

Metastatic Tubal Carcinosarcoma Presenting as an Incidental Pelvic Mass

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Objective

We present a case of metastatic tubal carcinosarcoma, a rare subtype of ovarian, tubal and peritoneal malignancies. We demonstrate the clinical and histopathological features that define this rare cancer.

Case report

A 51-year-old woman was found to have an incidental pelvic mass on magnetic resonance imaging following a motor vehicle accident. She had experienced 5kg of unintentional weight loss in the preceding three months, but was otherwise asymptomatic. She had a history of laparoscopically diagnosed endometriosis and was medicated for depression. She was postmenopausal and had two previous vaginal births. She was an ex-smoker with a two pack-year history and a family history of breast cancer in her sister and paternal aunt.

The mass was evaluated further with ultrasound and computed tomography (CT), which characterised a 51x46x49mm complex cystic structure with ascites and mesenteric nodules. The CA-125 was 104. A diagnostic laparoscopy performed prior to tertiary referral revealed ascites, a pelvic mass and peritoneal carcinomatosis. A peritoneal biopsy demonstrated high grade serous carcinoma (HGSC) of tubo-ovarian origin.

The patient underwent primary cytoreduction via a total abdominal hysterectomy, bilateral salpingo-oophorectomy and infragastric omentectomy in our oncology unit. In addition to the previous findings, a 3cm port-site metastasis in the left iliac fossa was resected.

