

Adenomatoid Mesothelioma of the Uterus

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Adenomatoid tumors are rare benign neoplasms. In women, the adenomatoid tumor usually originates in the fallopian tube. Its presence in the uterus is relatively rare although over 75 cases have been reported'. We report one such case.

CaseReport

A 46 year old woman attended the outdoor service with complaints of excessive, frequent and painful periods, and excessive white vaginal discharge, both since three years. She was asymptomatic three years ago. Her menstrual cycles became shortened to 15 days with excessive flow and pain lasting 8 days. Her LMP was 12 days back. She had increased white, mucoid, vaginal discharge, with no foul smell or blood in it. Her past menstrual history was regular with average flow. She had four FIND, last being eight years ago.

On examination her vital parameters were stable. All blood investigations were within normal limits. On speculum examination cervical erosion was present and vaginal mucosa was normal. On vaginal examination cervix was pointing backwards, uterus was anteverted, anteflexed, normal size, firm and mobile, and the fornices were free. Pap smear revealed no abnormality. Fractional curettage was done. Histopathology of curettings showed proliferative phase. Ultrasonography reported fibroid in the uterus. Total abdominal hysterectomy with bilateral salpingo-oophorectomy was done without difficulty. Patient stood the operation well.

Histopathology of the specimen - Uterus measured 12x7x6 cms, On serial sectioning, uterine canal was found patent. Maximum thickness of myometrium was 3 cms. A single grayish yellow area of 0.8 cms was seen. The tubes measured 6 cms each. The ovaries measured 3x2x3 cms each. Cervix, both tubes and ovaries were normal. Microscopy revealed adenomatoid mesothelioma showing ramifying tubules like spaces lined by benign cuboidal cells within fibrous tissue and smooth muscle cells. Few of these spaces were dilated. No cellular atypia or mitotic activity was seen (Fig.1). Endometrium was in

proliferative phase. Cervix had chronic cervicitis. Tubes and ovaries were unremarkable.

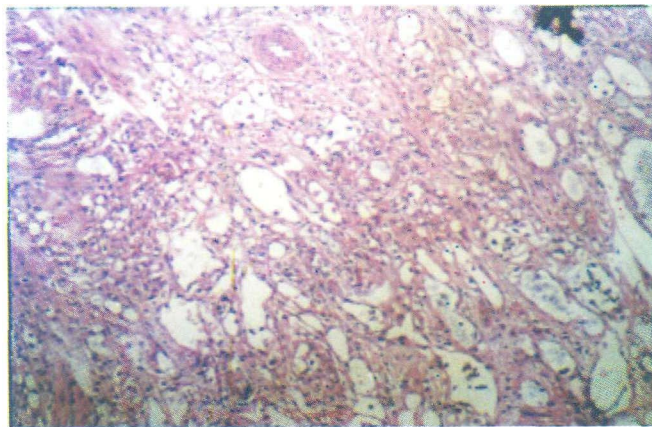


Fig 1. Adenomatoid mesothelioma

Discussion

Adenomatoid tumors arising in the uterus are uncommon. Characteristically, they are small nodular lesions in the subserosa or outer wall of myometrium. They can be mistaken histologically for leiomyomas or nodules of adenomyosis, and most importantly for angiomas and angiomyomas (angiomatoid and cystic types), and for metastatic carcinoma (the solid and adenoid types). They tend to be less well demarcated than leiomyomas and tan gray in colour. Ultrastructural and histochemical studies indicate them to be a type of benign mesothelioma. The proliferation of smooth muscles which accompanies some tumors was regarded as a non-neoplastic hyperplasia of myometrium. Four distinctive histological types (adenoid, angiomatoid, solid and cystic) are identified. The solid and adenoid types may be mistaken for a metastatic carcinoma. The angiomatoid and cystic types may be misinterpreted as angiomas or angiomyomas. An awareness of the characteristic histologic patterns of adenomatoid tumors and their transitional forms coupled with an appreciation of their gross appearance and topographic location in the uterus will greatly aid proper diagnosis. Because adenomatoid tumors have been more widely stated as lesions of the fallopian tube than of the uterus, problems in the diagnosis are likely to occur when they are incidentally discovered in a hysterectomy specimen. They should be managed as benign tumors.

Reference

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