

## Low Grade Endometrial Stromal Sarcoma : A Case Report

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Mrs. B, 48 years old female presented with excessive bleeding P. V. Off and on, and pain in abdomen since 1 year. Previous menstrual history was normal, current history indicated continuous excessive bleeding with excessive flow & passage of clots. P.V. examination showed irregularly enlarged uterus. Nodules felt in posterior fornix. Mobility was restricted.

Patient was prepared for total abdominal hysterectomy. Pre-operative investigation showed anemia (Hb 8.5g/dl) & mildly raised E.S.R. (28 mm). X-ray Chest and E.C.G. were normal.

On opening, uterus was 12 weeks in size and studded with growth. Both ovaries were enlarged (4x4 cm) and infiltrated with growth and were adherent to pouch of Douglas, which was also infiltrated with growth. Intestine and omentum were also infiltrated with growth.

The Uterine wall with growth were excised & debulking done from omentum. Cut section of uterus showed intraluminal cheesy, yellowish white growth, infiltrating into

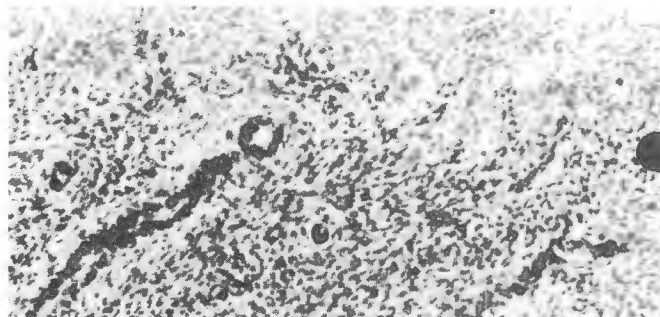


Fig.2. Showing cord like structures. 10x, H. & E.

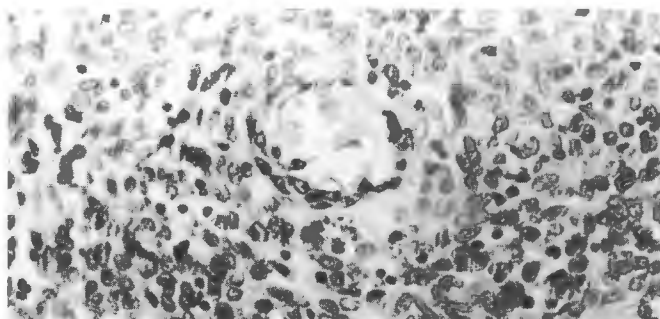


Fig.3. Showing cells resembling stromal cells of proliferating endometrium. Peritheliomatous pattern also seen. 40x, H. & E.



Fig.1 : Showing endolymphatic stromal myosis 4x, H. & E.

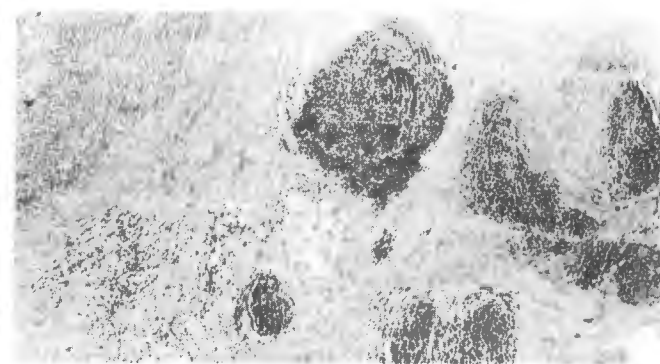


Fig.4. Section from Omentum showing stromal nodule. 4x, H. & E.

the wall. Margins of the growth were ill-defined. Omentum measured 11x3x2.5 cm, cut surface of omentum was yellowish white and soft. 4 irregular nodular soft tissue masses 1.5 to 3 cm and another well-circumscribed nodular mass 1x0.4 cm were seen.

Multiple pieces were submitted. Section from uterus showed proliferating endometrium and many stromal nodules of various sizes, infiltrating the myometrium. Few stromal nodules were permeating lymphatics (Endolymphatic stromal myosis). Cord like structures & peritheliomatous pattern were seen. High power examination showed cells resembling stromal cells of proliferating endometrium without any atypia and rare mitoses (Figure 1-3). Section from omentum showed many

stromal nodules (Figure 4). A diagnosis of low-grade endometrial sarcoma (L.GSS) was given.

Because of advanced stage disease, progestin trial was not given and patient was sent to Bikaner for Radiotherapy. Patient has not presented with any complaints suggesting metastatic or recurrent disease during her follow-up visits. An X-ray chest done after 1 year did not show any pulmonary metastasis.