

**A RARE COLLISION TUMOUR OF THE CERVIX: SIMULTANEOUS
OCCURRENCE OF LEIOMYOSARCOMA OF ENDOCERVIX AND
EPIDERMOID CARCINOMA OF CERVIX**

(A Case Report)

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Introduction

The coexistence of two malignant neoplasms in one individual, although not rare is of interest when both tumours are intimately associated in one organ and when cancer to cancer metastasis are found. This is an unusual and interesting phenomenon of malignant disease. It is more fascinating in the present case, because the patient was clinically diagnosed as fibroid polyp, while histopathologically the tumour showed collision of squamous cell carcinoma and leiomyosarcoma of cervix. The incidence of such association in the cervix is extremely rare (Neuwirth *et al* 1962). According to Chang *et al* (1957) cervical sarcomas are as rare as 0.04%.

CASE REPORT

A 55 year old female was admitted to Govt. Medical College Hospital with complaints of white discharge and vaginal bleeding off and on since one month. She had attained menopause 5 years back and had uneventful previous menstrual and obstetric history. Abdominal examination revealed a mass corresponding to about 14 weeks uterine size. On vaginal examination, a mass of 14-16 weeks, not separate from the uterus was felt. Fornices were clear. On speculum examination a mass 4" x 4" protruding into the vagina was seen. Cervix could not be visualized. There was foul smel-

ling discharge and the mass bled on touch. Rectal examination did not reveal any parametrial involvement. On these findings she was diagnosed as a case of fibroid polyp. All other laboratory investigations were normal.

Hysterectomy was done on 12-3-80. The specimen revealed a normal sized uterus with normal endometrial cavity and myometrium. The cervix was very much shortened and was sitting on a large well encapsulated mass 6"x8". The circular mass was attached by a thin fibrous band to the posterior part of endocervix. The fallopian tubes and ovaries were normal. (Fig. 1).

On cutting open the specimen, there was complete encapsulation of the tumour and a suggestion of whorling pattern. In the centre of the mass, one cystic necrotic area was seen, while at the lower pole of the mass, a greyish white slightly softer area was seen and felt, which was completely demarcated from the rest of the tumour tissue (Fig. 2).

On histopathological examination, it was found that majority of the tumour showed a cellular leiomyoma and a malignant change (leiomyosarcoma) in the centre of the tumour. The greyish white area at the lower pole revealed a frank squamous cell carcinoma with transitional pattern (Fig. 3). Special stains were done to confirm the findings.

References

1. Chang, H. V., Merlin, I. R., Vellios, F., Gastineau, D. C. and Huber, C. P.: *Obstet. Gynaec* 9: 212, 1957.
2. Neuwirth, R. S., Janovski, N. A. and Tobell, H. M.: *Bull. Sloane. Hosp. Women* 8: 65, 1962.

Accepted for publication on 6-10-80.

See Figs. on Art Paper VIII