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Poster Number: EP 255 Name: Dr. JIL KADAKIA

Title: MALIGNANT MIXED MULLERIAN TUMOR OF ENDOMETRIUM: A RARE ENTITY

INTRODUCTION

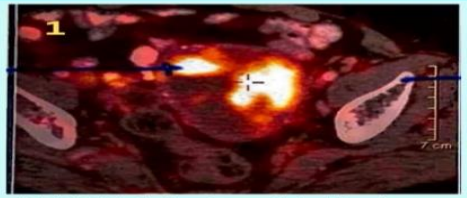
- Malignant Mixed Mullerian Tumor (MMMT) also known as Carcinosarcoma is a highly aggressive and rare neoplasm.
- It commonly involves uterine corpus but can also originate in cervix, ovaries, fallopian tubes, vagina and rarely, peritoneum.
- The incidence of uterine MMMT is 2 per 100,000 women per year, accounting for about 2-5 % of all uterine malignancy and mostly affects postmenopausal women.

CASE DESCRIPTION

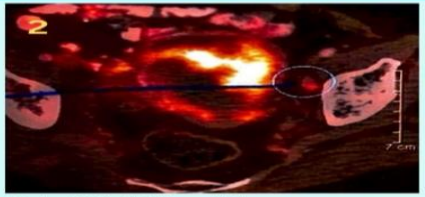
- 74 years old female, menopausal since 20 years, presented with complaints of passing blood clots per vaginum associated with pain in abdomen since 2 weeks and foul smelling vaginal discharge since few months, not associated with itching.
- H/o similar episode of post menopausal bleeding lasting for 5 days, soakage of 1 pad per day, 2 years ago, but took no treatment.
- Obstetric History: P4L4 (4FTVD) and breastfeeding continued for 1.5-2years following each delivery.
- Medical History: K/c/o Hypertension, on medication since 5 years
- Abdominal examination revealed obesity, no organomegaly
- On per speculum examination- Cervix flushed with vagina, PV bleeding and foul smell present
- On Bimanual Examination: Uterus bulky, anteverted, bilateral fornices free, no tenderness

DIAGNOSIS

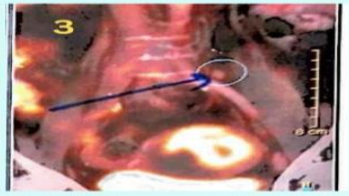
- USG Pelvis: Bulky uterus with endometrial mass-solid/cystic(8.2x7x5cm)with vascularity ?neoplastic origin, bilateral ovaries atrophic and no adnexal mass/ascites/lymphadenopathy.
- PET-CT scan: An inhomogenously enhancing soft tissue mass in endometrial cavity is neoplastic with no obvious lymph nodes.



PET-CT: 1-Endometrial lesion



2-Left Int Iliac LN



3-Left Common Iliac LN

MANAGEMENT

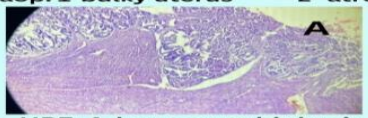
- Endometrial tissue was sent for frozen section which was s/o MMMT.
- Total laparoscopic hysterectomy with bilateral salphingo-oophorectomy and pelvic lymph node dissection was done.
- Histopathology report revealed Malignant Mixed Mullerian Tumor of endometrium Stage 1A
- Patient did not require chemotherapy or radiotherapy.

Intraop: 1-bulky uterus

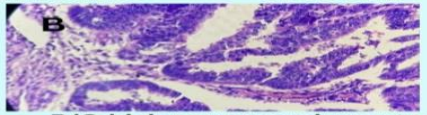
2- atrophic ovaries

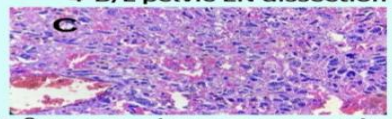
3-POD clear

4-B/L pelvic LN dissection



HPE: A-low power biphasic





B/C-high power carcinomatous & sarcomatous components

FOLLOW-UP

- Follow up every 6 monthly.
- PET Scan 6 mo post-op: No Recurrence
- PET scan 1 year post-op: Metastatic modular omental thickening, a pelvic soft tissue nodule and minimal ascites.

1-PET CT pre-op

2-6mo post-op: no recurrence

3-1 yr post-op: pelvic soft tissue nodule

4-1 yr post-op: omental metastasis

DISCUSSION & CONCLUSIONS

- MMMT is a rare and an aggressive tumor.
- It is a biphasic neoplasm composed of malignant epithelial and mesenchymal components.
- The outcome depends on the stage of disease and the depth of invasion.
- Because of its rarity, there is no standardised treatment protocol. Surgery remains the mainstay of treatment. Adjuvant therapies like radiation and chemotherapy may be tried to improve survival but their role is unclear.
- Despite all these efforts, the five-year overall survival rate is between 33% -39%.
- This patient has shown metastasis to pelvis and pmentum at 1 year post-operatively. No chemotherapy/radiotherapy was given.

REFERENCES

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- Callister M, Ramondetta LM, Jhingran A, Burke TW, Eifel PJ: Malignant mixed Müllerian tumors of the uterus: analysis of patterns of failure, prognostic factors, and treatment outcome. Int J Radiat Oncol Biol Phys. 2004, 58:786-96.