

# ENDOMETRIAL STROMAL SARCOMA PRESENTING AS AN OVARIAN TUMOUR

(A Case Report)

by

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## Introduction

Endometrial stromal sarcoma is an extremely rare malignant tumour derived from the endometrial stroma of the uterine corpus; its reported incidence being 0.2% of all uterine malignancies (Koss *et al*, 1965). The tumour has been reported under a variety of titles like, "Stromal endometriosis" "Stromal adenomyosis" and "Stromatous endometriosis". Originally, it was believed to be a form of adenomyosis but adenomyosis and endometriosis are benign entities whereas endometrial stromal sarcoma is not (Jenson *et al*, 1966). The tumour is known to penetrate beyond the junction of endometrium and myometrium, extend beyond the serosal surface, broad ligament and side wall of the pelvis, though a huge ovarian metastasis is not usual.

## CASE REPORT

A 43 years old female, 4th para, attended the

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hospital with the complaints of pain and distension of abdomen of 15 days duration. Her menstrual cycles had been irregular since last 3 months. Clinically, the patient was in fairly good health. A 22 weeks size immobile lump was felt in the lower abdomen. Pelvic examination revealed the cervix to be downwards and backwards flushed with uterus. The contours of the latter could not be made out. A mass of variable consistency was felt in all the fornices. Tentative diagnosis of a solid ovarian tumour was made.

## Operation Notes

The uterus was enlarged and bulky with smooth external surface. There was a huge right sided ovarian tumour highly vascular with irregular surface and solid to cystic consistency. Separation of the tumour from the urinary bladder was difficult. Surgical removal of the ovarian tumour along with hysterectomy and contralateral salpingo-oophorectomy was done.

## Pathologic Findings

Gross appearances: A specimen weighing 1.7 kgs. made up of a bulky uterus 9 cm. x 10 cm. x 6 cm size, right ovarian mass 19 cm x 18 cm x 10 cm size and contralateral adnexa of normal appearance was studied. The ovarian mass was adherent to the right uterine wall, the tube could not be discerned. The uterine wall was cut open anteriorly to reveal a polypoid haemorrhagic necrotic mass 4 cm x 1 cm x 1 cm size. The myometrium on the right side was 6 cm thick revealing cremish stringy cords 2-3

mm size infiltrating into the adjoining ovary to produce huge mass, its cut surface showing a variegated appearance of solid yellow tan areas centrally, haemorrhagic and cystic areas peripherally. The myometrium on the left side was 3 cm. thick showing similar involvement. Left tube and the ovary were normal (Fig. 1).

Microscopic examination of various sections taken from the polypoid mass, right sided myometrium, cervix and the ovarian mass showed histologic appearances of endometrial stromal sarcoma\* (Figs. 2, 3, 4). Left sided myometrium showed features of endolymphatic stromal myosis. Left sided fallopian tube and ovary were normal.

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*See Figs. on Art Paper V*