

## GIANT HEMATOMETRA

(A case of Endometrial Carcinoma)

by

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### Introduction

Endometrial carcinoma was thought to be an uncommon entity and that clinical carcinoma of cervix was believed to occur 6-8 times more frequently a decade ago. Today it seems that the incidence of both is nearly equal, not considering in situ cervical cancer (Novak and Woodruff, 1974). It is a known fact that in advanced endometrial carcinoma, the tumour may block the cervical canal and cause hematometra or pyometra (Gompel and Silverberg, 1969). Rarely the size of haematometra or pyometra may exceed that of 12 weeks pregnancy. A case of adenosquamous carcinoma of endometrium in which the hematometra was of the size of 24 weeks pregnancy is reported.

### CASE REPORT

Mrs. J.A., a female aged 45 years attended District Hospital, Belgaum, on 27-4-1977 for pain in the abdomen since 6 months, situated in hypogastric region, pricking in nature and intermitant. But since last three months pain was more and continuous with difficulty in micturition since 6 months and frequency also (15-20 times/day); mass in abdomen since 5

months which was gradually increasing in size.

**Menstrual History:** She had attained menopause 5 years ago. Past menstrual cycles were regular.

**Obstetric History:** Gravida IV, para IV, 2 died and 2 alive. No h/o abortions. Last delivery 20 years ago.

**Physical Examination:** Patient was moderately built and nourished. She had no oedema or lymphadenopathy. Her temperature, pulse and respiration were normal. B.P. was 210/100 mm. of Hg. Abdomen was distended. Umbilicus was stretched. Mass was firm in consistency which was more on the right side and arose from the pelvis. It did not move with respiration. Mass measured 30 x 25 cms.

Other systems revealed no abnormalities.

**Local examination:** P.S.—Senile vaginitis. P.V.—Cervix was flushed with vagina. Uterus was not differentiated (? menopausal atrophy). Fornix—lump described above was felt in both the fornices, more so on the right side.

**Investigations:** Routine haematological investigations revealed no abnormalities. Blood group—'O'; Urine—NAD. Stool—plenty of R.W. ova +; Screening chest—NAD; E.C.G.—NAD; Ba-meal—NAD.

**Operative Notes:** Patient was operated on 25-6-1977 under general anaesthesia with a preoperative diagnosis of ovarian tumour. The abdominal cavity revealed very much enlarged uterus. The uterus was smooth and firm in consistency. It appeared as a huge intramural fibroid. Subtotal hysterectomy was done. The pelvic cavity and rest of the viscera in it appeared normal. There was no other abnormality noted. The abdomen was closed by conventional techniques.

**Macroscopy of the specimen:** The subtotal hysterectomy specimen measured 24 x 18 x 16

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Accepted for publication on 29-1-80.

cms and weighed 2567 gms (Fig. 1). The surface was smooth with a few prominent vessels. The mass was firm in consistency. Tubes on both sides appeared normal. Right ovary (5 x 4 x 3 cms) was larger than the left one (2 x 1.5 x 1 cms). Both ovaries were nodular and firm. On bisecting the specimen, uterus was found filled with semi-solid dark-brown material. The inner wall was smooth. The thickness of uterine wall varied from less than 1 mm to 4 mms (Fig. 2).

**Microscopy:** Sections from the thinned out wall showed atrophic smooth muscle fibers and collagenised fibrous tissue. In most of the sections from the wall of the uterus, even the lining epithelium was absent. Sections from thick part of the wall revealed a malignant lesion of endometrium. Tumor cells were polyhedral with large hyperchromatic nuclei. Cells were arranged in small islands and sheets. Many of the islands showed epithelial pearls. In some of the tumor masses cells at the periphery showed palisading arrangement. Sections from both ovaries showed metastatic lesions. The tumor was formed of malignant squamous cells with epithelial pearls and glandular structures (Fig. 3). Cytological examination of dark-brown rusty material from the uterine cavity, revealed malignant cells and RBCs.

The case was diagnosed as Adenosquamous carcinoma of uterus presenting as haematometra with ovarian metastasis.

#### Discussion

In this case the carcinoma was of diffuse type and it had blocked the cervical

canal to produce the giant hematometra. The size of the uterus was approximately that of 24 weeks pregnancy. The uterine surface was smooth and malignancy was not identified till histopathological study.

Such an observation has been recorded by earlier workers. Thinning of uterus may be generalised or localised. In the present case, the uterine wall was very much thinned out. At places, it was even less than a millimetre. Invasion of the tumor in the uterine wall was minimal. This is said to be a feature of diffuse superficially spreading type of lesion (Haines and Taylor, 1975).

#### References

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See Figs. on Art Paper VII