

Diagnostic Challenges in a case of Rare Mesonephric adenocarcinoma of vagina presenting as Adolescent Dysfunctional Uterine Bleeding

M.Malik¹ A Radford ² U. Rajesh ³

¹Speciality Trainee, Obstetrics and Gynaecology, Hull University Teaching Hospital NHS Trust

² Consultant Pediatric Surgeon Hull University Teaching Hospital NHS Trust

³ Consultant Obstetrician & Gynaecologist, Hull University Teaching Hospital NHS Trust



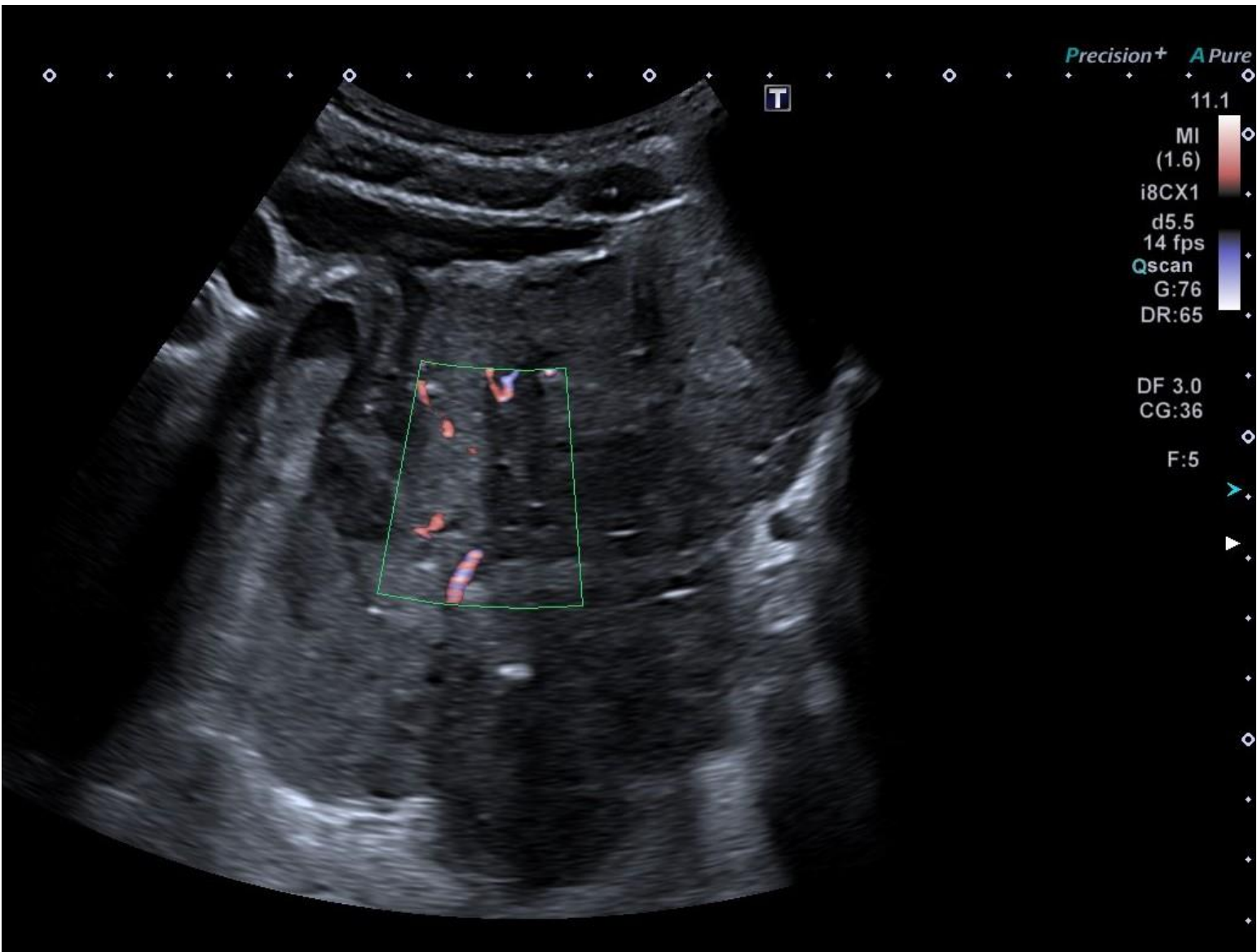
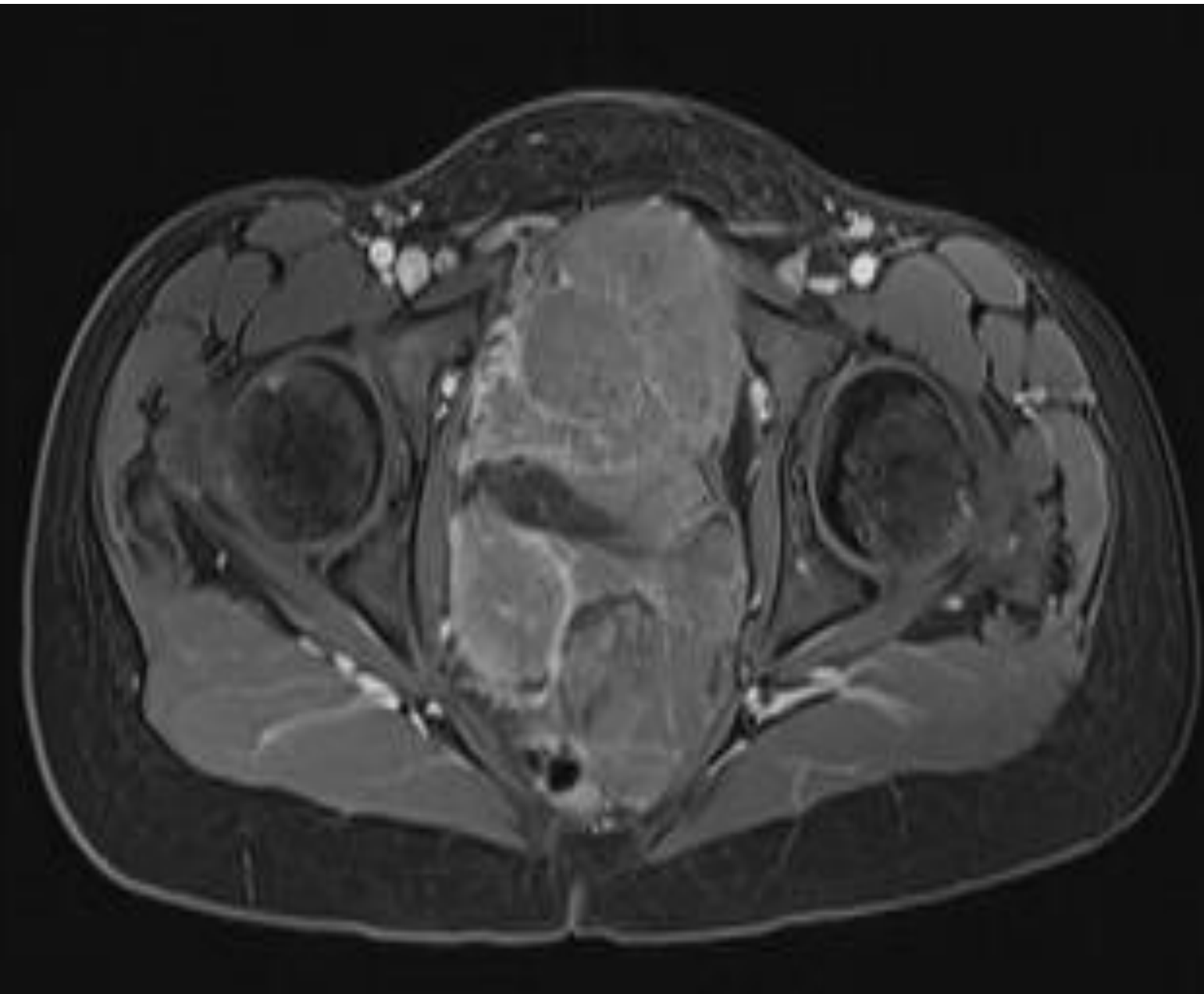
Objective

