

INTRODUCTION

Endometrial stromal tumors accounting for only 1 % of all uterine tumors are rare mesenchymal tumors that primarily occurs in uterine corpus. [1,2].

Endometrial stromal nodule being the least common of endometrial stromal tumors is characterized by benign, well circumscribed localized nodule with sharp demarcation which differentiates from LG-ESS microscopically due to lack of infiltration and better prognosis. [3]

This case reports a post operative diagnosis of Endometrial stromal nodule of a patient who underwent abdominal hysterectomy due to leiomyoma as diagnosed on pelvic scan and MRI. Diagnosis of ESN can be rendered on extensive resection specimens only and cannot be confidently established preoperative [2]. Informed consent was taken from the patient

METHODS AND MATERIALS

Mrs. SK ,55-years-old, P3A2 previous 3 LSCS ,Menopausal for 10 years presented in outpatient dept. with complaint of backache and feeling of heaviness in lower abdomen for 1 year.

Abdominopelvic examination revealed mass of 14-week size of uterine origin inseparable from uterine corpus and normal looking cervix on speculum with bilateral fornixes clear. Transvaginal scan showed bulky Anteverted uterus 115.8×73×88mm with asymmetrical endometrial thickness of 42.1mm and normal ovaries. MRI pelvis with contrast showed large well defined sub serosal mass arising from posterior uterine wall 112×85×73mm with mass effect on uterus and internal necrotic changes suggesting that malignant transformation cannot be excluded.

Patient was optimized and underwent abdominal hysterectomy and laparotomy to evaluate the extent of mass with Intraoperative findings of 18-week size uterus and mass occupying whole lower uterine part and cervix , a fibrous band extending between cervix to body traversing fibroid with sigmoid and lateral pelvic wall vessels partially adherent to fibroid by flimsy adhesions. Supracervical hysterectomy and bilateral salpingophrectomy done and sent for histopathology. Gross findings of specimen showed uterus 13.5×10.5×10cm endometrial cavity obliterated and slit like due to bulging tumor of 12*9*7cm with yellow to tan in color non-filtrating with smooth margins .Both tubes and ovaries were normal .Microscopic examination showed bland spindle cell proliferation resembling endometrial stroma with variable mitosis and proliferative type arterioles .It was immunoreactive to CD10 and ER .Desmin and h-Caldesmon positive in smooth muscle area differentiation and CYCLIN D1 : Weak positive in rare cells.

On basis of extensive sectioning and histological and immunohistochemistry examination, diagnosis of ENDOMETRIAL STROMAL NODULE was made.

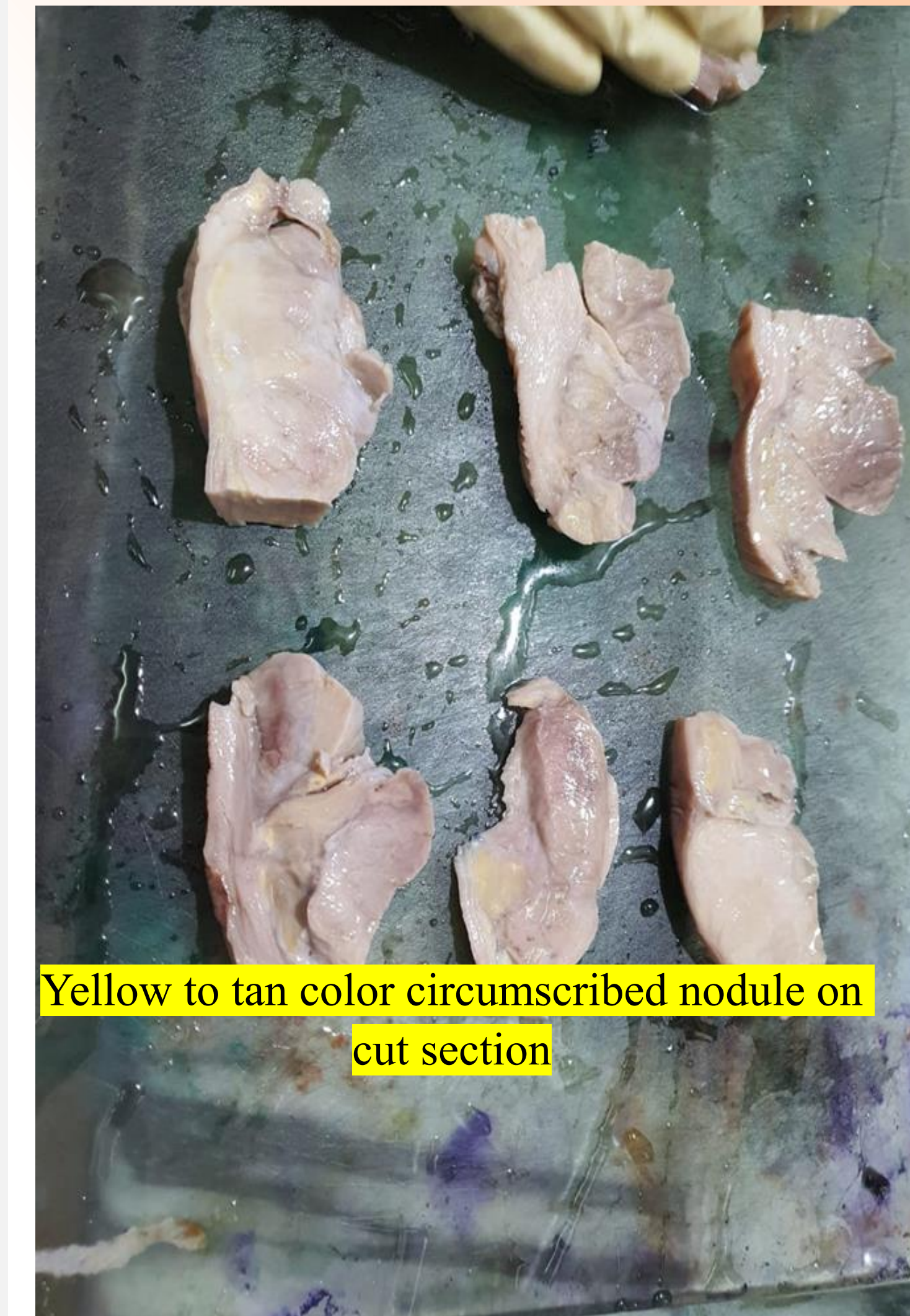
Case was discussed in MDT gynecological oncology tumor board meeting and considering benign nature of ESN and cervix in situ due to supracervical hysterectomy follow-up with CT abdominopelvic was advised

First follow-up at 1-month postoperative CT abdominopelvic showed no growth or mass . Patient is being kept on long term follow up.

DISCUSSION

Endometrial stromal nodules is a rare entity accounting for less than 2% of all uterine neoplasms. Literature is insufficient on them. This tumor usually presents in peri to post menopausal woman where fertility is not usually desirable. Hence, hysterectomy is the mainstay of the treatment to rule out invasive tumor and thorough examination of uterus.

Challenges in diagnosis preoperative includes that no particular medical imaging modality is present to diagnose ESN with confidence. It is usually diagnosed as leiomyoma pre-operatively which is correspondence with our case as well. Our case corresponds with Genç SO et al [4]



CONCLUSION

Although ESN is a benign entity with good prognosis, pre-operative diagnosis remains a challenge. This is need of an hour to collaborate with radiology to emphasize on newest developments and modalities and utilize them in routine practice to differentiate between leiomyoma and endometrial stromal tumors pre -operatively for good patient care .

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