

Introduction

Uterine carcinosarcoma (UCS) is a rare extremely aggressive undifferentiated metaplastic carcinoma that accounts for < 5% of all uterine malignancies comprise both carcinomatous and sarcomatous elements. UCS origin from a single malignant epithelial clone and is more comparable to endometrial adenocarcinoma than uterine sarcoma. FIGO classified UCS as a non-endometrioid tumor with high-grade behavior. UCS accounts for 17.5% of all type 2 endometrial cancers. UCS is almost limited to the post-menopausal age group and after. The clinical presentation is nonspecific but according to available evidence, 82% of patients present with postmenopausal bleeding, 13% present with pelvic pain, and 10% with vaginal discharge. UCS is classified into homologous or heterologous based on the histology of the sarcomatous component. UCS commonly has a poor overall prognosis worse than other high-grade endometrial cancers. The overall survival is just below two years

Case

A 64-year-old post-menopausal lady presented with post-menopausal bleeding. She had four episodes of mild vaginal bleeding settled spontaneously. No vaginal or cervical pathology was identified. The USS showed an enlarged uterus with an endometrial thickness of 6.3mm. Bilateral ovaries appeared atrophic and no evidence of significant peritoneal fluid was noted. Histology of the endometrial sample revealed endometrial carcinoma with an associated squamous component. Unfortunately the patient was lost to follow-up and at readmission examination revealed a new poloidal lesion 2 x 1cm on the posterior vaginal wall 2cm away from the posterior fornix (figure 1). MRI showed an enlarged uterus with thickened endometrium invading more than 80% of the myometrium but not the serosa (Figure 2).