Mesonephric adenocarcinoma of vagina is an exceptionally rare tumor with only 22 cases reported in literature.¹

We present a case report of a 14 year old with a rare mesonephric adenocarcinoma of vagina presenting as refractory menorrhagia with diagnostic challenges amidst COVID pandemic .

Case report

- 14 years old, advice request by GP regarding ongoing menorrhagia >6 months; History of continuous vaginal bleeding since menarche 1 year ago.
 - Tried different Combined oral contraceptives and Progesterone Only medications by GP unsuccessfully. Not sexually active, hence pelvis assessment not carried out.
 - Covid restrictions, hence telephone consultations in Primary care and initial scan requests declined by Radiology as per standard departmental protocol in the Adolescent menorrhagia.
- There is limited evidence and guidelines on the ultrasound criteria in this regards.
 - ❖ Hemoglobin 11.9, ferritin 14, normal clotting profile. An ultrasound pelvis booked following Consultant guidance showed solid, highly vascular mass in the region of cervix/vagina measuring 10.5 x 11 x12cm, highly suspicious of a malignancy.
 - ❖ Following urgent admission under Joint care of Paediatric surgery and Gynaecology, an inpatient MRI showed large lobulated mostly solid mass occupying pelvis 12.4 X 12.2cm, originating in vagina and involvement of pelvic side wall nodes.No para-aortic involvement(**(Images 1&2 –Transabdominal USS images & CT image showing pelvic mass –Image 3)**)
- Most likely vaginal rhabdomyosarcoma.CA-125 256Ku/l
- .Tissue diagnosis and staging imaging confirmed FIGO3 and T3N1M0 of Mesonephric Adenocarcinoma of Vagina.Patient received neoadjuvant chemotherapy with combination of Carboplatin and Paclitaxel.Post chemotherapy MRI showed no measurable response to treatment.Plan of further 5 doses of neoadjuvant radiotherapy and radiosensitizer Cisplatin, MRI abdomen/pelvis 8 weeks post radiotherapy followed by debulking Surgery post MDT.



UPDATE

Patient had Pelvic exenteration with bilateral pelvic sidewall resection and right VRAM flap, abdominal wall reconstruction with ileal conduit and colostomy formation.

Discussion-

Mesonephric adenocarcinoma of vagina is very rare tumor, therefore no specific pathway for its management ² and this is where the importance of MDT is highlighted.

Most reported cases were above 50 years of age and 2 pre-pubertal cases.***Its diagnosis in adolescents especially sexually inactive is difficult.***The dilemma is to decide the cut - off point of only trying hormonal treatment for managing menstrual irregularities and to start further investigations to rule out uncommon causes.

The covid outbreak with less opportunities of face-to face consultations with GP restricts the opportunities to discuss and proceed for speculum examinations.

Conclusions

It is common for adolescent girls to have menstrual irregularities especially irregular heavy periods. If hormonal therapy is not working, an earlier ultrasound and clinical examination must be undertaken to exclude rare diagnosis with such drastic consequences.

REFERENCES:

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- Mueller I et al. Mesonephric adenocarcinoma of the vagina: Diagnosis and multimodal treatment of a rare tumor and analysis of worldwide experience. *Strahlenther Onko* 2016;192(9):668–671