

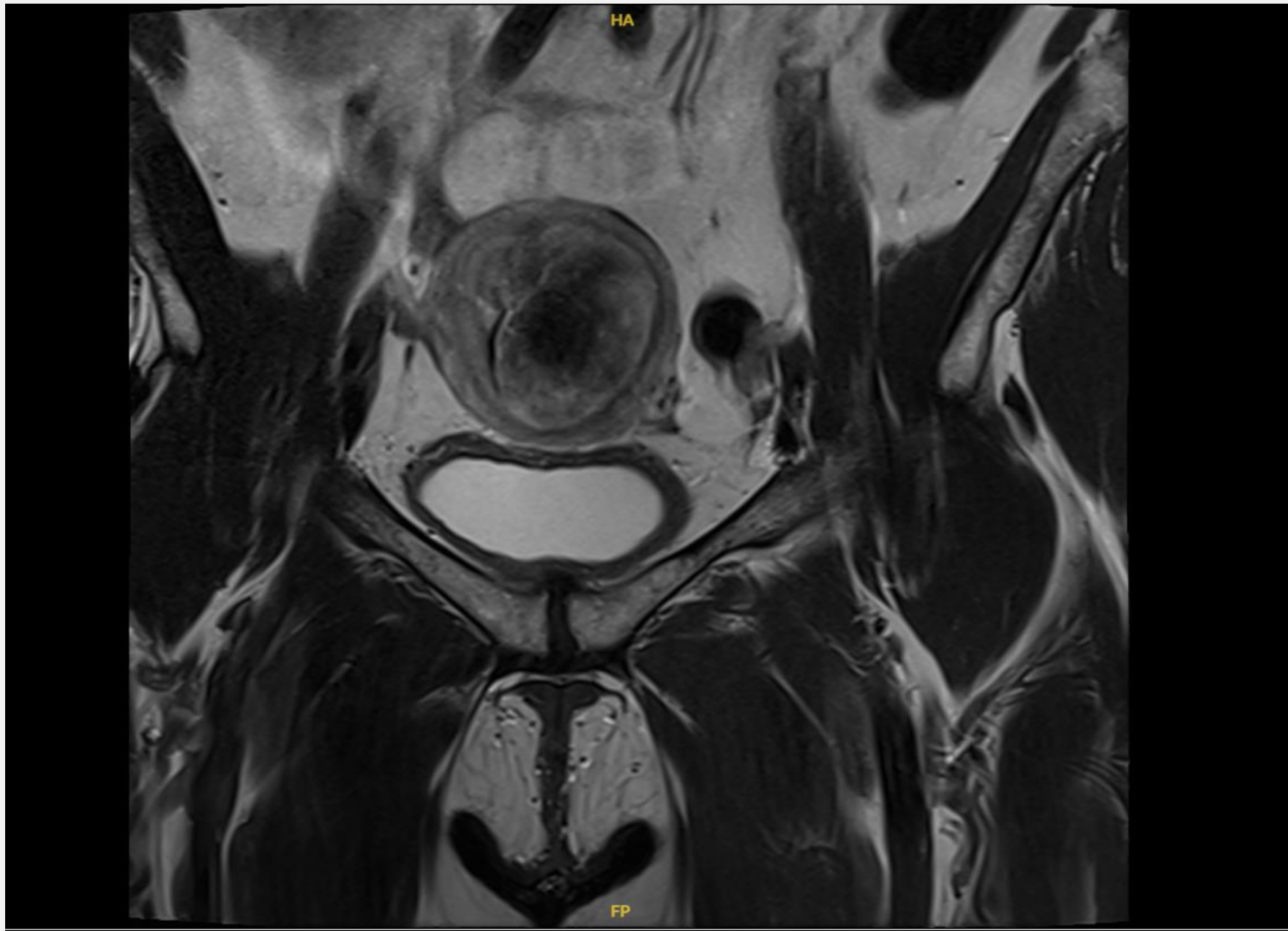
CASE REPORT: HIGH GRADE ENDOMETRIAL STROMAL SARCOMA TUMOR RECURRENCE

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1. Background:

Endometrial stromal sarcomas (ESS) are a very rare type of malignant uterine tumors, making around 0.2-1% of all uterine neoplasms and less than 10% of uterine sarcomas.

Figure 1: Cross-sectional T1 weighted MRI of patient's pelvis showing a 6.0 x 4.9 x 4.3 cm heterogeneously enhancing intracavitary mass.



2. Clinical Case:

This is a case about a 59 year old lady who presented with postmenopausal bleeding in 2022. Her past medical history included antithrombin III deficiency and left breast grade III invasive ductal carcinoma, the latter treated in 2002.

