

SARCOMA OF UTERUS

A Case Report

by

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Introduction

All the constituent elements of uterus—muscle, connective tissue, epithelium, blood vessels are mesodermal in origin and as such sarcoma could arise from any one or more of these elements. The tumour is common between 40 to 60 years of age and two-thirds of cases are postmenopausal, seldom occurs before puberty except sarcoma botryoides, which is found in infancy and childhood. Mesenchymal Sarcoma occur less frequently than leiomyosarcoma and are relatively uncommon. One such case is reported here.

CASE REPORT

Smt. G.R.M., aged 15 years was admitted in N.R.S. Medical College on 21-12-1979 for gradually increasing lump in lower abdomen for last 4 months, associated with pain, lassitude and weakness.

Menstrual history—menarche 3 months ago and she had only spotting for a day about a week before admission.

Past history—nothing significant.

General examination — general condition

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rather poor. Heart and Lungs—no abnormality detected.

Abdominal examination—a solid mass arising from pelvis, extending upon umbilicus, margins fairly well defined, mobile from side to side but lower pole could not be reached. The surface was irregular and consistency variable.

On Per Vaginal Examination: Vagina normal, cervix tubular, healthy but drawn up. Uterus could not be felt separately from the mass. Pouch of Douglas and fornices were full.

P/R—Solid mass merged with uterus was felt.

Parametrium—no induration was felt. Rectal wall free.

Investigations

HB-12.45 g%, TC-6800/wnn. Blood Sugar, 82 mg%, Urea 20 mg%, Blood group "B" Rh +ve. X-ray chest and pelvis—no abnormality detected. Laparotomy done on 10-1-1980. A large tumour arising from pelvis, variegated in appearance and feel with some vascular angry looking areas on upper and anterior part of the tumour mass was seen. Right ovary could not be distinguished and appeared to be incorporated in the tumour mass. Right tube was found stretched over the tumour mass. Body of uterus could not be isolated. Left tube and ovary was healthy. Large bowel was found adherent to the lower part of the tumour mass which was gently separated. Abdominal hysterectomy with bilateral salpingo-oophorectomy was done. There was no free fluid in the peritoneal cavity.

Histopathology Report

Microscopic examination revealed a pleomorphic appearance. Sheets of epithelial looking cells with an alveolar arrangement, were scattered all over the field. Occasionally tendency to have an acinar arrangement was evident. These groups of deeply stained cells appeared as islands against a pale background of intervening stroma, which on a close look revealed its sarcomatous nature. There were plenty of spindle shaped fibroblast-like cells. Other cells prominent by their presence were elongated, ovoid, ribbon or tadpole shaped cells with a strongly eosinophilic, granular or homogeneous cytoplasm, having one or several nuclei. Those with several nuclei represented the monster giant cells. Both these uninucleate and multi nucleate cells seems to represent striated or smooth muscle element, a very characteristic feature of

mixed mesodermal tumour at this site, since demonstration of striation is often without success and has not been attempted, and other mesodermal derivatives could not be detected, it will be in the fitness of things to ascribe the neoplasm to the mesenchymal sarcoma entity.

She received 3 doses of intravenous endoxan, 1000 mg in 5%, 540 ml glucose solution at an interval of seven days without any side effect. First dose was given 8 days after initial surgery. In this case endoxan was given empirically as the tumour appeared to be an ovarian tumour. During endoxan therapy repeated blood count showed no leukopenia and she was discharged after 6 weeks in good health.

Follow up on 1-4-80—she is free from symptoms and pelvic examination revealed no recurrence. She came on 1-7-80 with complaints of backache. X-ray chest and lumbo sacral region—revealed no abnormality.