



RARE CASE PRESENTATION OF ENDOMETRIAL STROMAL SARCOMA

Obstetrics & Gynaecology

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ABSTRACT

Endometrial stromal sarcomas are least common among the three uterine sarcomas. More common in perimenopausal women between 45 and 50 years with approximately one third in postmenopausal women. Most common symptom is abnormal uterine bleeding. Here is a case of 51-year-old P3L3 with tubectomised patient came with c/o postmenopausal bleeding for 2-3 months. She was evaluated for the same and taken for fractional curettage. Her fractional curettage report leiomyosarcoma (epithelioid tumor)/stromal sarcoma. she was taken for radical hysterectomy. Her HPR report high grade endometrial stromal sarcoma and she was followed up. Patient had 9 cycles of chemotherapy and radiotherapy.

KEYWORDS

Sarcoma, Perimenopausal, Endometrial Stromal Sarcomas.

INTRODUCTION:

Uterine sarcomas carry a very poor prognosis but fortunately they are rare and represent less than 5% of all uterine tumors. ⁽¹⁾ Endometrial stromal sarcomas are the least common among the more common uterine sarcomas. ESS occur primarily in perimenopausal women between age 45 and 50 years ⁽²⁾, only 1/3rd among postmenopausal women. There is no association with parity or associated diseases. The most frequent symptom is abnormal uterine bleeding and abdominal pain. ⁽²⁾

PATIENT INFORMATION:

Here is a case of 51-year-old P3L3 tubectomised patient who presented to us with h/o postmenopausal bleeding for 2-3 months. Married since 36 years P3L3, Menopause attained-4 years back patient is k/c/o Hypertension for 5 years. There was no significant past or family history.

CLINICAL FINDINGS:

On General Examination – BMI- 38, Rest all Within normal limits
P/A- soft non tender
P/S-cx and vagina appeared healthy
P/V- uterus size couldn't be appreciated due to obesity
Patient was evaluated for postmenopausal bleeding Routine investigations were normal
Paps smear-scanty cellularity, occasional superficial squamous epithelial cells are seen

DIAGNOSTIC ASSESSMENT:

ON USG-well defined round to oval lesion of size 3*2.8cm is seen in anterior wall of uterus and displacing ET posteriorly. another small lesion of size 1.2*1.2 cm seen in anterior wall of uterus s/o submucosal fibroid

MRI was done- Bulky uterus with polypoidal enhancing lesion of size 3*3.8*3.9cm protruding into endometrial cavity as described above likely s/o neoplastic lesion. Next fractional curettage was done.

Biopsy report –D/D Leiomyosarcoma (Epithelioid type) or Stromal sarcoma.

Patient posted for Modified Radical Hysterectomy Intraoperatively – uterus appeared bulky, normal external surface, normal adnexae and lymph nodes not palpable

Modified radical hysterectomy done and tissue sent for HPR

Peritoneal fluid sent for cytology

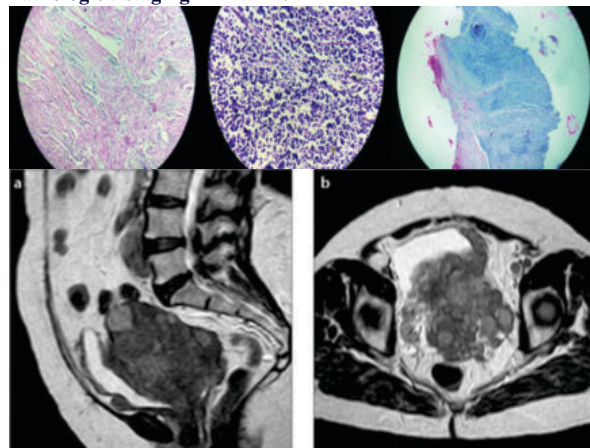
Report – physical examination-clear fluid

On chemical examination – plenty of RBC seen obscuring other cells.
Gross examination - on cut section polypoidal mass of 4*3cm seen in endometrial cavity

Endometrium –high grade endometrial stromal sarcoma (tumor of size 4*2*3cm)

1. extensive areas of tumor necrosis seen
2. tumor invades <50% of myometrial thickness serosa free of tumor invasion.
3. No lymphovascular emboli/no perineural invasion seen

Pathological staging –PT1aPN0



THERAPEUTIC INTERVENTION:

Patient Underwent chemo radiation therapy. Patient was followed up till date. Patient had taken 8 cycles of chemotherapy (paclitaxel + carboplatin) once in a week and radiotherapy.

DISCUSSION

Pathology

ESS are composed of cells resembling endometrial stroma in the proliferative phase based on histological criteria they have been divided into two types: High and Low Grade.

Stage	Definition	
I	Tumor limited to uterus	IA: tumor limited to endometrium/endocervix with no myometrial invasion IB: ≤½ myometrial invasion IC: >½ myometrial invasion
II	Tumor extends beyond the uterus, within the pelvis	IIA: adnexal involvement IIB: involvement of other pelvic tissues
III	Tumor invades abdominal tissues (not just protruding into the abdomen)	IIIA: one site IIIB: more than one site IIIC: metastasis to pelvic and/or para-aortic lymph nodes
IV		IVA: tumor invades bladder and/or rectum IVB: distant metastasis

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