ovarian tissue must have been there as she had regular periods after that. Passing of a fleshy mass is one of the characteristics in the history of cases of sarcoma of the uterus. Hughesdon (1955) in his article reports various cases where an association of sarcoma of the

endometrium with cystic hyperplasia or adenomatous polypus was found. According to him there have been six cases reported. (Fellander 1907, Stein 1912, Froeschmann 1919, Strong 1919, Novak 1940, 1952, Anderson and Lomax, 1941). On the other hand, carcinoma of the endometrium associated with polypoidal cystic hyperplasia is an established entity. In discussing the origin of carcino-sarcoma on theoretical basis, the following light can thus be thrown, for, if cystic hyperplasia or polypi are sometimes pre-carcinomatous and rarely pre-sarcomatous, it is clearly to be expected that both these conditions may arise together occasionally from their common antecedent. In this case we have the associated factors of polypus, fibroma and carcino-sarcoma. As the whole of the endometrium was replaced by the growth, it is difficult in this case to judge the nature of the endometrium in which the growth arose. It is possible that the origin of sarcomatous and carcinomatous elements is probably a common one. There are further supports in literature where Ehrlich (1942) reported a combination of mixed mesodermal sarcoma, carcinoma and adenomyosis. Total hysterectomy with bilateral salpingo-oophorectomy is the preferable line of treatment in cases of carcino-sarcoma where there are no distant metastases and the case is operable.

In assessing the prognosis, the most important factor is the anatomical limits of the tumour. Fin (1950), while reporting 33 cases of sarcoma of uterus out of which 12 cases were of endometrial sarcoma,

stressed that sarcoma of the endometrium had a graver prognosis as compared to one arising in a leiomyoma. Out of 12 cases of endometrial sarcoma only 2 cases were alive for less than 5 years. McDonald, Broders and Counciller in 1940 while reporting on 20 cases of endometrial sarcoma stated that two-third of cases traced were dead within five years. Randall while reporting a 5 year cure rate of 75% in cases where the sarcoma arose in a myoma stated that only 14.3% of cases of endometrial sarcoma were alive at the end of 5 years. There are no figures to offer for prognosis of carcino-sarcoma because of its rarity. Necessarily the sarcomatous element in the tumour worsens the prognosis.

#### *Summary and Conclusions*

(1) A case of carcino-sarcoma of the uterus in a woman of 35 who had one delivery is reported.

(2) The association of carcino-sarcoma with fibroid and polypus is interesting.

(3) The case is reported because of its rarity.

(4) Prognosis and relevant aetiological factors are discussed.

#### *Acknowledgements*

I thank Dr. M. K. Krishna Menon, Director of the Institute, for his permission to publish this case, and Dr. B. M. Venugopala Shetty, Pathologist, for his help.

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