

A Case of Uterine Carcinosarcoma

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Background

Uterine carcinosarcoma is a rare malignancy and comprises 3-9% of all malignant uterine neoplasms.¹ Post-menopausal bleeding is the most common presentation.² It is an aggressive tumour with 60% extra-uterine manifestation at diagnosis and a 50% recurrence rate.²

Case

A 78-year old female with multiple medical problems, including anticoagulation, presented to the emergency department with abdominal cramping and post-menopausal bleeding (PMB). Polypoidal tissue specimen was removed at vaginal examination and sent for histology. Ultrasound revealed a bulky uterus measuring 16.3 x 8.5 x 9.4 cm with a distended endometrial cavity measuring 38mm. The patient was admitted to optimize INR and plan an elective diagnostic hysteroscopy dilation and curettage. Early the next morning the patient suffered an estimated blood loss in excess of 2L and was taken to theatre for an examination under anesthesia. At hysteroscopy there were poor views of the endometrium due to active bleeding. Curettage obtained copious hyperplastic and polypoid tissue. An emergent vaginal hysterectomy and salpingo-oophorectomy was performed in view of potential malignancy and ongoing significant bleeding. Histology confirmed uterine carcinosarcoma- malignant mixed mullerian tumour stage T1B. Gynae-oncology follow up is still ongoing with discussions surrounding preferred treatment.

Table 1. Revised FIGO staging system for endometrial cancer⁵

Stage	Location of disease
Stage I	Tumor confined to the corpus uteri
IA	No or less than half myometrial invasion
IB	Invasion to or more than half of the myometrium
Stage II	Tumor invades cervical stroma, but does not extend beyond the uterus
Stage III	Local and/or regional spread of the tumor
IIIA	Tumor invades the serosa and/or adnexae
IIIB	Vaginal and/or parametrial involvement
IIIC	Metastases to the pelvic and/or para-aortic lymph nodes
IIIC1	Positive pelvic nodes
IIIC2	Positive para-aortic lymph nodes with or without positive pelvic lymph nodes
Stage IV	Tumor invades bladder and/or bowel mucosa, and/or distant metastases
IVA	Tumor invasion of bladder and/or bowel mucosa
IVB	Distant metastases, including intra-abdominal metastases and/or inguinal lymph nodes

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Discussion

Total abdominal hysterectomy and bilateral salpingo-oophorectomy remains the mainstay of treatment.³ The stage of the tumour is thought to be the single most important factor with regards to a 5-year survival rate.^{1,3} Uterine carcinosarcomas have a poor 5-year prognosis with stage T1B having a survival rate of 59%.⁴ Preferred treatment modalities are highly debated due to the lack of large-scale clinical trials.

References

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