Endometrial Stromal Sarcoma-A Case Report and Brief Review

Corresponding Author:
Dr. Veena Aseeja,
Associate Professor, Obs and Gynae MMIMSR Mullana Ambala, 160104 - India

Submitting Author:
Dr. Veena Aseeja,
Associate Professor, Obs and Gynae MMIMSR Mullana Ambala, 160104 - India

Article ID: WMC002184
Article Type: Case Report
Submitted on: 12-Sep-2011, 11:13:38 AM GMT Published on: 12-Sep-2011, 06:04:39 PM GMT
Article URL: http://www.webmedcentral.com/article_view/2184
Subject Categories: OBSTETRICS AND GYNAECOLOGY
Keywords: Endometrial Stromal Sarcoma, Low Grade stromal sarcoma, Fibroid Uterus
How to cite the article: Aseeja V, Taneja BK. Endometrial Stromal Sarcoma-A Case Report and Brief Review. WebmedCentral OBSTETRICS AND GYNAECOLOGY 2011;2(9):WMC002184
Source(s) of Funding:
Nil
Competing Interests:
None
Endometrial Stromal Sarcoma-A Case Report and Brief Review

Author(s): Aseeja V, Taneja BK

Abstract

Endometrial stromal sarcomas are rare uterine malignancy of mesodermal origin. The diagnosis is usually made post operatively. The usual presentation is abnormal vaginal bleeding, abdominal lump and mild lower abdominal pain. In this case report we present a case of low grade endometrial stromal sarcoma where the preop diagnosis was fibroid uterus with cystic degenerative changes. Total abdominal hysterectomy with bilateral salpingo oophorectomy was performed. On histopathological examination it turn out a case of low grade endometrial stromal sarcoma.

Introduction

Uterine sarcomas are relatively rare tumours of mesodermal origin. They constitute 2-6% of uterine malignancies. Of these endometrial stromal sarcomas are still rarer tumour. Preoperative diagnosis is usually fibroid uterus.

We report a case of endometrial stromal sarcoma where our preoperative diagnosis was fibroid uterus with cystic degenerative changes.

Case Report(s)

A 45 years old female P2+0 was admitted to our hospital with complaint of menorrhagea and mild lower abdominal pain for the last five months. She had periods at interval of twenty five days and bleeding lasting for ten to twelve days. Flow was excessive with passage of clots. On examination she was severely anaemic. Her hemoglobin was 4.4 gm %. On per abdominal examination there was suprapubic mass corresponding to eighteen weeks size uterus. On per speculum examination cervix was healthy. On pervaginal examination uterus was uniformly enlarged to eighteen weeks size, soft in consistency and mobile. Bilateral fornices were free. Ultrasound showed an isoechonic and hypoechoic mass measuring 104mm by 90mm in the uterus suggestive of fibroid uterus. Bilateral ovaries were normal. Our clinical diagnosis was fibroid uterus with cystic degenerative changes.

Total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed. Prior to surgery she was transfused three units of blood. Intraoperative uterus was enlarged to eighteen weeks size with smooth surface and soft in consistency. Bilateral ovaries were normal. Cut section of the uterus showed a mass 10 x10 cm in size filling the uterine cavity with fluid filled cystic spaces. Histopathological examination of the specimen showed low grade endometrial stromal sarcoma. Post operative period was uneventful.

Discussion

Uterine Sarcomas are rare tumours of mesodermal origin. They constitute 2 to 6% of uterine malignancies. Of these, Endometrial stromal sarcomas are very rare. They are divided into three types depending upon mitotic activity, vascular invasion and observed differences in prognosis.

1 Endometrial stromal nodule,
2 Low grade endometrial sarcoma and
3 high grade or undifferentiated endometrial stromal sarcoma. (1)

Patients most commonly undergo surgery with presumptive diagnosis of uterine fibroid or pelvic mass. The physician should have suspicion when the histopathological diagnosis of endometrial sampling yields hyperplastic stroma with few glands. (2) Geeta Puliyath et al reported a case of endometrial stromal sarcoma in 30 yr old female where ultrasound and Doppler findings were suggestive of fibroid uterus. Because of rapid enlargement of fibroid over short period sarcomatous change was suspected. Endometrial aspiration was performed which showed secretory endometrium with neoplastic cells and this changed their decision from myomectomy to hysterectomy. (3)

Hasiakos D et al reported a case of LGSS (Low-Grade Stromal Sarcoma) of endocervix which presented as soft haemorrhagic mass on posterior cervix looking like a degenerated fibroid. (4) Our patient had short duration of menorrhagea of four months and ultrasound findings suggestive of fibroid
with cystic degenerative changes. This shows that high index of suspicion is required to make preoperative diagnosis of endometrial stromal sarcoma particularly in fibroids with any abnormal presentation such as rapid enlargement or abnormal ultrasound findings of heterogeneous mass or fibroid with degenerative changes.

