

## STROMAL ENDOMETRIOSIS

### (A Case Report)

by

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The first two cases of stromal endometriosis were published by Doran and Lockyer (1908). Casler (1920) and Dougal (1926) each reported a case. Some new cases were added by Robertson *et al* (1942), Henderson (1946) and Hunter (1953). Hunter *et al* (1956) reported on 94 cases collected from literature. Jensen *et al* (1966) reported 25 cases from Mayo Clinic.

#### CASE REPORT

Smt. B. aged 42 years was admitted for Continuous bleeding per vaginam for 3 months. She had irregular cycles of 15-30 days with excessive flow for 1 year. Continuous dull pain in lower abdomen for 1 year which was colicky since 3 months.

Loss of vitality—one year.

**Menstrual History:** Menarche—14 years. Previous cycles were regular of 28-30 days and flow for 4-5 days. There was no Dysmenorrhoea. Since 1 year the above complaints had appeared.

**Obstetrical History:** P<sub>6</sub> + O. All were alive and healthy. The last child born was 6 years back.

**Family History:** No history of hypertension, tuberculosis, syphilis, diabetes and of taking drugs.

**General Examination:** Patient was anaemic. There was no evidence of any systemic dis-

order. Pulse 90 per minute, of good volume. B.P.—110/70 mm Hg., — 6 mgs%. TLC, 8200/cm. DLC Poly 66, lympho. 32 mm?

Urine, nil significant.

**Abdominal Examination:** A soft mass was felt in suprapubic region extending upto 2" below the umbilicus with restricted mobility. The mass was extending into both iliac fossae. No evidence of free fluid was found in peritoneal cavity. No other mass or viscera was palpable.

**Bimanual Examination:** External genitalia and vagina were normal, Cervix was hypertrophied and a growth 1" x 1" was arising from posterior lip of cervix which bled on touch. There were small irregular polypoidal growths protruding through the cervical os.

Uterus was anteverted and was enlarged to about 14-15 weeks' size, irregular in shape. There were 2 masses 4" x 4" felt in both the fornices in continuation with the same mass. Consistency of these 2 masses was soft.

**Cervical Biopsy:** A biopsy from cervical growth was reported as leiomyoma without evidence of malignancy. There was active proliferation of spindle shaped cells of muscular and fibrous tissue without evidence of malignancy. On reviewing the slide again, it was detected that it was a part of stromal endometriosis.

**Treatment:** General condition was improved by giving blood transfusion and antianaemic treatment with iron, folic acid and high protein diet. Later on laparotomy was done. On opening the abdomen uterus was found enlarged, firm and adherent to posterior abdominal wall. Some intestinal loops were adherent to the surface of the uterus. Both the ovaries and tubes could not be identified as they were transformed into 2 masses adherent all round to the surrounding structures. There were few cysts filled with blood stained fluid adherent to the

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mass and some were also seen in the pouch of Douglas. On the anterior surface of uterus small size protrusions were seen.

Adhesions were carefully separated. From cysts, brain like lumps surrounded by blood stained fluid came out which were removed. The separation of the mass was difficult because of thick fibrous adhesions all around. As much as possible resection was done. While resecting it was found that the mass was tough and bands of fibrous consistency interspersed by degenerated greyish pulpy material were noticed in the mass.

**Post-operative treatment:** Since the whole mass could not be removed, it was decided to give a course of radio-therapy, which was given by 20 exposures of 60 Co. The patient was discharged after 3 months of stay in hospital in good condition. Up to 6 months follow-up, the patient was in healthy condition. The residual masses had disappeared. Cervix was healthy and the growth had disappeared. The general condition had improved. The papanicolaou smear showed no evidence of malignancy.

**Histopathological examinations:** Gross: The specimen submitted was in 10 separate pieces some having brain like soft consistency. The largest piece measured 8.0 x 5.0 x 3.0 cm. Uterine, cervical or ovarian tissue could not be identified. The colour was greyish. Some of the fragments presented thickened and whorled appearance.

#### Microscopic

Sections through the myometrial tissue showed cellular areas distinct from the muscle tissue. These areas of irregular and varying sizes and were composed of fairly uniform spindleshaped dark staining cells with oval or round nuclei (Fig. 1). The cells resembling endometrial stromal cells had scanty and illdefined cytoplasm (Fig. 2). No glands were observed within or around these areas. These cellular areas were separated from the surrounding myometrium by well-defined spaces. Mitotic figures were not seen.

#### Comments

It is disputed whether it is an invasion by uterine endometrium or arises by metaplasia of myometrial cells. It is composed of masses of round and oval

cells. Besides locally proliferating, it has tendency to permeate the veins and lymphatics forming worm like extensions into the broad ligament and adnexa.

Many times the proliferation of cells is so active that the condition is regarded as a sarcoma. Although, it is known as locally malignant, it has a tendency to recur after total hysterectomy and bilateral salpingo-oophorectomy. Distant metastases have also been reported by Jensen *et al* (1966). It has a late age incidence but may occur in other age groups. It is not always possible to remove the growth completely as in this case. The treatment of recurred growth and of residual mass can be done by deep X-rays. It is very sensitive to radiotherapy but may prove fatal due to recurrence after several years of apparent eradication. 17-hydroxyprogesterone caproate may arrest the condition. In the case under report there was extensive local spread involving the whole uterus, adnexa and cervix which cleared after radiotherapy. Six months follow-up has shown no recurrence. However, more follow-up is still needed.

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See Figs. on Art Paper VIII