

Uterine Adenosarcoma: Case Report

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Abstract

Uterine adenosarcoma is a rare mixed epithelial-non-epithelial neoplasm that represents 0.2% of all malignant neoplasms of the uterus and 5 to 10% of all uterine sarcomas. Endometrial stromal tumors are a subset of uterine mesenchymal neoplasms that represent less than 10% of uterine sarcomas and approximately 1% of all uterine malignancies. It is more commonly seen in menopausal women and treatment usually consists in surgical removal of the uterus and ovaries. We present the case of a 24-year-old patient with a history of previous molar pregnancy admitted to our service presenting abundant transvaginal bleeding and data of anemic syndrome. A biopsy taken reported adenosarcoma with mixed elements.

Keywords: Adenosarcoma, sarcoma, uterine bleeding, uterine cancer.

Introduction

Uterine adenosarcomas are mixed neoplasms with a benign epithelial component and a malignant (sarcomatous) stromal element. Most adenosarcomas are diagnosed at stage I (60%), with a survival rate of more than 80%. These rare neoplasms correspond to 8% of all uterine sarcomas. The age range of appearance is very wide, and can occur from 10 to 90 years, the maximum peak is the sixth and seventh decade of life, although it is more frequent in postmenopausal women. It is related to a history of tamoxifen treatment and pelvic radiation. The most common symptom is abnormal uterine bleeding; uterine enlargement can be present during abdominal exploration. Treatment is simple total hysterectomy with double adnexectomy, followed or not by postoperative radiotherapy. We present the case of a uterine adenosarcoma in a young patient and a review of the literature.

Case Description

A 24-year-old woman, with history of two cesarean deliveries and one partial hydatidiform mole in her last pregnancy, was admitted to our service referring two weeks of evolution with data of

anemic syndrome and abundant transvaginal bleeding with bright red clots, accompanied by mild colic-type abdominal pain without irradiations. On physical examination traces of bleeding were observed in the vulva and vagina, and an irregular 7x6cm-violaceous tumor was observed protruding through the cervix. Pelvic Ultrasound reported an 9x5x4cm-uterus with fibroid images identified on the wall with an irregular endometrium with poorly defined edges without vascular flow on Doppler examination. An MRI described a 4.4x4x3.6cm-oval image, with lobulated edges poorly defined with heterogeneous intensity that expands the body and the internal cervical orifice (Figure 1). The patient underwent laparotomy and a hysterectomy with bilateral salpingo-oophorectomy, and pelvic lymphadenectomy was performed (Figure 2). The definitive histopathology study reported Adenosarcoma with heterologous elements of raiomyoblastic type with high-grade sarcomatous overgrowth, myometrium invasion greater than 50% and lymph nodes negative for neoplasia. The patient recovered without complications and was discharged two days later and sent to Oncology and Radio-Oncology Service for further management.

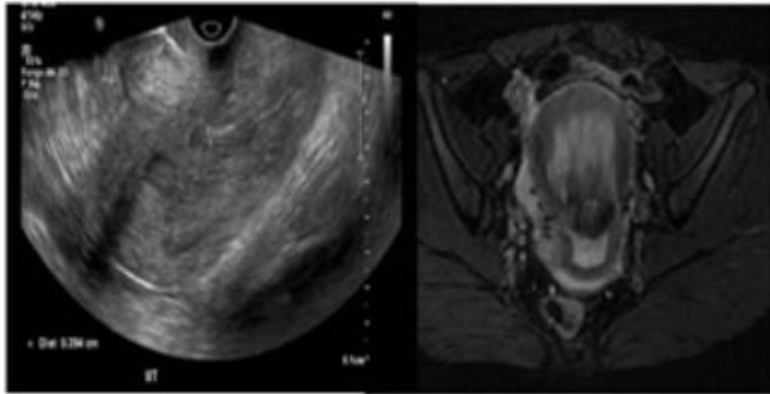


Fig. 1 Pelvic ultrasound and MRI



Fig. 2 Surgical specimen

Discussion

Adenosarcoma of the uterus is a rare neoplasm typically composed of benign glands and malignant mesenchymal elements usually a low-grade sarcomatous component and represents approximately 8% of all uterine sarcomas. However, an adenosarcoma with a sarcomatous overgrowth, which is defined as at least 25% presence of sarcoma occupying the tumor, as the case of our patient, has a malignant potential as much as a high-grade sarcoma and represents 10% of the cases.

The most common symptom is abnormal vaginal bleeding and during a physical exploration a mass protruding from the external cervical orifice is observed. During a pelvic ultrasound an enlarged uterus is usually observed.

The complete surgical removal with a hysterectomy and bilateral salpingo-oophorectomy is the gold standard treatment and in patients with a high-grade sarcoma a pelvic lymphadenectomy has a positive effect on overall survival. In childbearing age patients, fertility sparing surgery with ovarian preservation can be an option while performing surgical treatment especially in the absence of gross involvement.

The role of adjuvant chemotherapy and radiotherapy is not very well defined yet but patients with a high-grade disease may be candidates for an aggressive therapy to reduce the risk of disease recurrence.

Presence of sarcomatous overgrowth is the most important prognostic factor along with age, myometrial invasion and lymph node involvement. The five-year survival rate in patients without sarcomatous growth is 77%, lowering the rate to less than 50% in those patients presenting a sarcomatous overgrowth.

Although adenosarcoma of the uterus is an uncommon disease should be a differential diagnosis when a patient presents in our services with history of vaginal bleeding and the presence of a polypoid mass protruding the cervix.

Conflict Of Interest

The authors declare no conflict of interest.

Consent

Written informed consent was obtained from the patient for the publication of this case report.

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