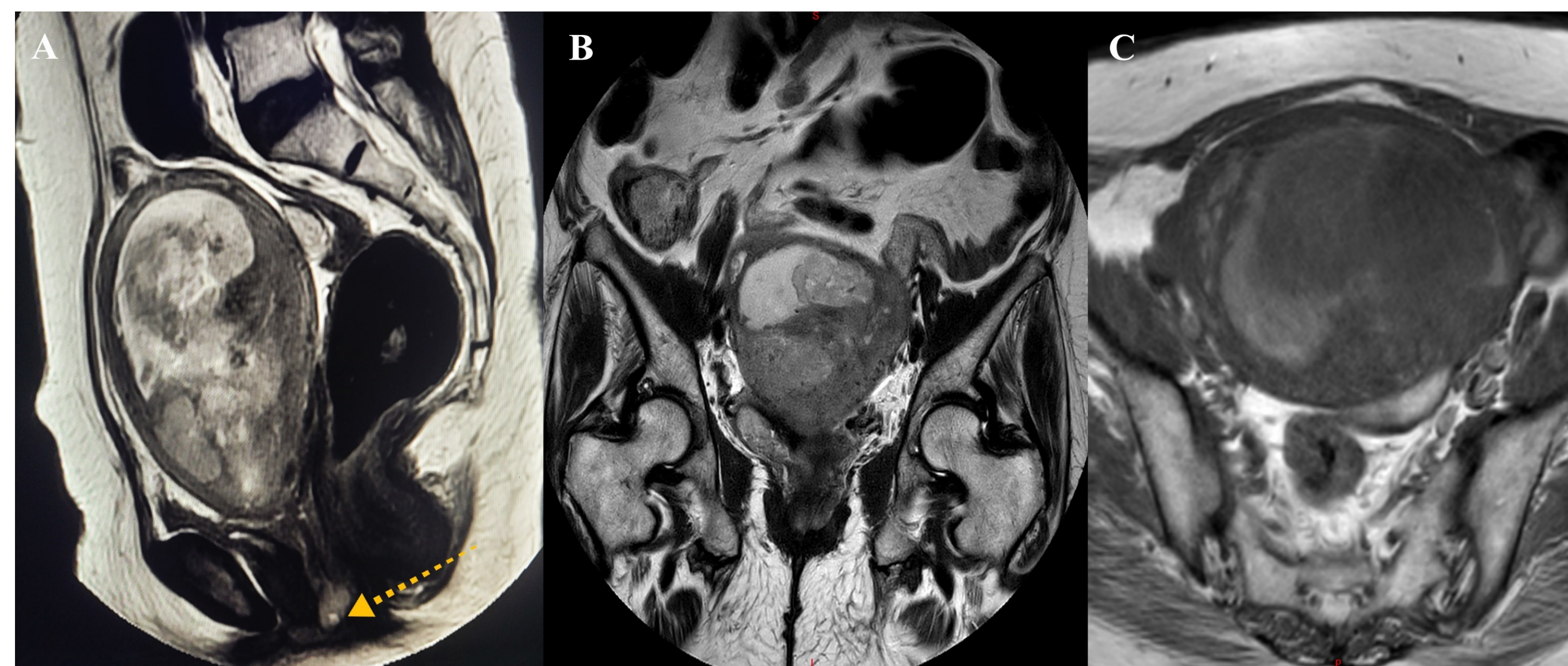


Figure 1

MRI appearance was suggestive of endometrial malignancy invading the myometrium and inferiorly up to the upper vaginal fornix without local pelvic invasion. She underwent TAH & BSO, right side pelvic node sampling, and excision of vaginal lesion (Figure 3) Histology showed a biphasic tumor comprising both carcinomatous and sarcomatous components. The tumor was confined to uterus. Histology of vaginal lesions revealed fragments of vaginal mucosa containing a tumor with similar histology of carcinomatous component of CC arising from the endometrium. UCS with a high-grade endometrioid epithelial component with vaginal skip lesions was diagnosed. The final FIGO stage was III B.

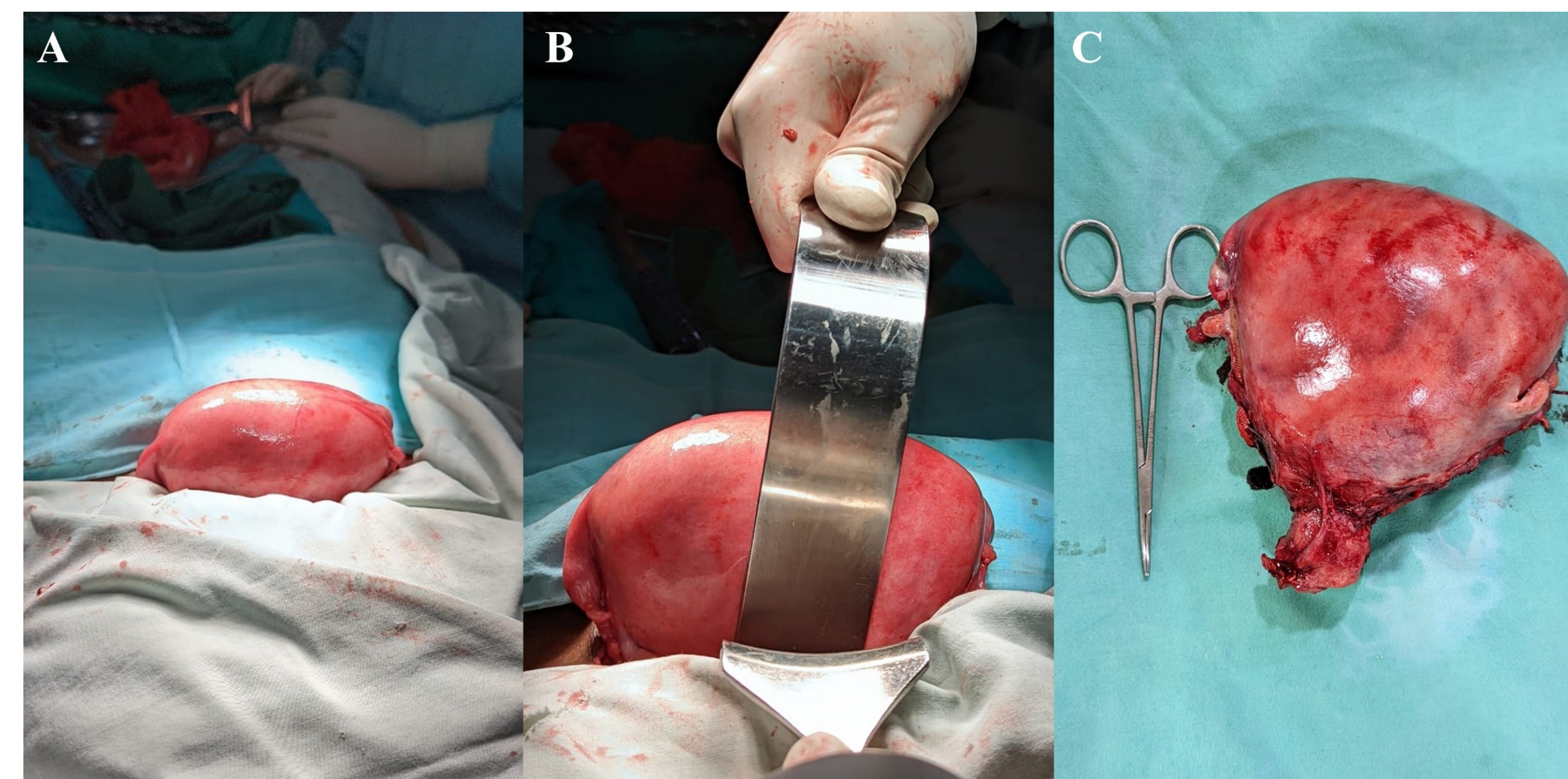


Figure 2

“Skip lesion” is not defined in the context of UCS. According to general medical terminology, it’s defined as a lesion that is separated by unaffected tissue from the tissue affected by the pathologic condition. These lesions usually don’t follow the usual metastatic pattern and are believed to be following the lymphatic channels remnant from the embryological origin.

