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Uterine Tumor Resembling Ovarian Sex Cord Tumor: A rare case with malignant features and high recurrence risk

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Introduction

Uterine Tumor Resembling Ovarian Sex Cord Tumor (UTROSCT) is a unique group of neoplasms with diverse morphological and immunophenotypic characteristics, coexpressing markers of sex cords, epithelial cells, and smooth muscle. Several reports have described recurrences and metastases in this tumour, which, despite generally being considered benign, represents less than 0.5% of all malignant uterine neoplasms. Its diagnosis is based on histopathological and immunohistochemical analysis. Given the rarity of this neoplasm, it often goes unnoticed. Long and careful follow-up is recommended, as recurrences have been reported up to 11 years later, regardless of its malignant potential.

Case

A 51-year-old nulliparous woman consulted the local hospital for abnormal uterine bleeding and an initial ultrasound finding of a 20×30 mm intramural fibroid. Upon gynecological examination, a polypoid mass protruding through the cervical os was observed. The patient was initially treated with medroxyprogesterone acetate. Due to persistent bleeding, anemia, and fulfilled parity, a total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed.

Ultrasound Findings

Ultrasound revealed: Uterus measuring 163×84×87 mm, Fundal fibroid measuring 77×76×60 mm, FIGO type 2-4, with an intratumoral vascular color score of 3. An additional endometrial polyp of 24 mm. (Figure 1.)

Management/Follow-up

Histopathological analysis reported a 6 cm UTROSCT with more than 50% myometrial and lymphovascular invasion. Due to the presence of three characteristics associated with high risk of recurrence or metastasis, a CT scan was requested. The patient is currently being followed up by the Gynecology Department, awaiting CT results.

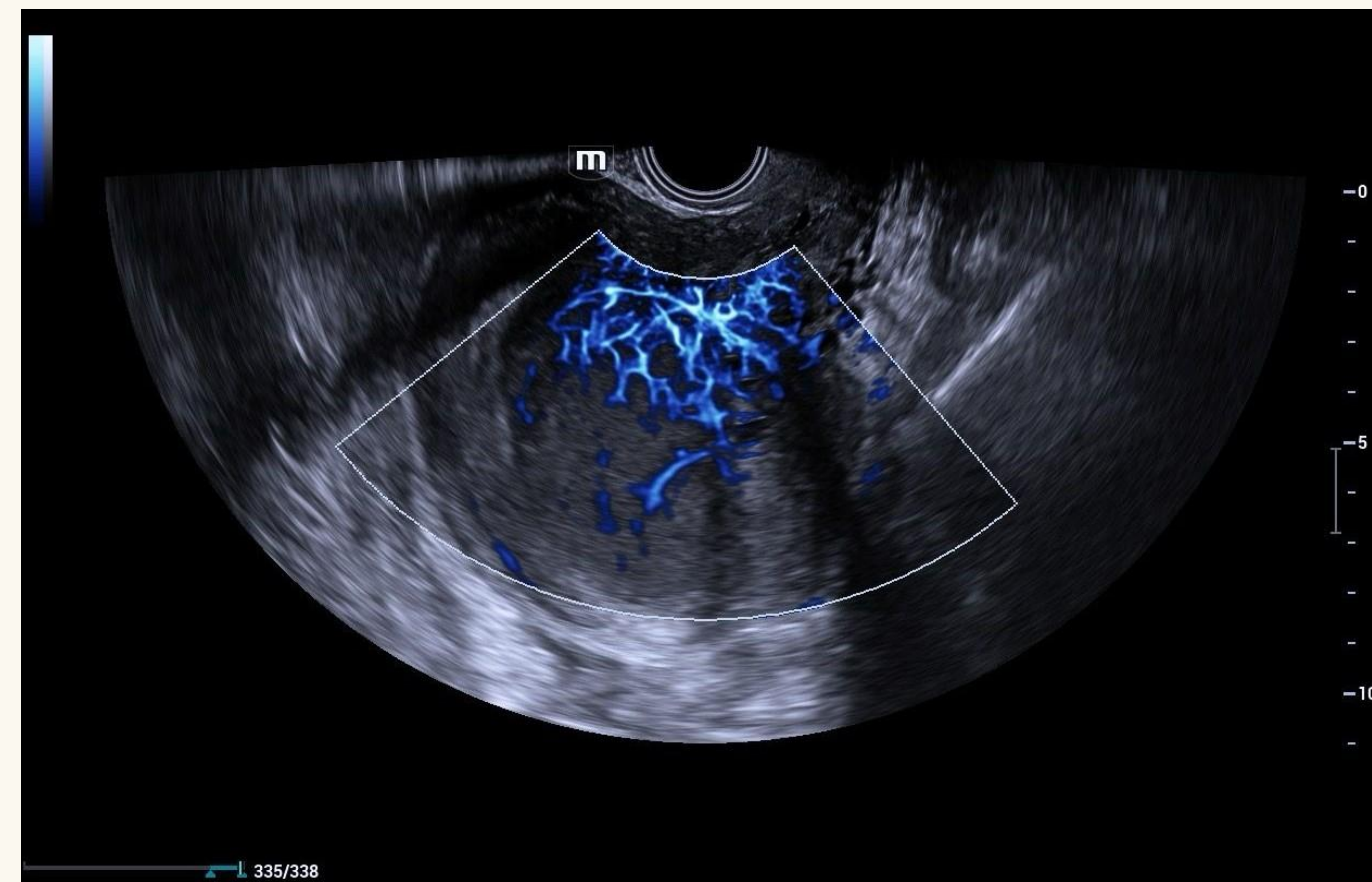


Figure 1. UTROSCT

Conclusions

- **UTROSCT is a rare uterine neoplasm that can present with high-risk histological features.**
- **Despite its generally benign nature, the risk of recurrence or metastasis warrants long-term surveillance.**
- **Careful histopathological assessment and imaging are essential for optimal management and follow-up**