

Unusual Case of Menorrhagia

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Objective

- Menstrual disorders are the second most common gynaecological condition to be referred to hospital.
- This case explores a rare cause of heavy menstrual bleeding.

Background

- Around 30% of women report having heavy periods¹.
- The perception of what constitutes ‘heavy’ bleeding is subjective, where 1/20 women between age 30-49 seek further advice¹.
- Menstrual disorders are the second most common gynaecological condition to be referred to hospital.
- Of those who complain of excessive bleeding, 40-60% have no underlying pathology, and thus are treated as dysfunctional uterine bleeding².
- Suspected underlying cancer usually presents after the age of 50, classically with Post Menopausal Bleeding.

Patient timeline of events

- 31 year old nulliparous presents to outpatient gynaecology with painful heavy periods.
- Examination and Pelvic USS unremarkable, started on Yasmin pill and discharged after 4 month follow up.
- A year later presents to A&E with flooding, found to have a large necrotic polyp protruding from the cervix.
- Biopsy was taken and histology confirmed Embryonal Rhabdomyosarcoma (see images).
- Regional MDT sarcoma treatment included a combination of chemotherapy and brachytherapy.
- Remained disease free at five year follow up .

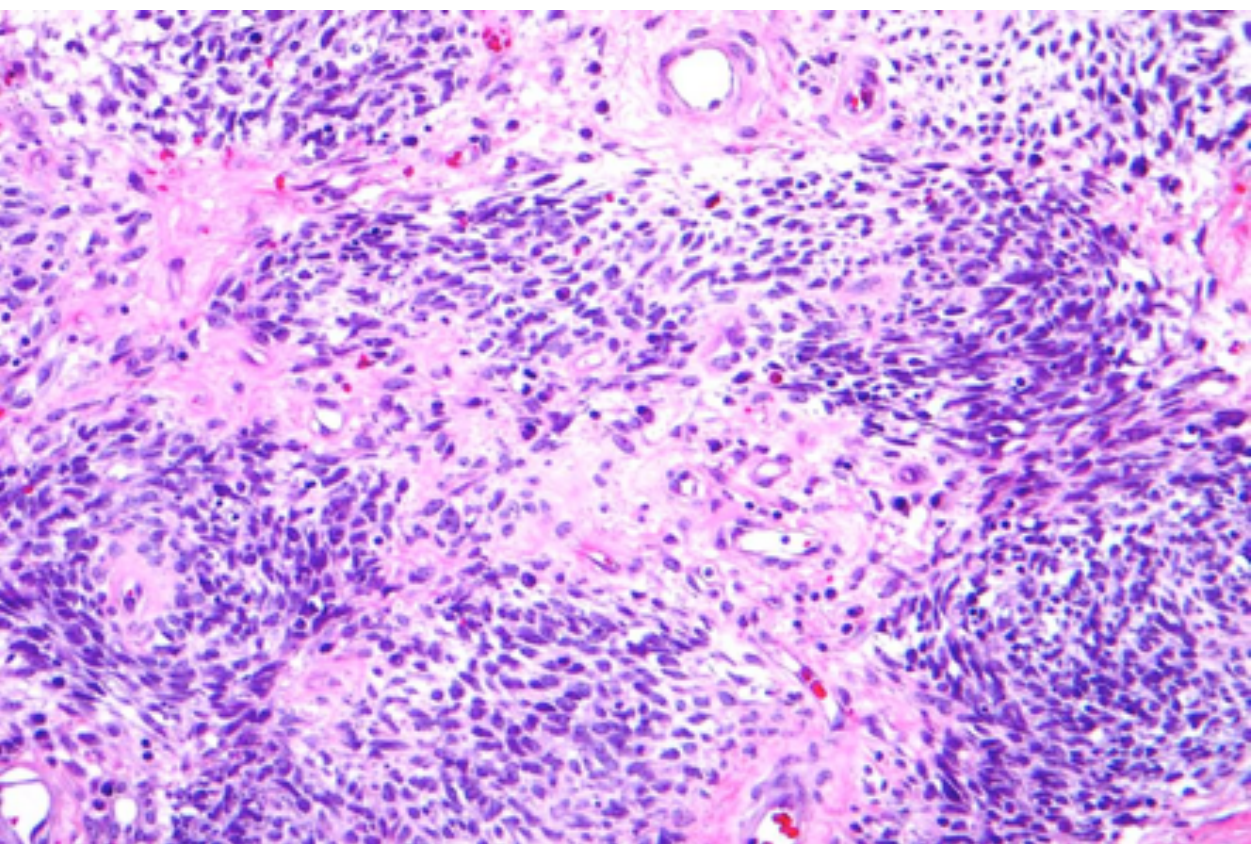


Figure 1: Higher power view of the tumour cells

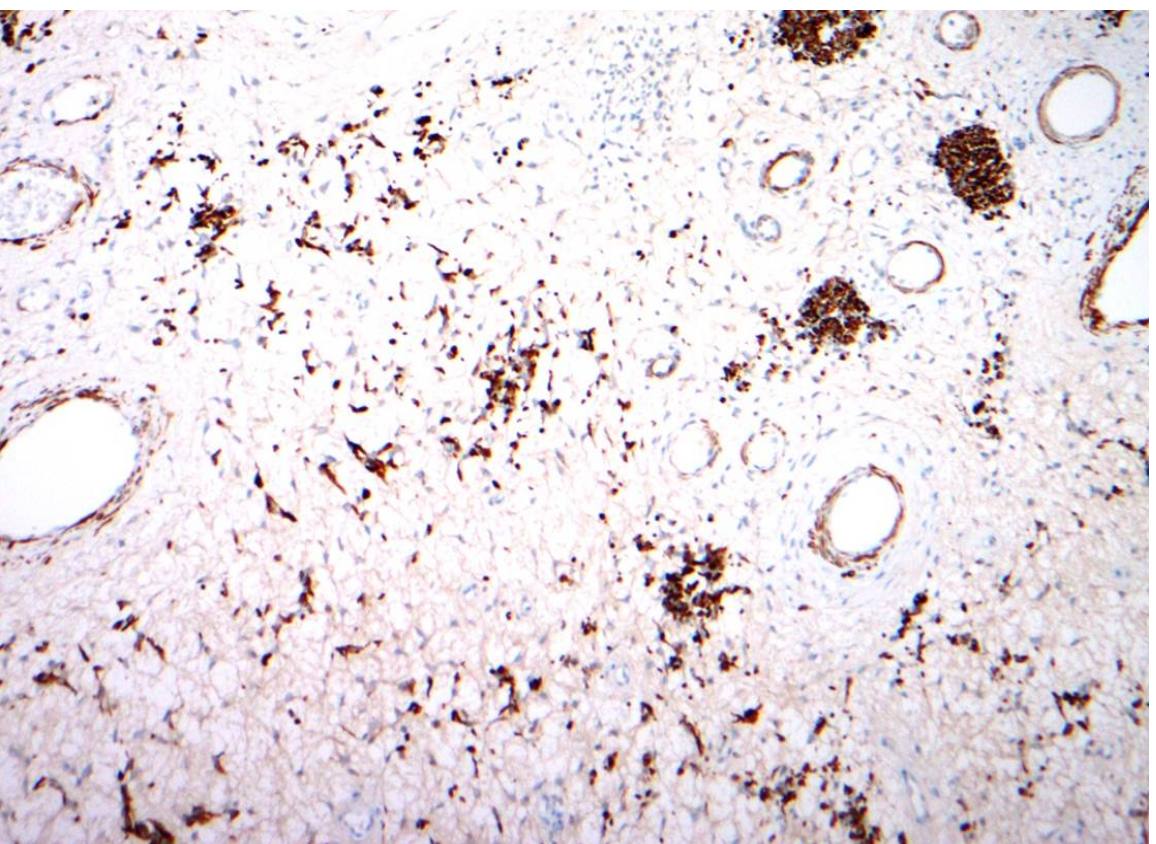


Figure 2: Immunohistochemistry shows positive desmin, myogenin, beta-catenin and CD99. Specific markers of rhabdomyosarcoma

Discussion

- Embryonal rhabdomyosarcoma is a rare malignant skeletal muscle tumour of the soft tissue.
- There are 3 types of rhabdomyosarcoma; Embryonal, Alveolar and pleomorphic³.
- The most common type that presents in the cervix is Embryonal Rhabdomyosarcoma (ERMS).
- Embryonal RMS has a five-year overall survival of 82% compared with 66% for non-embryonal variants.
- Favourable prognostic parameters were single polyp, embryonal histologic subtype, and localized disease without deep myometrium invasion.
- Reproductive function may be able to be preserved; however, for women presenting with unfavourable prognostic parameters and where there are no fertility preservation concerns, radical surgery and adjuvant chemotherapy seems to be the most appropriate treatment⁴.

Conclusion

- Adult Embryonal rhabdomyosarcoma is best treated with a Multidisciplinary approach with multimodality treatment.

References:

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4. Esnaola NF, Rubin BP, Baldini EH, et al. Response to chemotherapy and predictors of survival in adult rhabdomyosarcoma. Annals of Surgery 2001; 234:215-223