Women with LGESS (Low Grade Endometrial Stromal Sarcoma) are younger than women with other uterine sarcomas, with a median age between 45 and 57 years and, generally do not have the usual risk factors for endometrial cancer. (5)

Surgery is fundamental in LGESS (Low Grade Endometrial Stromal Sarcoma) as in other sarcomas. Treatment generally consists of total abdominal hysterectomy and bilateral salpingo-oophorectomy. Due to the high recurrence risk even with localized tumors, many clinicians advocate use of adjuvant chemotherapy, radiation therapy, and/or hormone therapy to suppress tumor growth.

The surgical stage is most significant prognostic regarding recurrence and survival in LGESS (Low Grade Endometrial Stromal Sarcoma). They tend to grow slowly and commonly recur many years after initial diagnosis. (6)

Postoperative pelvic radiotherapy reduces local recurrence but has not been consistently shown to prolong the survival.

Conclusion

Endometrial stromal sarcomas are very rare tumors of mesodermal origin presenting with abnormal uterine bleeding, mostly in perimenopausal women. The usual pre operative diagnosis is fibroid and the diagnosis is made after histopathological examination. High index of suspicion of sarcoma in uterine tumors with the features not typical of fibroid can make the preoperative diagnosis of uterine sarcomas and hence better management. Our patient also had uterine tumor with not typical features of fibroid where we thought it to be fibroid with cystic degenerative changes and it came out low grade endometrial sarcoma.

References

Disclaimer

This article has been downloaded from WebmedCentral. With our unique author driven post publication peer review, contents posted on this web portal do not undergo any prepublication peer or editorial review. It is completely the responsibility of the authors to ensure not only scientific and ethical standards of the manuscript but also its grammatical accuracy. Authors must ensure that they obtain all the necessary permissions before submitting any information that requires obtaining a consent or approval from a third party. Authors should also ensure not to submit any information which they do not have the copyright of or of which they have transferred the copyrights to a third party.

Contents on WebmedCentral are purely for biomedical researchers and scientists. They are not meant to cater to the needs of an individual patient. The web portal or any content(s) therein is neither designed to support, nor replace, the relationship that exists between a patient/site visitor and his/her physician. Your use of the WebmedCentral site and its contents is entirely at your own risk. We do not take any responsibility for any harm that you may suffer or inflict on a third person by following the contents of this website.
Reviews

Review 1

Review Title: Endometrial Stromal Sarcome- A case report and brief review

Posted by Faculty Dr. Neena Agarwala on 18 Nov 2011 11:27:51 AM GMT

<table>
<thead>
<tr>
<th></th>
<th>Is the subject of the article within the scope of the subject category?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Are the interpretations / conclusions sound and justified by the data?</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Is this a new and original contribution?</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Does this paper exemplify an awareness of other research on the topic?</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>Are structure and length satisfactory?</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>Can you suggest brief additions or amendments or an introductory statement that will increase the value of this paper for an international audience?</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>Can you suggest any reductions in the paper, or deletions of parts?</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>Is the quality of the diction satisfactory?</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>Are the illustrations and tables necessary and acceptable?</td>
<td>No</td>
</tr>
<tr>
<td>10</td>
<td>Are the references adequate and are they all necessary?</td>
<td>Yes</td>
</tr>
<tr>
<td>11</td>
<td>Are the keywords and abstract or summary informative?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Rating: 5

Comment:
Several Grammatical errors

The topic is known in gyn literature - what would make the case more helpful would be some photographs and histological slides - films and specimen pictures. Also a discussion of surgical approaches would help in today's time delineating the increased morcellation of specimens and how to have an index of suspicion to avoid it. This 18 week uterus could easily have been done as a TLH and then removed per vagina without morcellation in the abdomen.