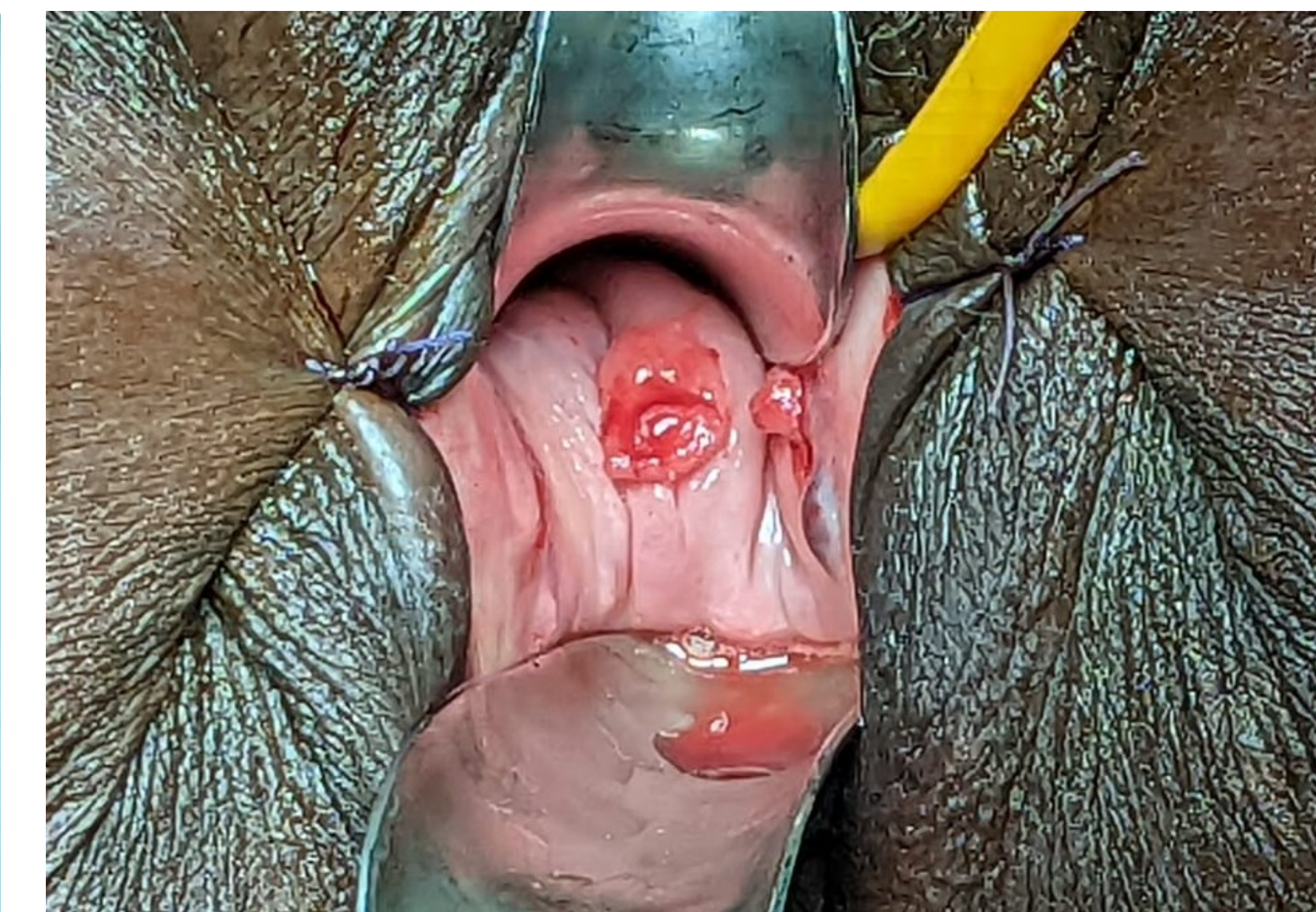


Figure 3