IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

HETEROLOGOUS TYPE OF MALIGNANT MIXED MULLERIAN TUMOR IN UTERUS - A CASE REPORT.

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INTRODUCTION:

Malignant mixed mullerian tumor (MMMT is a rare neoplasm generally present with post menopausal uterine bleeding and comprise of two components (A) Epithelial (B) Stromal, so known as biphasic tumor.(1)

CASE REPORT:

In this study we present a case of a 57 year old woman who came to the gynec OPD with complains of post menopausal bleeding since 15 days. A friable, reddish brown mass was felt on per vaginal examination which had tendency of bleed on touch. On ultrasound the uterus was bulky measuring 7.8x3.9x5.6cm and endomyometrial thickness was of 14.5mm.Patient had her operation of bilateral hysterectomy with bilateral salpingoopherectomy that was sent for histopathological examination. On histopathological examination diagnosis was made which was: heterologous elements(Malignant mixed mullerian tumor) involving lower half of thickness of myometrium and lower uterine segments. STAGE 1A(PT_{1A} PN_X $PM_{X)}$ disease. FIGO-STAGE1A.

HISTOPATHOLOGICAL FINDINGS:

GROSS FINDINGS: Specimen of hysterectomy with bilateral salpingoopherectomy was received aggregating 10.5x6x3cm. On cut section, endomyometrial thickness was 2cm and showed white friable (? Growth) area measuring3.6x2x1.4cm. Intramural fibroid was 0.5cm. Grossly, cervix was not identified and less than 50% of the myometrium was involved.

MICROSCOPIC FINDINGS: Back to back tubular glands with confluence and moderate to high grade nuclear atypia with clear cell changes and extensive osseous metaplasia favouring sarcomatous component. Squamous metaplasia was also present.

RESULTS:

FIGURE 1: GROSS IMAGE OF UTERUS SHOWING FRIABLE REDDISH BROWN SOFT TISSUE MASS.

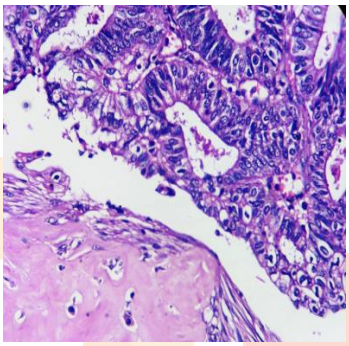

FIGURE 2: BACK TO BACK TUBULAR GLANDS WITH MODERATE GRADE NUCLEAR ATYPIA WITH ADJACENT OSSEOUS ELEMENT ON -40X

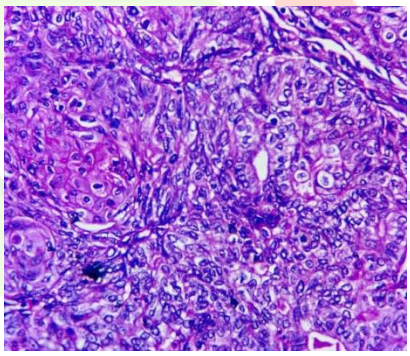

FIGURE 3: MODERATE GRADE NUCLEARATYPIA WITH CLEAR CELL CHANGES.

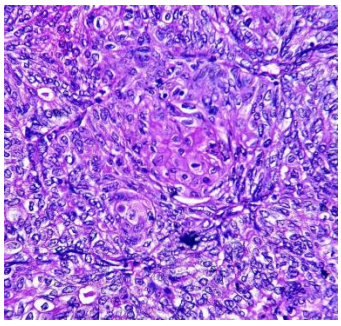

FIGURE 4: SQUAMOUS METAPLASIA AT PLACES.

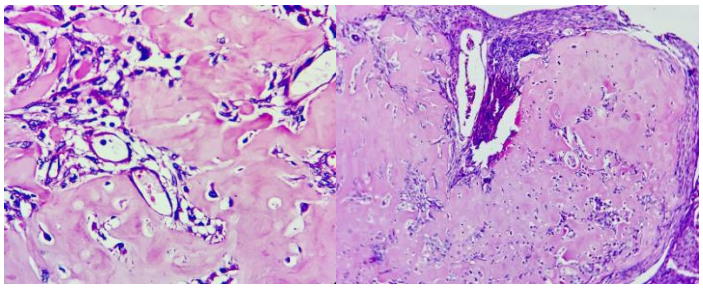

FIGURE 5: EXCESSIVE OSSEOUS METAPLASIA- 40X

SO FINAL DIAGNOSIS IS MALIGNANT MIXED MULLERIAN TUMOR(mmmt).

DISCUSSION:

MMMT is extremely aggressive tumor with poor prognosis. Risk factors are obesity, nulliparity, and treatment with tamoxifen and oral contraceptive pills(2). It is high grade neoplasm consisiting of 1-2% of uterine cancers. Histogenesis of MMMTs centres on two theories: (A) Simultaneous formation of independent tumors (biclonal theory).(B) Multidirectional differentiation of single neoplasm (monoclonal theory) .Distingusing MMMTs from pure sarcoma depends upon finding carcinoma ,which may be sparse and difficult to find, so presence of bizzare malignant cells in uterine neoplasm should be suspicion of MMMTs(3). Cell proliferation, initiation, promotion and progression plays important role in disease progression. However recurrences develop within 12 months at distant places of tumor.

CONCLUSION:

In conclusion , as MMMT are rare clinician should have high index of suspicion for postmenopausal patients presenting with per vaginal bleed and should consider possibility of MMMT. Prognosis is universally bad, ranging 12 to 20% with 5 year survival rate. MMMTs if not diagnosed – complications include lymph node invasion, metastasis and death. Outcome depends on stage & depth of disease. Treatment – Chemotherapy & Radical surgery (4).

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