

Case Report

Mixed Mullerian Tumour (Carcinosarcoma) - A Rare Cervical Tumour

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Abstract

We report a 70 years old postmenopausal lady Mrs Johura Begum presented to us with the complaints of watery and foul smelling per vaginal discharge for 4-5 months, occasional per vaginal bleeding for 2-3 months lower abdominal pain for 15 days, fever for 7 days. On general examination she was restless, her temperature was 102⁰F and lower abdomen was tender. On per vaginal examination there were foul smelling discharge and a large ulcerated and necrossed mass in the vaginal canal that bleeds on touch. She was managed surgically. Now she is on chemotherapy and well.

Keywords: Carcinocercoma or Mixed Mullerian tumour, Cervix.

Introduction

Mixed Mullerian tumour originate primarily in the endometrium or myometrium. Rarely, these tumours can also develop in the cervix and ovary¹. Uterine carcinosarcoma is cancer that develops in the uterus, carcinoma signifies that, when looked at under a microscope, the tumour displays histological feature of both endometrial carcinoma and sarcoma. Endometrial carcinoma starts in the endometrium, while sarcoma begins in the myometrium of the uterus². A rare cancer, uterine carcinosarcoma makes up less than 5% of all uterine cancer³. In the USA, about 2 per 100000 women develop uterine carcinosarcoma annually⁴. Roughly only 35% of patients survive 5 years after diagnosis.

A case Report

Here we report a rare case of cervical tumour that was malignant Mixed Mullerian tumour another name is carcinosarcoma. A 70 years old postmenopausal lady presented to our institute on 01.02.2015, with the

complaints of watery and dirty foul smelling per vaginal discharge for 4-5 months, occasional per vaginal bleeding for 2-3 months, abdominal pain for 15 days, fever for 7 days. On examination she looked restless, temperature 102⁰ F, Heart rate with sinus tachycardia of 110 b/m, blood pressure 110/60 mm of Hg, Her lower abdomen was tender, there was a large necrossed friable mass about 10 to 12 cm occupied the vaginal canal with foul-smelling discharged, all fornixes of the vagina were free and the size of uterus was not reached. During examination tissue was taken from the mass and send for histopathological examination.

Her laboratory tastes were -

WBC count --20,000/L

Hb %--8.5 mg%

RBS-7.3 mmol/L

Electrolytes-within normal limit

Blood urea-2.94 mmol/L

Creatinine-79.39 micro mol/L

Blood group B+ ve

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ECG-within normal limit

USG of whole abdomen-a mass in the cervical region and others normal findings

Broad spectrum antibiotic coverage was started on admission. Then patient was managed surgically, the total abdominal hysterectomy with bilateral salpingo-oophorectomy was done and specimen was sent for histopathology. The surgical findings were- no pelvic adhesions, both ovaries were normal as her age, body of the uterus was slightly enlarged and a big necrosed mass was in the cervical region that project through the vaginal canal. After operation the post operative period of the patient was good and the patient was discharged on 5th post operative day then she was followed up after 3 week with histopathological report, she was well but her report was Malignant Mixed Mullerian Tumour that is carcinosarcoma. Then she was counseled and referred to oncology department of this institute for better management. Now she is under treatment of chemotherapy in cancer centre of Khwaja Yunus Ali Medical College & Hospital and she is well.

Discussion

Carcinosarcomas are malignant tumours that consist of a mixture of carcinoma or epithelial cancer and sarcoma or mesenchymal or connective tissue cancer⁵. Carcinosarcomas are tumours can arise in diverse organs, such as the skin, salivary glands, lungs, esophagus, pancreas, colon, uterus ovaries^{5,6,7,8,9,10,11}. Four main hypotheses have been proposed for the cellular origin of carcinosarcoma, based largely on the pathology of the diseases^{5,7}. First, the collision of two independent tumours resulting in a single neoplasm, based on the observation that skin cancer and superficial malignant fibrous histiocytomas are commonly seen in patients with sun-damaged skin, second, the composition hypothesis, which suggests that the mesenchymal component represents a pseudosarcomatous reaction to the epithelial malignancy, third, the combination hypothesis, which suggests that both the epithelial and mesenchymal components of the tumour arises from a common pluripotential stem cell that undergoes divergent differentiation and fourth, the conversion or divergence hypothesis, which argues that the sarcomatous component of the tumour represents a metaplastic sarcomatous transformation of the epithelial component. Despite the rising uncertainty on the mechanisms that generate these tumours, recent immuno-histochemical, ultrastructural and molecular genetic studies suggest and

favor the notion monoclonality in carcinosarcoma^{5,7}. In addition, identical p53 and KRAs mutations have been identified in both epithelial and mesenchymal components of carcinosarcoma, findings that suggest an early alteration in the histogenesis of the tumour with late transformation or degeneration of the epithelial component into the sarcomatous component⁷.

Conclusion

Carcinosarcoma of the uterus is a highly aggressive form of uterine cancer. As its name implies, this is a biphasic tumour which contains an admixture of carcinoma and sarcoma. Endometrium is the most common site, these tumours tend to occur in post menopausal women although rarely are reported in younger women. Uterine carcinosarcomas generally have a worse or poor prognosis compared to uterine carcinomas with five years survival rate ranging from 5% to 40%, the most important prognostic factor is tumour stage. The main treatment is surgery to remove the cancer, however, because of the high rate of both local and distant recurrence after surgery, and then the effective adjuvant chemotherapies are needed. In addition, radiotherapy to the abdomen is not associated with improved survival.

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