Uterine Adenosarcoma: About Two Cases

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ABSTRACT

Uterine adenosarcoma is a rare tumor (8% of uterine sarcomas) with a dual component: a benign proliferative epithelium and a sarcomatous stroma. The objective of this work is to report the clinical aspects and therapeutic modalities of two cases of uterine adenosarcoma. The risk factors are unknown; its clinical symptomatology is polymorphic dominated by metrorrhagia. A total hysterectomy with bilateral adnexectomy is satisfaction as treatment. Its prognosis is relatively favorable.

Keywords: Uterine adenosarcoma, Radical Surgery, Malignant tumor

1. INTRODUCTION

Tens of uterine cancers, composed of a benign glandular compartment and a sarcomatous stroma, called "Mullerian adenosarcomas" have been described by Clément et al. in 1974. These tumors are characterized by their rarity, their uncertain prognosis after radical surgery, and their histological characteristics can pose diagnosis problems.

2. CASE REPORTS

We report two cases of uterine adenosarcoma collected in the National Institute of Oncology, Rabat.

Case One: This patient is aged 65 years, with a history of insulin-dependent diabetes and hypertension for ten years, balanced under treatment. The patient was admitted to the consultation for pelvic pain appeared four months ago with abdominal distension. The clinical examination had found a fixed abdominopelvic mass. An ultrasound followed by CT Scan had confirmed the presence of a voluminous abdominopelvic tumor measuring 18cm of the major axis; its origin could not be specified. Surgical exploration had revealed an invading uterine tumor attending the neighboring organs, namely the abdominal wall, the upper part of the rectum and the sigmoid. Given the large extent of the lesions, tumor reduction surgery was performed: total hysterectomy, bilateral adnexectomy, left colectomy with a colostomy, abdominal wall biopsy. The patient was admitted to the intensive care unit and died by a postoperative septic shock.

The anatomopathological study of the surgical pieces had concluded in a moderately differentiated uterine adenosarcoma invading the digestive structures and the abdominal wall.
**Case Two:** Ms. A. N, 58 years old, post menopausal for nine years, with no significant pathological history, who had consulted for postmenopausal metrorrhagia. The gynecological examination had found at the speculum an atrophic vagina and a normal cervix; The vaginal touch had objectified an enlarged uterus exceeding the umbilicus. The patient had an endovaginal ultrasound examining showed an enlarged uterus with a 50 mm intracavity image that was hyper-vascularized with doppler. A diagnostic hysteroscopy with endometrial biopsy was performed. Anatomopathology revealed a xanthogranulomatous endometritis without signs of malignancy. The patients had a total hysterectomy with bilateral adnexectomy. The definitive anatomopathological study concluded in a low-grade uterine adenosarcoma with superficial myometrial invasion. A CT scan revealed isolated iliac lymphadenopathies without invasion of the neighborhood organs. The patient had been reoperated for iliac dissection and then sent for chemo-radiotherapy.

### 3. DISCUSSION

Uterine sarcomas are malignant tumors of mesodermic origin and represent between 2 and 6% of malignant tumors of the uterine body\(^{(2)}\). They are characterized by great heterogeneity in the anatomopathology. According to the WHO international tumoral histological classification\(^{(3)}\), sarcomas are classified according to their pure character (presence of malignant mesenchymal cells only) or mixed (presence of mesenchymal and epithelial cells) and their homologous character (presence of Malignant cells derived from mesenchymal cells normally absent from the uterus) (Table 1).

#### Table (1): Classification of uterine sarcomas according to WHO.

<table>
<thead>
<tr>
<th>Type</th>
<th>Homologous</th>
<th>Heterologous</th>
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<tbody>
<tr>
<td>Pure</td>
<td>Leiomysarcoma</td>
<td>Rhabdomyosarcoma</td>
</tr>
<tr>
<td>Stromal sarcoma</td>
<td></td>
<td>Chondrosarcoma</td>
</tr>
<tr>
<td>Endolymphatic</td>
<td></td>
<td>Osteosarcoma</td>
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<tr>
<td>Stromal sarcoma</td>
<td></td>
<td>Liposarcoma</td>
</tr>
<tr>
<td>Mixed</td>
<td>Mullerian</td>
<td>Mixed mesodermal sarcoma</td>
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</tbody>
</table>

Mullerian adenosarcoma accounts for 8% of sarcomatous tumors; it is a postmenopausal period cancer with an average age of 58 years in agreement with our cases (average of 57 years). Two risk factors were described and discussed: pelvic irradiation and prolonged hormone dependence of estrogen or prolonged exposure to tamoxifen. None of our patients had these risk factors.

The clinical symptomatology is variable\(^{(4)}\), these tumors are often revealed by metrorrhagia as for our second patient, or by pelvic algies as for the first patient. This non-specific symptomatology explains that these cancers are often taken as benign pathologies.

Physical examination most often finds a pelvic mass (37%) (it is the case for our first patient) an enlarged uterus (22%) as for our second case, and sometimes the tumor is in the form of cervical or endometrial polyp (22%)\(^{(4)}\).

The diagnosis of uterine sarcoma is most often carried out a posteriori on the piece of hysterectomy\(^{(5)}\). In the Gonzalez and al. Series of 93 cases of uterine sarcoma, the diagnosis was performed posteriorly in the histological analysis of the hysterectomy sample in 52.6% of cases; This is the case with our two patients. The biopsy of the endometrium remains poor for diagnosis as it’s the case for our second case. This low sensitivity is due to the fact that the biopsy only carries out abrasion of the endometrial mucosa and does not allow the diagnosis of sarcomas derived from the myometrium\(^{(6)}\).

Treatment is mainly based on surgery; The main act being a total hysterectomy with bilateral adnexectomy; The pelvic lymphadenectomy remains discussed according to the cases. Uterine adenosarcoma has a low degree of malignancy according to the majority of authors\(^{(7)}\), as it is often a tumor with a predominantly local, intracavitory development. According to the literature, invasion of the myometrium, the enlarged proliferation of the tumor, and lymph node involvement expose to vaginal, peritoneal and pulmonary metastases that appear within five years in 30% of cases\(^{(8)}\).

Adjuvant therapy is discussed; Radiotherapy seems to have a benefit in terms of reducing the risk of local recurrence without having a benefit on survival.

### 4. CONCLUSION

Uterine adenosarcoma is rare cancer, 8% of the sarcomas of the uterus, whose diagnostic and therapeutic management are multidisciplinary as regards gynecologists, pathologists, and oncologists. It is an interesting tumor especially in postmenopausal
patients with a polymorphic symptomatology dominated by metrorrhagia. Its prognosis remains favorable in localized forms, of which the surgery alone seems sufficient, on the other hand for the extended forms which are still controversial; Radio-chemotherapy always retains their place.

REFERENCES