

Malignant Mixed Mullerian Tumor – Case Report

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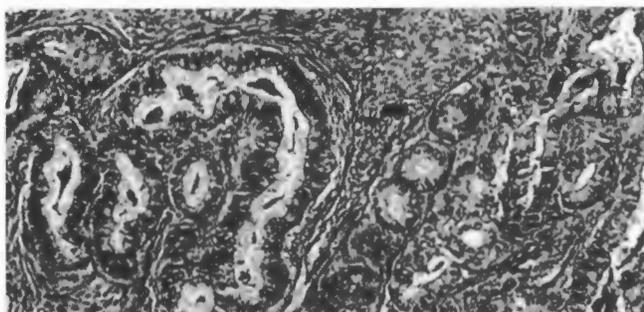
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Uterine sarcoma comprise less than 1% of gynaecologic malignancies and 2% to 5% of all uterine malignancies amongst which the incidence of malignant mixed mullerian tumour is 2%.

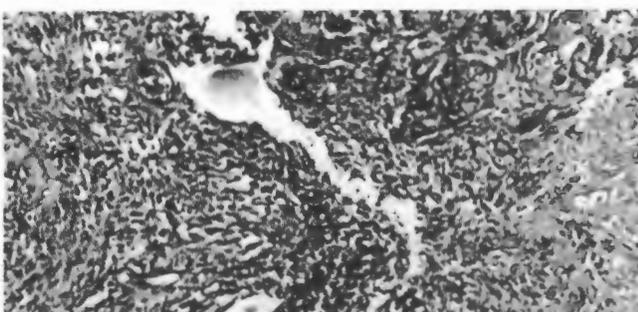
Mrs. NB, aged 65 years, P₈ L₈ was admitted on 03/09/2000 for postmenopausal bleeding of 3 months duration with fractional curettage report showing evidence of carcinosarcoma of endometrium. Patient was known hypertensive for 2 years, no h/o diabetes. On vaginal examination, Cervix & vagina was healthy, bleeding through Os +, Uterus – Enlarged, 6 weeks, mobile. Ultrasonography revealed a enlarged uterus measuring 9.5 x 5.0 x 4.5 cms with irregular mass in the cavity. She underwent CT Scan which showed no evidence of metastasis.

Patient was subjected to total abdominal hysterectomy with bilateral salpingoophorectomy with aspiration from pouch of Douglas. Intra-operative findings – uterus was enlarged, both ovaries were of normal size, no pelvic lymphnodes palpable. Liver and the under surface of diaphragm was normal.

On gross pathology – Uterus measured 8.5 x 6.0 Cms., Serosal surface was normal. Endometrial cavity showed a soft polypoidal tumour with induration of the fundus. Microscopic - Sections showed glandular and stromal element. (Micro-photograph1) The glands were of irregular shape and size and cells were pleomorphic with hyperchromatic nuclei and altered Nuclear Cytoplasmic ratio. Stroma was made of two types of cells-spindle and the other round to oval shaped. The nucleus was hyperchromatic and showed increased mitotic activity. Few giant cells were seen. (Microphotograph 2)



Microphotograph 1 : Showing glandular component



Microphotograph 2 : Showing stromal element with round and oval cells with hyperchromatic nuclei.

The impression given was malignant mixed mullerian tumour and aspiration sent from pouch of Douglas was positive for malignancy. She was referred to Kidwai Institute of Oncology, Bangalore, for opinion and was readmitted for chemotherapy at our Centre. She was treated with Doxorubicin, Ifosfamide and Mesna. She has received 2 courses at interval of 4 weeks and is on follow-up.