

METASTATIC ADENOCARCINOMA OF THE UTERUS ASSOCIATED WITH PRIMARY GASTRIC CARCINOMA

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Introduction

Secondary tumours of the uterus from extragenital primary sites are uncommon and those from extrapelvic primary sites are rare. As such cases are occasionally seen the present case is reported.

CASE REPORT

K. B., a married, 41 years old multigravida of poor socio-economic background was admitted to S. Medical College and Associated Groups of Hospitals, Jodhpur, on February 4, 1976, complaining of abdominal distress and pain and loss of weight for several months prior to admission and continuous vaginal bleeding for the last 2 months. On gynaecological examination, cervix was found to be normal and uterus was found to be of normal size.

Blood tests: Hb., 4.5 gm.%; blood urea, 80 mg% and fasting blood sugar, 75 mg. per cent.

The patient was provisionally diagnosed as a case of uterine cancer or incomplete abortion and fractional curettage was done.

The curettage specimen was 2x1.5x1 cms. in

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size, greyish-white in colour, soft to firm in consistency and the cut surface was homogeneous and greyish white in colour. On microscopic examination, the entire specimen was found consisting of neoplastic cells, the endometrial tissue was entirely lacking. The tall columnar neoplastic cells were arranged in well differentiated, large glandular structures, the stroma in between the glandular elements was completely absent or it was minimal (Fig. 1). The nuclei were darker stained. The nuclei of the cells of certain glands were unevenly placed. A few mitotic figures were also present. There were also solid masses of polyhedral or rounded undifferentiated neoplastic cells, with a variable cytoplasmic clarity, indicating presence of mucin, the nuclei of some of these cells were pushed aside by mucoid material and there were also occasional 'signet' ring cells (Fig. 2). A few imperfectly formed glandular structures were also present in the mass of undifferentiated cells. A variable amount of fibrotic tissue was present at certain areas.

Motivated by such microscopic picture, suggestive of a metastatic adenocarcinoma, most likely from the gastrointestinal tract, a detailed history of the patient was recorded again, which revealed a history of dyspepsia of long duration, on re-examination, there was an epigastric lump and enlarged, hard left supraclavicular lymph nodes. Further investigations confirmed the presence of gastric carcinoma.

Discussion

The histological picture of uterine neoplasm resembled more closely to a

secondary neoplasm arising from a primary seat in alimentary tract which was later confirmed by the coexistence of gastric carcinoma. The complaints related to gastric carcinoma have existed for long, before the symptoms related to uterine neoplasm developed.

Summary

A case of metastatic uterine tumour, is described here, which gains significance, on account of its rarity and its gynaecological symptoms simulating a primary uterine tumour.

See Figs. on Art Paper VII