Competing interests: no

Invited by the author to make a review on this article? : No

Experience and credentials in the specific area of science:
Extensive Minimally Invasive Surgery Experience

Publications in the same or a related area of science: No

Review 2

Review Title: Endometrial Stromal Sarcoma-A Case Report and Brief Review

Posted by Dr. lajja d goyal on 30 Oct 2011 02:09:41 PM GMT

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the subject of the article within the scope of the subject category?</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Are the interpretations / conclusions sound and justified by the data?</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Is this a new and original contribution?</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Does this paper exemplify an awareness of other research on the topic?</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>Are structure and length satisfactory?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Can you suggest brief additions or amendments or an introductory statement that will increase the value of this paper for an international audience?</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>Can you suggest any reductions in the paper, or deletions of parts?</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>Is the quality of the diction satisfactory?</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>Are the illustrations and tables necessary and acceptable?</td>
<td>No</td>
</tr>
<tr>
<td>10</td>
<td>Are the references adequate and are they all necessary?</td>
<td>Yes</td>
</tr>
<tr>
<td>11</td>
<td>Are the keywords and abstract or summary informative?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Rating: 6

Comment:
Author has reported a rare case uterine malignancy. Role of progesterone and aromtase inhibitors can be discussed in adjuvant therapy. Conclusion is too lengthy

Competing interests: NO

Invited by the author to make a review on this article? : Yes

Experience and credentials in the specific area of science:
I sugess any patient who present abnorma uterine bleeding should undergo preoperative D&C and pap smear because we have been able to diagnose endometial sromal sarcoma with similar presentation preoperatively.

Publications in the same or a related area of science: No

Review 3

Review Title: Endometrial Stromal Sarcoma-A Case Report and Brief Review

Posted by Mr. Govind N Purohit on 14 Sep 2011 08:28:49 AM GMT

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the subject of the article within the scope of the subject category?</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Are the interpretations / conclusions sound and justified by the data?</td>
<td>Partly</td>
</tr>
<tr>
<td>3</td>
<td>Is this a new and original contribution?</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Does this paper exemplify an awareness of other research on the topic?</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>Are structure and length satisfactory?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Can you suggest brief additions or amendments or an introductory statement that will increase the value of this paper for an international audience?</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Can you suggest any reductions in the paper, or deletions of parts?</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>Is the quality of the diction satisfactory?</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>Are the illustrations and tables necessary and acceptable?</td>
<td>No</td>
</tr>
<tr>
<td>10</td>
<td>Are the references adequate and are they all necessary?</td>
<td>Yes</td>
</tr>
<tr>
<td>11</td>
<td>Are the keywords and abstract or summary informative?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Rating: 4

Comment:
This case report describes a case of endometrial stromal sarcoma diagnosed postoperatively. The paper needs revision in the language and the syntax. At many places there is repetition of words or sentence and at one or two places proper mention of some points are missing. The Conclusion is too long and not representative of the case reported.

Competing interests: no

Invited by the author to make a review on this article?: No

Experience and credentials in the specific area of science:
Published a case report on the surgical removal of fibroma from the uterus of a cow Acta Vet Hungarica

Publications in the same or a related area of science: Yes


How to cite: Purohit G. Endometrial Stromal Sarcoma-A Case Report and Brief Review [Review of the article 'Endometrial Stromal Sarcoma-A Case Report and Brief Review ' by ]. WebmedCentral 1970;2(9):WMCRW00944
Disclaimer

This article has been downloaded from WebmedCentral. With our unique author driven post publication peer review, contents posted on this web portal do not undergo any prepublication peer or editorial review. It is completely the responsibility of the authors to ensure not only scientific and ethical standards of the manuscript but also its grammatical accuracy. Authors must ensure that they obtain all the necessary permissions before submitting any information that requires obtaining a consent or approval from a third party. Authors should also ensure not to submit any information which they do not have the copyright of or of which they have transferred the copyrights to a third party.

Contents on WebmedCentral are purely for biomedical researchers and scientists. They are not meant to cater to the needs of an individual patient. The web portal or any content(s) therein is neither designed to support, nor replace, the relationship that exists between a patient/site visitor and his/her physician. Your use of the WebmedCentral site and its contents is entirely at your own risk. We do not take any responsibility for any harm that you may suffer or inflict on a third person by following the contents of this website.