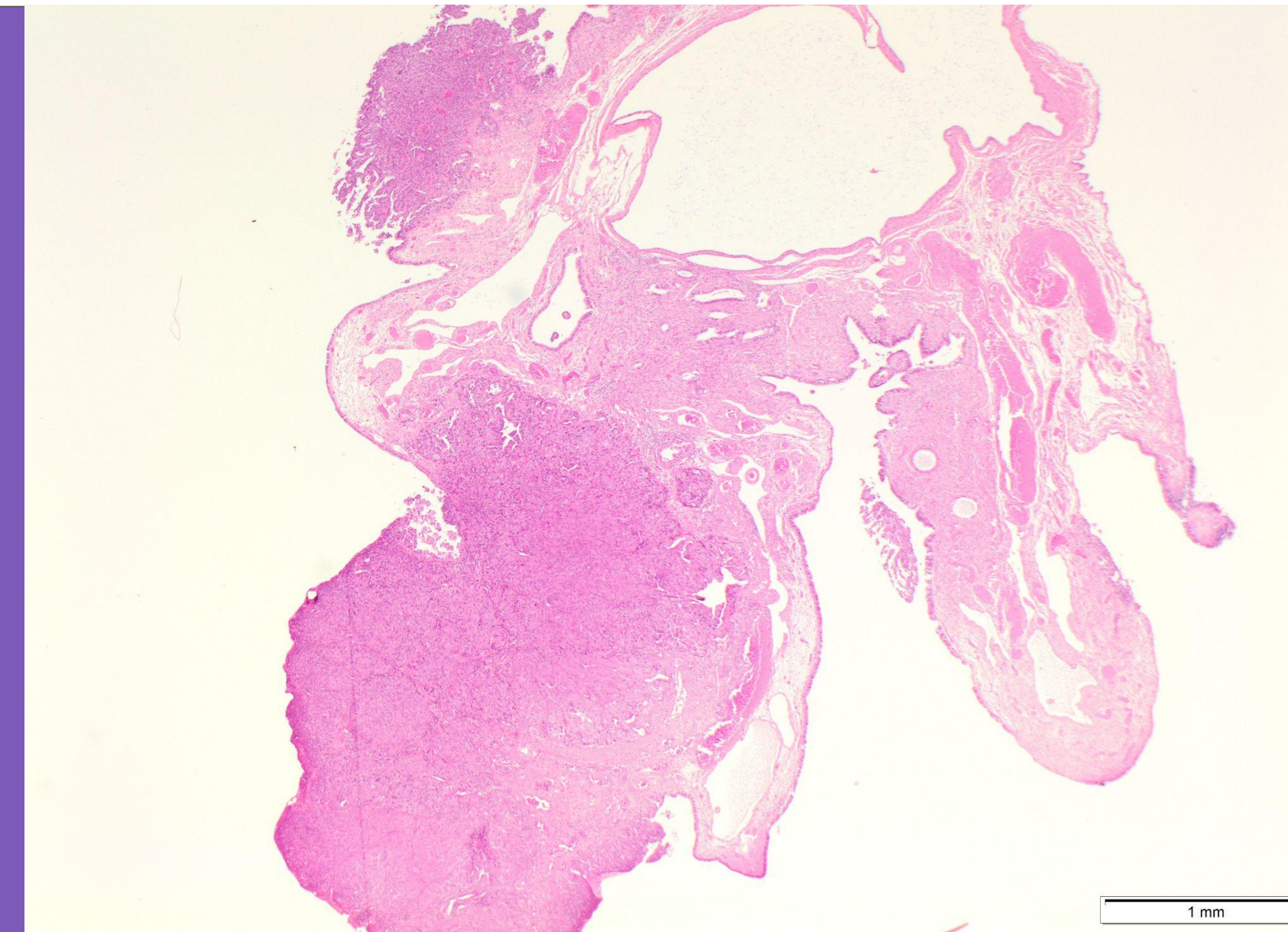


Figure 1: x2 magnification H&E stain of tubal fimbria with HGSC and STIC

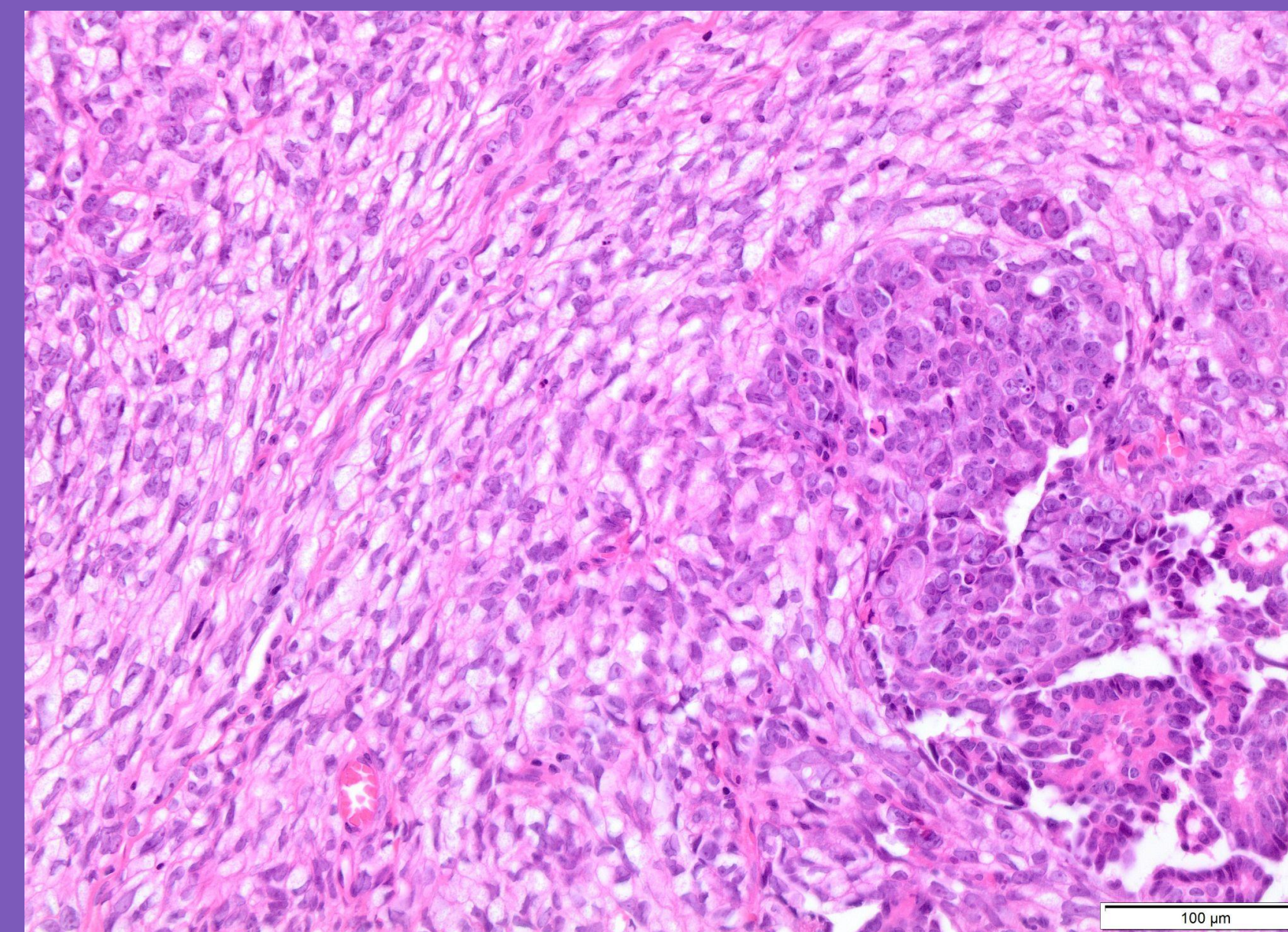


Figure 2: x20 magnification H&E stain of carcinoma in lower right corner with malignant spindle cell sarcomatous areas in rest of picture

