

# UNSUSPECTED LOW GRADE ENDOMETRIAL STROMAL SARCOMA ---CLUES TO IMPROVE PREOPERATIVE DIAGNOSIS.

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- **Objective**-- Endometrial stromal tumours have an incidence of one to two from a million of women Preoperative diagnosis is difficult. We report a case where low-grade endometrial sarcoma was diagnosed after hysterectomy in a young woman. Retrospectively we looked for clues which could help to improve preoperative diagnosis
- **Case study** ---A 32-year-old P2 woman presented with secondary dysmenorrhea with heavy and intermenstrual bleeding since last 6 month. Her pain gradually worsened each cycle. On p/v examination uterus was 14-week size. USG done revealed 5 x3.5 x4.8 cm submucosal fibroid. MRI confirmed the same. CA 125 and LDH were 45IU/dl and 250 respectively. Strategies to conserve uterus was discussed. However, patient opted for hysterectomy due to severity of pain. Total Laparoscopic hysterectomy with conservation of tubes and ovaries was done. HPE along with immunohistochemistry confirmed it to be low-grade endometrial sarcoma. Laparoscopic bilateral salpingoohrectomy was done 3 weeks after initial surgery. One year after surgery patient is absolutely fine
- **Discussion** -It is not uncommon to misdiagnose low grade stromal tumor as leiomyoma preoperatively. This can lead to opt for conservative approach such as delaying treatment, opting medical management or myomectomy and morcellation rather than hysterectomy. So ,is there a possibility to improve diagnosis preoperatively. **Clinical findings**—Abnormal vaginal bleeding and pelvic pain are nonspecific symptoms which are commonly present in both fibroids and uterine cancer. In our case Pain was very severe, of short duration and was worsening each cycle. **SERUM MARKERS**- Mostly, studies are done to correlate CA125 and LDH with leiomyosarcomas not endometrial stromal sarcoma. In our case CA125 and LDH were mildly raised. Although, nonspecific but does appear significant when analyzed retrospectively. **MRI** - MRI can alert us to leiomyoma variants and possibly endometrial stromal sarcoma. In our case it revealed polypoidal circumscribed, **hyperintense on T2 weighted images with restricted diffusion**. The important feature in MRI is the presence of bands of low-signal intensity within the area of myometrial invasion. This is due to the worm-like permeation of tumour cells into the myometrium. Leiomyoma on the other hand shows **low t2 signal similar to myometrium** often with inner whorled and nodular structure.
- **Conclusion**—Low grade endometrial stromal sarcoma is a rare pathology in young woman. However, awareness is essential for proper counselling and management. High degree of suspicion along with subtle signs may help to diagnose it preoperatively.