

Incidence and Risk Factors:

Malignant mixed Mullerian tumors of the uterus are rare, high-grade neoplasms accounting for 2-5% of tumors derived from the body of the uterus. These tumors are most commonly seen in postmenopausal females. A higher incidence of these tumors is found in black women as compared to white. They occur in older women; the median age at diagnosis ranges from 62 to 67 years. Black women have a twofold higher incidence of uterine carcinosarcoma compared with non-Hispanic White women. Uterine carcinosarcomas share similar risk factors with endometrial carcinomas. Both neoplasms are associated with obesity, nulliparity, and use of exogenous estrogen and tamoxifen. Progestin-containing contraceptives are protective against both types of neoplasms. A history of exposure to pelvic radiation is also associated with an increased risk of developing uterine carcinosarcoma.

MALIGNANT MIXED MULLERIAN TUMOUR OF THE ENDOMETRIUM(UTERINE CARCINOSARCOMAS): A CASE REPORT.

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Introduction:

Uterine carcinosarcomas (previously called malignant mixed Müllerian tumors) are rare and aggressive cancers that are dedifferentiated (metaplastic) carcinomas comprised of carcinomatous and sarcomatous elements arising from a single malignant epithelial clone. They may represent a stable disruption of the epithelial mesenchymal transition

Case Report:

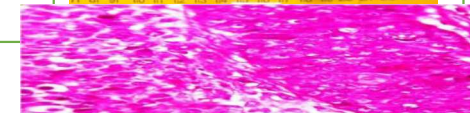
This was a 72yr old P4 teacher (all alive and all normal vaginal births) who presented at our gynaecological outpatient department with a two-month history of copious, non-foul smelling vaginal discharge. She was a known diabetic which was well-controlled on metformin 500mg PO BD. Her observations were normal at presentation. Abdominal examination showed a 14 week sized abdominopelvic, firm, non-tender mass. Internal examination –A fleshy thread-like mass was seen protruding from the external cervical os. A preliminary assessment of prolapsed cervical fibroid was made with differentials of early cancer of the cervix and endometrial polyp. She was counselled on findings and offered surgery for definitive histological diagnosis for which she consented. She subsequently had routine preoperative assessments and investigations and had TAH + BSO without any complications. Histology report revealed –Malignant Mixed Mullerian Tumor (Carcinosarcoma).

Literature review:

Malignant mixed Mullerian tumors are further divided into two types, the homologous type and the heterologous type. The homologous tumor is one whose sarcomatous component is made up of endometrial stroma and fibrous or smooth muscle tissue. The heterologous type is one where the sarcomatous component is made up of tissue not found in the uterus, such as cartilage, skeletal muscle, and/or bone.

Grossly, the tumors present as large, soft, broad-based and polypoid masses involving the endometrium and myometrium with fleshy surfaces.

Necrosis and hemorrhage are commonly noted, while extensive myometrial invasion can also be seen. Microscopy typically shows a mixture of carcinomatous and sarcomatous components. It may be homologous or heterologous. Angiolymphatic invasion is common and neuroectodermal differentiation is rarely seen.



Prognosis: The prognosis of patients with uterine sarcomas has not changed in recent decades: the overall 5-year survival has been between 17.5% and 54.7% in various studies. In a recently reported series of 100 cases, and 10-year overall survival rates were 62%, 51%, and 38%, respectively. In multivariate analysis, stage, age, tumor size, and parity have been shown to independently influence overall survival.

Conclusion: Malignant mixed Mullerian tumors are extremely rare and aggressive tumors. Bleeding per vaginam in a postmenopausal woman should include MMMT in the differential diagnosis. Radical surgery in combination with chemotherapy remains the cornerstone of management.

Conflicts of interest; there are no conflicts of interests.

References:

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