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Pathology

Malignant Mixed Mullerian Tumor of Uterine Cervix- A Rare Case Report

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Abstract **Case Report**

Malignant mixed mullerian tumor are mostly arising from uterine corpus and it accounts for about 3% of uterine malignancies. Among these, Malignant mixed mullerian tumor are extremely rare accounting 1% of cervical malignancy and are associated with poor prognosis and treatment is still unclear.

Keywords: Uterine Cervix, Postmenopausal Bleeding, Poor Prognosis, Chondrosarcomatous Component.

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INTRODUCTION

Gynecological carcinosarcomas (GCS) also known as malignant mixed mesodermal tumor or malignant mixed mullerian tumor (MMMT) which is a heterogenous and extremely aggressive tumor and it predominantly appears in the uterine corpus, ovary, uterine cervix, vagina, fallopian tubes and peritoneum [1]. These tumors can have two origins: the paramesonephric (Mullerian) ducts and the mesonephric (Wollfian) duct remnants. These neoplasms are often accompanied by sarcomatous component and carcinomatous component [2]. Here we report a case to understand the carcinosarcoma of uterine cervix.

CASE REPORT

A 60 years old female presented to Guru Gobind Singh medical college and hospital with complaints of per-vaginal discharge and bleeding per vaginum and lower abdominal pain for 3 months. She was postmenopausal for 15 years. She was a non alcoholic and non smoker. Her postmenopausal bleeding brought to seek medical advice from nearby health care services where she was suspected to have cervical cancer. On general examination, she is having tachycardia and her other vitals were stable. Her blood sugars levels were also deranged and she was diagnosed with type 2 diabetes mellitus. She was started insulin therapy and blood sugars were normalized with in a week. She was also diagnosed with anemia and required 3 blood transfusions in outer clinic. She had a history of one term pregnancy and has one living child along with history of abortion. Other investigations like chest xray, liver function test, serum electrolytes, HbsAg, HIV, VDRL and ECG were normal. On Per speculum examination, the cervix was replaced by a cauliflower growth measuring 7x6cm with involvement of upper vagina. Bilateral parametrium and rectal mucosa was not involved. A punch biopsy was planned and taken from tumor growth and sent to pathology department. On gross examination, we have received a grey white to gray tan distorted globular soft tissue mass measuring 4X3X2.5 cm. On cut section- grey white, solid with cystic areas indentified filled with hemorrhagic fluid. On microscopic examination, diagnosis made was carcinosarcoma of cervix with poorly differentiated carcinomatous component and chondrosarcomatous component.

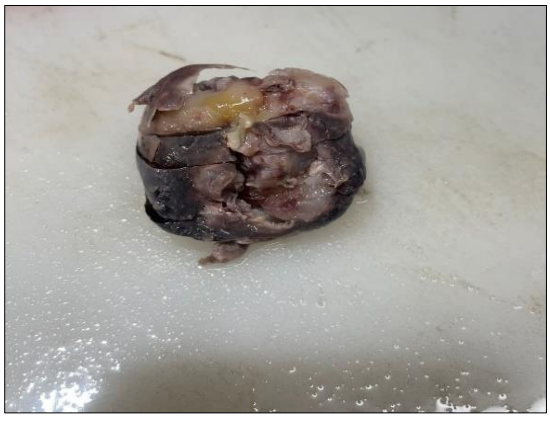

Figure 1: Gross of cervical mass

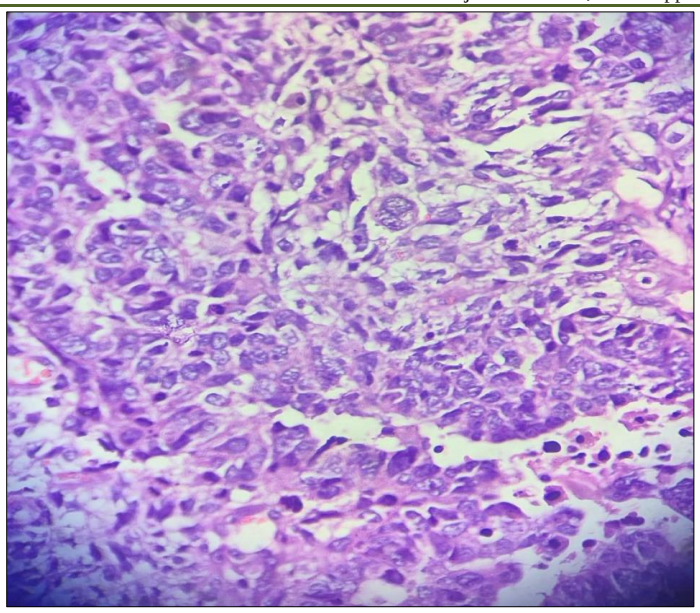

Figure 2: H and E stained sections (400X) show Carcinomatous component

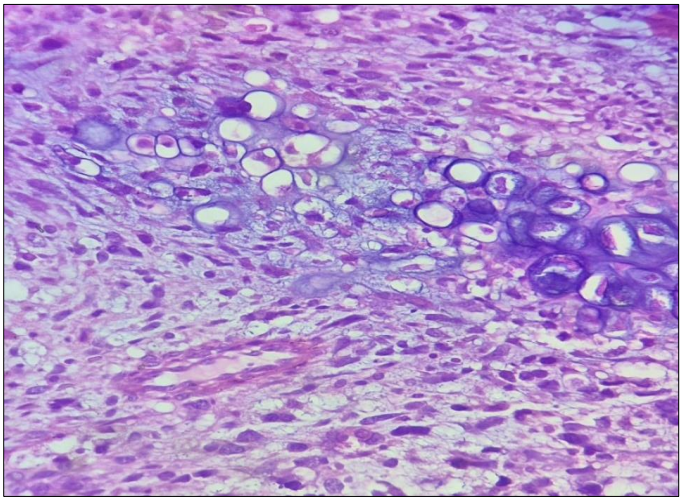

Figure 3: H and E stained sections (400X) show sarcomatous component.

DISCUSSION

Cervical cancer is the second most common cancer of females in India. Malignant mixed mullerian tumor of cervix is very rare and accounts for less than 1% of cervical malignancy. They are characterized by presence of both epithelial and mesenchymal components [3]. They mostly affects postmenopausal females and presents with vaginal bleeding. In initial stages, this malignancy is confused with uterine carcinosarcoma and other cervical cancers. The most common symptom of carcinosarcoma observed by patient is vaginal bleeding and a cervical mass protruding in to vagina [4]. These are also known as malignant mixed mullerian tumors or mixed mullerian tumors as they are very aggressive and dedifferentiated tumors composed of carcinomatous and sarcomatous components arising from a single malignant clone [5]. However, compared with other cervical malignancies like Squamous cell carcinoma and Adenocarcinoma, Malignant mixed mullerian tumor has worse outcomes and it is prone to recurrence and metastasis. So, Surgery is the mainstay treatment for this tumor but the type of adjuvant therapy is not well established. So, accurate diagnosis prior to treatment is essential [6].

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