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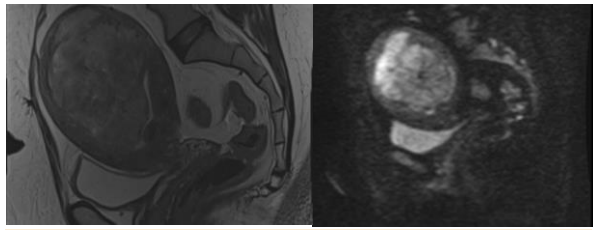
Title : SPINDLE CELL CARCINOMA OF THE MYOMETRIUM– A RARE CASE AND AGGRESSIVE UTERINE TUMOR. .

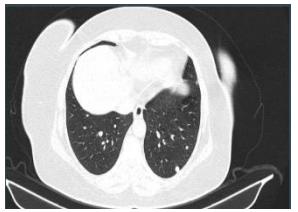
INTRODUCTION

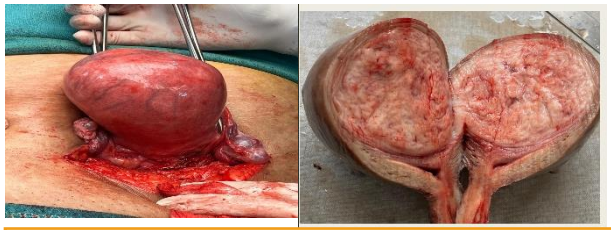
Sarcomatous change is reported to occur in 0.13-0.8% of benign uterine leiomyomas.[1] These occur at a younger age than other uterine sarcoma usually between 43 and 53 years.[2]
Spindle cell carcinoma of uterus, rare tumour and is very difficult to diagnose preoperatively because of its non-specific symptoms. Due to their rarity spindle cell tumors of the uterus often pose diagnostic challenges and require careful evaluation by pathologists to distinguish between benign and malignant forms.

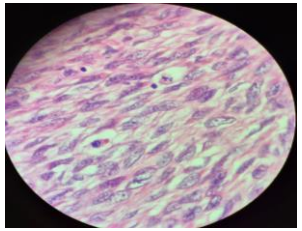
CASE REPORT

A P_2L_2, 45-year-elderly, moderately built premenopausal woman presented with bleeding per vagina since six month. She is a known case of hypothyroidism .
On Clinical examination: Bulky uterus (per abdomen 14 weeks) with **anterior fornix solitary fibroid felt 10x8x6cm**, movement transmitted to cervix, bilateral fornices free and not tender. PAP smear – negative for any intraepithelial lesion or malignancy. EB : Disordered proliferative phase endometrium.
Investigations: USG abdomen and pelvis : Large intramural posterior wall uterine fibroid possibly sarcomatous degeneration to be considered. **MRI pelvis** showed – Large endometrial lesion **invading >50% myometrium** without invasion of the serosa/ cervix/pelvic lymphadenopathy.
CT CHEST : Lung mets – multiple sub centric discrete lesion.
Intra-op findings: A uniform mass measuring **8x8 cm** noted at fundus with increased vascularity. **Total abdominal hysterectomy with bilateral salphingoopherectomy** was done and sent for histopathological examination.
HPE: Was suggestive of **SPINDLE CELL TUMOUR of Myometrium** and disordered proliferative phase of endometrium.
IHC: Tumour cells were **positive for vimentin, SMA, Desmin, ER, PR, H caldesmon, ki67 15%** suggestive of **SMOOTH MUSCLE TUMOUR OF UNCERTAIN MALIGNANT POTENTIAL**". Patient is in follow up with medical Oncologist.


MRI PELVIS


CT CHEST


GROSS AND CUT SPECIMEN


MICROSCOPY

CONCLUSION

Leiomyosarcoma of uterus is a very uncommon finding in uterus. It accounts fo only 8-10% of all the uterine malignancies. Seen in the 4th decade of life. One of the rare morphological variants of uterine leiomyosarcoma is uterine spindle cell leiomyosarcoma. Surgery is the mainstay of treatment for spindle cell carcinoma. Spindle cell sarcoma is considered as an uncommon variant or subtype of RMS9 which mostly occurs in the para testicular region in children. Thus, it is occurring in uterus is a very rare possibility.[3]

REFERENCES

1.Berek JS, Novak E. Berek & Novak's Gynecology. Philadelphia: Lippincott Williams & Wilkins; 2007.
2.Malhotra N, Kumar P, Malhotra J, Neharika Malhotra Bora, Mittal P. Jeffcoate's Principles of Gynaecology. Jaypee Brothers Medical Publishers Pvt. Limited; 2014.
3.Nagtode T. Case Report: A Rare Case of Uterine Spindle Cell Neopl. Bioscience Biotechnology Research Communications. 2021 Jun 25;14(7):140–3.