

Endometrial stromal sarcoma of uterus in a young woman

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Stromal sarcoma of the uterus is a rare variety of sarcoma arising from the endometrial stroma. Patients with uterine sarcoma are generally postmenopausal; stromal sarcoma occurs in somewhat younger women. It is a highly malignant tumour and characteristically forms one or more polypoidal endometrial masses.

Case report

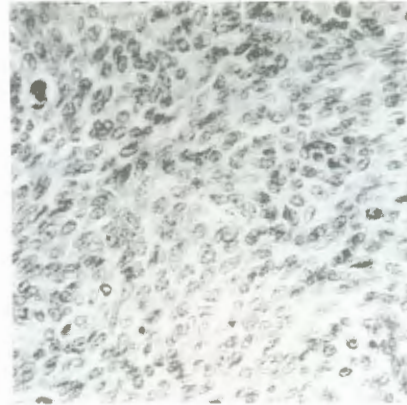
Mrs. Laxmibai Ramesh aged 28 years, fifth para, all alive, tubectomy not done and LCB two & half years back, was admitted in Gynec ward at G.M.C. Nanded on 26.3.98 with bleeding per vagina since 3 months, lump in abdomen associated with pain since two & half months. She had irregular bleeding per vagina since two & half months. Previous menstrual cycles were normal.

General examination: did not reveal any significant findings except severe pallor.

Per abdominal examination: revealed a suprapubic lump of about 18-20 weeks size of pregnancy and firm to hard in consistency with restricted mobility. There was no other mass and no ascites noted.

Per speculum examination: showed bleeding through the OS and cervix and vagina were congested.

Per vaginal examination: showed irregular uterine enlargement up to 18-20 weeks size, the cervix moved



with movements of the mass.

Pre-operative investigations: haemogram revealed that the Hb % was 6.5 gram %, blood sugar LFT, KFT and ECG were normal. X-ray chest showed evidence of secondaries in Rt. lung. USG showed E/O huge mass of mixed ecogenicity and ecotexture with partial calcification. Uterus not made out separate from mass. In view of uterine mass and X-ray chest findings provisional diagnosis of choriocarcinoma or other type of uterine malignancy was made and FNAC done. Cytology report of FNAC showed large areas of haemorrhages, RBC, few epithelial cells from cyst wall and fibrocollagen stromal fibres; no serous or mucinous material was seen. S/o benign cystic lesion of ovary with haemorrhages.

Management: the patient received two blood transfusions pre-operatively and was taken for laparotomy. Total abdominal hysterectomy with bilateral salpingo-oophorectomy done. On gross examination, the uterus was irregularly enlarged, about 20 weeks size with a perforating mole like tissue and cauliflower like lesion on the anterior aspect of the uterus. Cut section showed friable, polypoidal growth in the uterine cavity with myometrial invasion. The post operative period was uneventful. As histopathology of specimen showed endometrial stromal sarcoma of uterus, patient was referred to oncology centre at G.M.C Aurangabad for further management.