

EP 01.18 Submucosal adenomyoma ? A case of complicated and confusing uterine cavity lesion

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Background

In most cases, ultrasound (US) or magnetic resonance imaging (MRI) can accurately distinguish the benign and malignant of uterine cavity and endometrial lesions. But there are exceptions.

Objectives

We report a case of uterine cavity lesion that could not be confirmed by imaging, hysteroscopy and pathological biopsy. By analyzing the patient's medical history, we aim to enhance the diagnostic accuracy for such rare diseases and reduce the rates of misdiagnosis and missed diagnoses.

Case Presentation

A 29-year-old young woman, G0P0, has no obvious inducement to have abnormal menstrual volume since 2022. US showed that the endometrium was significantly thickened and uneven with high echo, the thickness was from 38mm two years ago to 68mm now, and multiple irregular cystic echoes could be seen. The boundary between the lesion and the myometrium was unclear, and the myometrium became thinner (4mm). The results of MRI were consistent with US. CA12-5 (39.8U/mL) and HE4 (98.4pmol/L) were slightly increased, CEA, CA15-3, CA19-9 and SCC-Ag were all in the normal range. Three hysteroscopic examinations showed abnormal uterine morphology, with small uterine cavity full of fibrous adhesions, dense mediastinum visible at the base and lower segment of the uterus, and multiple yellow fatty nodules in the uterine cavity.



- The biopsy pathology showed that the smooth muscle and hyperplastic endometrial tissue were found, some glands presented multiple layers, atypical changes of focal glandular cells, and fibrosis like changes in some interstitial regions of the endometrial. CD10 (+), Desmin(+), ER(+), PR(+). The biopsy pathology suggested the possibility of submucous adenomyoma or endometrial hyperplasia.
- The pathological results in this case suggested benign lesions. However, the lesion was constantly expanding in scope, indistinct from the myometrium, and the myometrium became thinner and thinner, showing imaging features similar to malignant lesions. The histopathological type of the patient has not been clear, and further treatment cannot be carried out. This case remains a difficult one for our MDT team of clinicians, radiologists and pathologists.

Conclusion

Submucosal adenomyoma (SA) is a rare type of uterine adenomyosis. It is difficult to diagnose through imaging examinations, and it is necessary to rely on histopathological and immunohistochemical analyses to help confirm the diagnosis. This article analyzes this patient's medical history and formulates a reasonable treatment plan through multidisciplinary collaboration, aiming to improve the clinical diagnosis and treatment level of this rare disease and reduce misdiagnosis and missed diagnoses.

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