

Metastasis of Urinary Bladder From Endometrial Stromal Sarcoma – A Case Report



Medical Science

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ABSTRACT

Involvement of the urinary bladder in case of endometrial stromal sarcoma is very rare. Secondary tumours of the urinary bladder are rare. Endometrial stromal sarcomas are second most common uterine stromal malignancies. For its rarity the case is presented for the benefit of the readers.

CASE REPORT: A 55 year old women who underwent hysterectomy one year back presented with lower abdominal pain and hematuria on and off.

On ultrasound examination, there was a bladder mass 2x1.5 cm on left side of the trigone of the bladder. Transurethral resection of the bladder (TURB) was done and the material was sent for histopathological examination.

Grossly we received TURB material measuring 1.8x1.5x0.5 cm grey brown soft tissue and it is processed.

H & E stained sections showed worm like tumour nests infiltrating the urinary bladder. The tumour cells invaded the muscularis propria of the bladder. Under high magnification (400x), shows spindle cells with small arterioles resembling proliferative endometrial stroma. There are abundant collagen bundles seen.

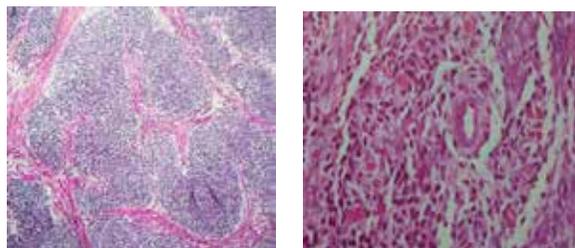


Fig A : Irregular worm like tumour nests. Fig B : high power view (400x) showing spindle cells with small arterioles.

Immunohistochemical evaluation is done. The sections from the TURB showed bladder mucosa with endometrial glandular differentiation looking like endometriosis with CD10. Diffuse and strong nuclear labelling with ER. There is strong Desmin immunoreactivity. Prominent vascular invasion seen.

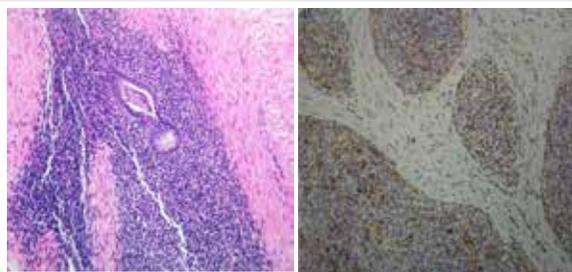


Fig C: tumour in the bladder with endometrial glandular differentiation. Fig D: tumour cells showing CD10 positivity.
DISCUSSION: Involvement of the urinary bladder by secondary tumours is rare. Usually metastases occur by direct spread of the tumour from the adjacent organs such as prostate, uterus, colon and ureter or spread from lymphnodes and blood.1,2,3

Bates & Baithun studied and reported 282 secondary bladder tumours which showed 2.3 % of surgical cases and 20% post mortem cases. The most common primary sites were colorectum (33%) Gynecological tract (22%) and prostate (19%) majority are carcinomas only. There were 11 melanomas, 2 Ewing sarcomas, 2 mesotheliomas and 1 osteosarcoma.

Urinary bladder involvement by endometrial stromal sarcoma is rare and previously described by Dgani et al in a 41 year old woman with hematuria. Keane reported a 62 year old woman who had hysterectomy for low grade endometrial stromal sarcoma and later showed recurrence with a mass after 5 years.

Late recurrences occur in 36 to 56 % of cases with the mean time of recurrence is reported in one study as five and half years for early stage disease.⁷

The differential diagnoses of endometrial stromal sarcoma involving urinary bladder are solitary fibrous tumour, hemangiopericytoma, synovial sarcoma, carcinoid tumour and Ewing sarcoma.

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