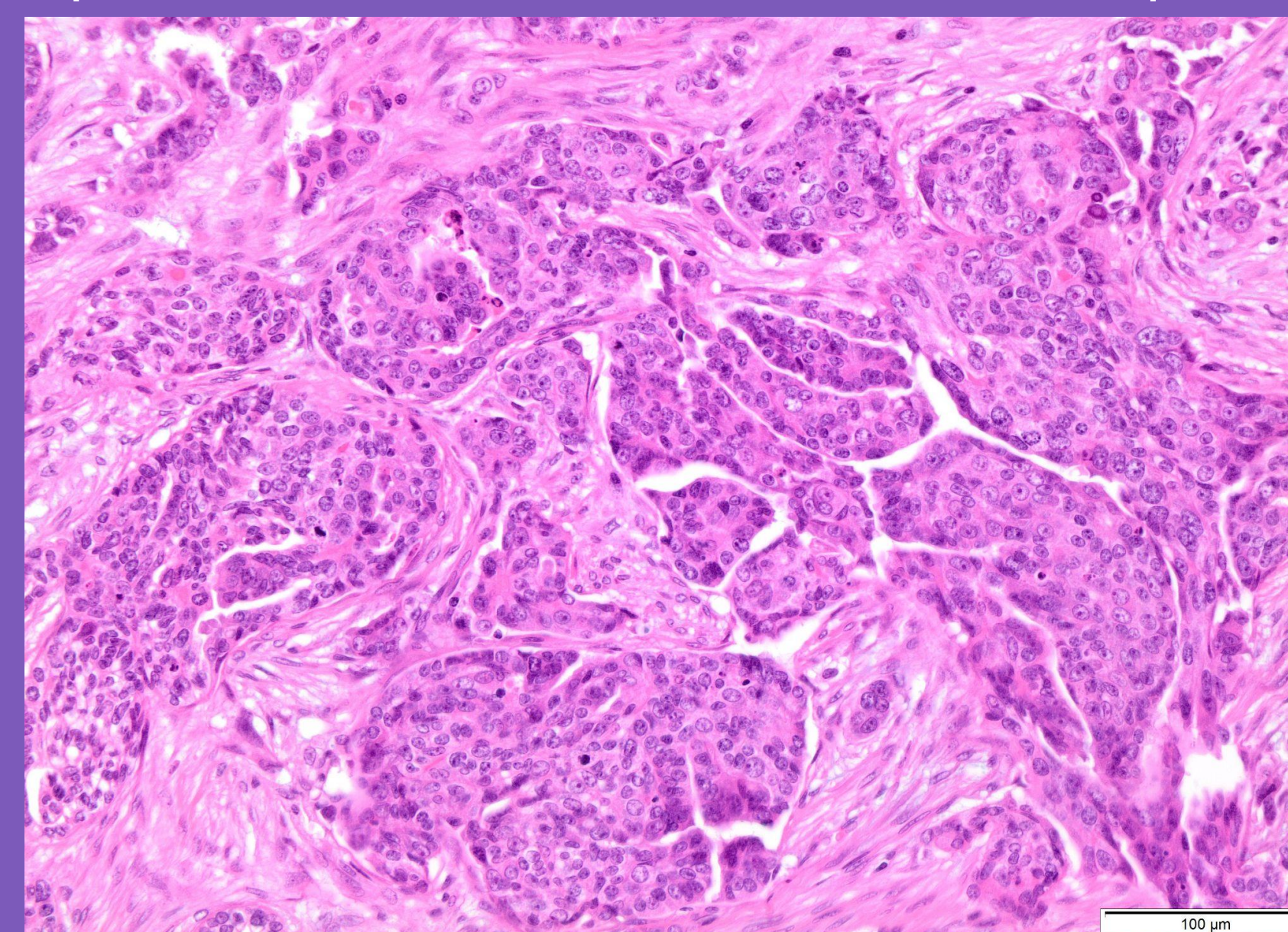


Figure 3: x20 magnification of H&E stain of HGSC

Histopathology demonstrated a carcinosarcoma comprising 98% HGSC and 2% sarcoma. The presence of an associated serous tubal intraepithelial carcinoma (STIC) lesion favoured the tumour to be of primary tubal origin (Figures 1-3). The final diagnosis was stage IIIC tubal carcinosarcoma. The patient did not have a BRCA mutation.

Following multidisciplinary review, the patient completed six cycles of adjuvant carboplatin, paclitaxel and bevacizumab. She demonstrated radiological and biochemical response with a CA-125 of 11 post chemotherapy. She completed chemotherapy two months ago and her disease remains stable on maintenance bevacizumab.

Discussion

Carcinosarcomas are aggressive tumours often diagnosed at a late stage and are associated with a poor prognosis. This case contributes to the small body of literature regarding treatment and outcomes in tubal carcinosarcoma. Given there is minimal data on optimal management, mainstay treatment is extrapolated from principles of other high grade subtypes of ovarian, tubal and peritoneal cancers.

Conclusion

The rarity of carcinosarcomas, particularly of tubal origin, warrant inclusion in rare cancer registries to facilitate data collection pertaining to diagnosis, treatment and outcomes, so as to inform best practice and optimal patient care.