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CASE REPORT

MIXED MESODERMAL TUMOUR

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Introduction

Mixed Mesodermal tumour of the uterus is a rare tumour. It comes under the classification of sarcoma of the uterus; which only comprises less than 5% of all malignancies arising from the uterus. Out of all other types of sarcomas, Mixed Mesodermal tumour are even less common.[1]

The author has only seen one case of Mixed Mesodermal tumour of the body of uterus and one case of the vagina in her professional life. The tumours are highly malignant; because the spread is early and blood borne.[2] Histologically they could be classified as homologous or heterologous. Diagnostic endometrial curettage helps in the diagnosis.[2-4]

Case Report

M.A. Sixty-five years old; Nulliparous, forgetful, lonely and a fragile lady who started bleeding per-vaginam. Her previous menstrual history before the onset of menopause was perfectly normal. The Menopanse was at the age of 50 (i.e. fifteen years ago). She was married but only lived with the husband for a few months after marriage. The patient is owner of a hotel, and lives alone with few servants (a Manager, a cook and an Aya) who live in the servant quarter. She did not have near relatives living with her.

She went to a local General Practitioner with the complaints of post-menopansal bleeding. The General Practitioner reassured her saying that this is one of the normal happening menopause and soon she will be alright.

She consulted the General Practitioner on three occasions in one month and got every time the same reply. One night she passed a growth, per vaginam which was polypoidal inshape, smooth surfaced, she got frightened and came for a gynaecological opinion. The growth which she had passed was oblong in shape: with smooth surface; Pinkish white in colour and of the size of a small pear. She had little bleeding per vaginum at that time. The growth was sent for histopathology. As the patient was postmenopausal and had been nulliparous and lived alone, it was difficult to put a vaginal Speculum and do an evulative pelvic examination. So it was decided to do an E.U.A. and an endometrial currettage. She was admitted to the hospital. On

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examination and investigation she was found to be hypertensive and diebetic. Her BP was 160/100 mmHg; Blood Group B +ve; Hb. 8.4 g% and her G.T.T. was of the diabetic pattern. CXR— was normal; urine analysis— normal except glycosuria. She was referred to a medical specialist for her hypertension and diebetic. Two pints of blood was given preoperatively.

An E.U.A. was performed; when her hypertension and diabetese got stablished.

On E.U.A. it was found that the vulva was normal, vagina was atrophic. A polyp like, pinkish white, smooth surfaced growth was hanging out of the cervical canal, the ecto cervix itself was normal. A piece of the growth was evulsed out and sent for histopathology. The uterus was ten weeks size of gestation; freely mobile and anteverted. The pelvic walls were normal. On PR examination there was no pathology. Endomentrial currettage was not performed because of risk of perforation of uterus.

As it was stage (1), Mixed Mesodermal tumour of uterus; it was decided to do an extended hysterctomy; which was performed a week later.

The operative findings were:

The uterus was small and atrophic at its fundus, while the lower segment was bloated with the tumour.

Both ovaries and fallopian tubes were extremely atrophic. No other pathology seen.

The cut section of the uterus:

The fundus atrophic, the lower segment of the uterus had polypoidal, smooth surfaced, grapelike, pinkish white tumour. The cervix was normal, the specimen was sent for histology.

The histopathology report of the growth passed by the patient and this operative specimen came as Mixed Mesodermal tumour.

Post operative recovery was uneventful except slight ooze from the wound and that she was depressed. She went home on the fifteenth post-operative day, and was advised to come back for a check up and further advise, but unluckily we have lost contact of her.

REFERENCES

1. Movak, E.P., Seegar, J.G. and Jones, H.M. Textbook of Gynaecology, Williams and Wilkins Co. 1974, 385-394.
2. Callup, D.G. and Cordray, D.R. Leiomyosarcoma of the uterus: Case reports and a review. Obst and Gyn Surv 1979; 34:4-300.
3. White, T.H. and Glover, J.S. et al. A 34 year clinical study of uterine sarcoma, including experience with chemotherapy. Obstet Gynaecol 1965; 25: 657.
4. Boutselis, J.G. and Ullery, J.D. Sarcoma of the uterus. Obstet Gynaecol, 1962; 20:23.