3. Investigations:

transvaginal ultrasound scan (TVUS)

4.5cm by 5.1cm heterogeneous area in the endocavity, suspicious of haematometria

Hysteroscopy, dilation and curettage (D&C)

multiple clots as well as a mass, suspicious of fibroid or tumour arising from the endometrium was noted

MRI of the uterus

a pedunculated intracavitary fibroid (Figure 1)

4. Management:

A total abdominal hysterectomy with bilateral salpingo-oophorectomy (TAH + BSO) was performed in view of worsening symptoms. Histology reported high grade endometrial stromal sarcoma, limited to the uterus, measuring 75mm in greatest dimension, pT1b Nx (FIGO IB).

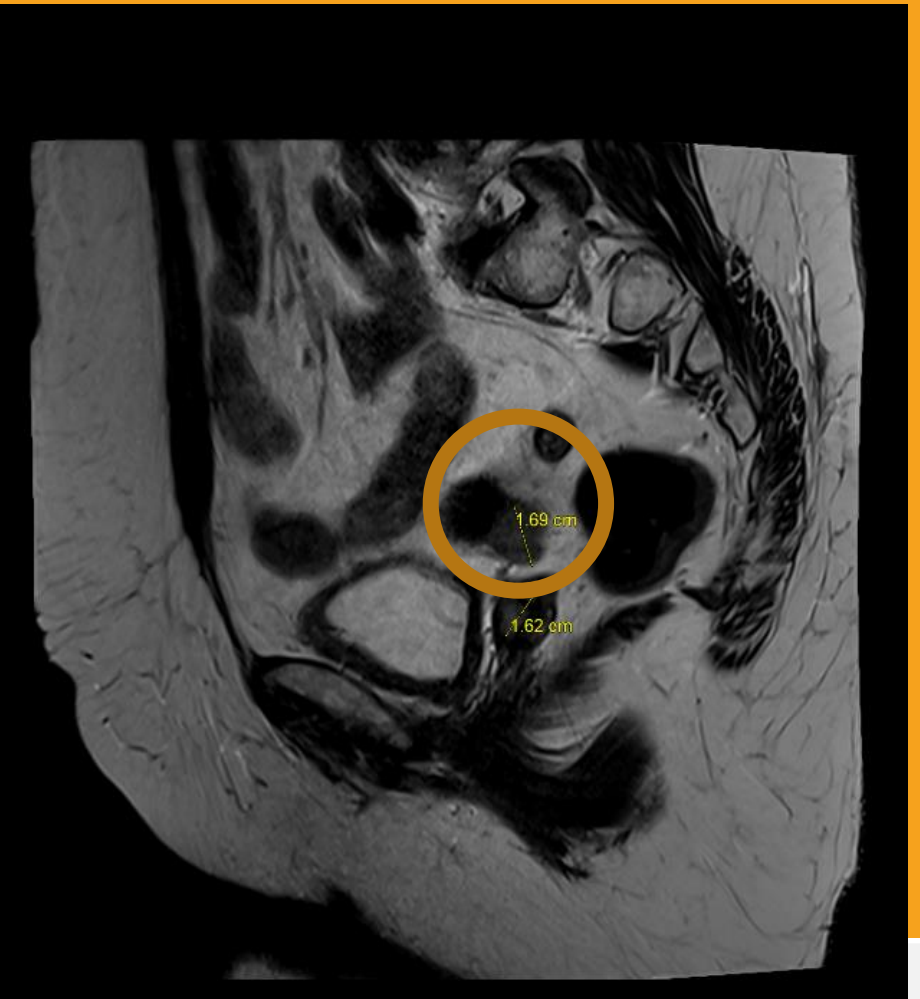
5. Further follow-up:

Recurrence:

Six months later the patient presented again with pv bleeding. Upon examination a polypoid exophytic mass was noted in the vaginal vault. A sample was taken and sent for histology, which reported features in keeping with recurrence of the known history of endometrial stromal sarcoma.

MRI of the pelvis :

A vaginal vault stump recurrence and a 1.7cm serosal nodule on the mid sigmoid colon.



Further Management:

CT of the abdomen and pelvis showed no evidence of extra pelvic disease. Patient was scheduled for a resection of the upper vagina including the vault nodule and adjacent sigmoid colon. Histology of the resected specimens reported recurrence of the known history of high grade uterine stromal sarcoma in the vaginal vault, which invaded the sigmoid colon. Adjuvant chemotherapy with gemcitabine and docetaxel was stopped after 3 cycles due to recurrent episodes of neutropenic sepsis and she is currently receiving pelvic radiotherapy to be followed by vaginal vault brachytherapy.

6. Conclusions:

The mainstay treatment for ESS is a TAH + BSO. This case demonstrates that although complete remission can be obtained, recurrence can still happen. Clinicians should follow these patients closely, even when disease free. Early diagnosis and surgical removal of recurrence is of utmost importance to survival of these patients.