

INTRODUCTION

UTERINE SARCOMA ARISE FROM THE CONNECTIVE TISSUE OF ENDOMETRIUM OR MYOMETRIUM .

2-5 % OF ALL UTERINE CANCERS

RARE TUMOR THAT IS NOT ASSOCIATED WITH CLASSICAL RISK FACTORS OF ENDOMETRIAL ADENOCARCINOMA

Mean age at diagnosis - 60 yrs

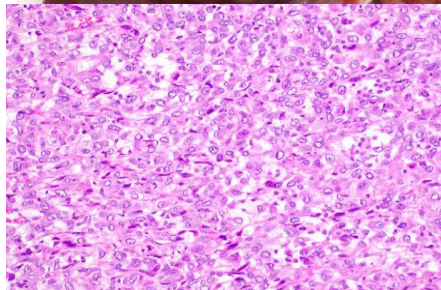
Risk factors - tamoxifen, pelvic radiation, HLRCC, hereditary RB

CLINICAL FEATURES - incidental diagnosis, AUB, pain, pressure, post menopausal bleeding, asymptomatic

Mrs Aruna Bhoite, a 50 year old P4L3IUFD1 with postmenopausal status since 2 years came with complaints of 1 episode of postmenopausal bleeding On examination , per abdominally uterus was 28-30weeks size and partially mobile. On per speculum examination, cervix appears flushed with vagina with atrophic changes. On PV entire fornix was fully occupied by mass

Usg done on 12/9/24 21.7 X 14.9 cm huge mass, avascular with multicystic necrotic component at fundus 3.2 cm cystic anechoic lesion in right adnexa
S/o right ovarian simple cyst
LDH- 214 Ca125 - 30.3

MRI done :s/o large exophytic subserosal uterus (FIGO type 7) with cystic degeneration and Hemorrhage within with enlarged pelvic lymph nodes



EXPLORATORY LAPAROTOMYWITH FROZEN SECTION F/B TOTAL ABDOMINAL HYSTERECTOMY WITH BILATERAL SALPINGOOOPHORECTOMY WITH PELVIC AND PARAAORTIC LYMPH NODE DISSECTION FOR SUSPECTED LEIOMYOSARCOMA
Intraoperative findings : Large 25X25X20 cm well encapsulated subserosal fibroid encompassing whole right ovary and right fimbria
:Mass infiltrating whole of right gonadal vein s/o tumor extending to ivc
:Pelvic lymph node dissection done
Postoperative course was uneventful



HPR report -S/o malignant high grade tumor • High grade myxoid leiomyosarcoma arising in leiomyoma with nodal metastasis • High grade leiomyosarcoma arising in gonadal vein with nodal metastasis • High grade endometrial stromal sarcoma of uterus • Malignant pecoma of uterus • Undifferentiated sarcoma of uterus

Patient at present undergoing chemoradiation cycles