**Malignant Mullerian Mixed Tumour of Uterus with Unusual Component**

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**Background:**
Malignant Mullerian Mixed Tumour (MMMT) are rare biphasic malignant neoplasm of uterus, constituting less than 5% of malignant Neoplasm of uterine corpus. In our case epithelial component is basaloid pattern and sarco-matous component is endometrial stromal sarcomas which are less common.

**Case Report:**
*Clinical History:* - Patient present to gynaecological department with fever & bleeding per vaginumsince 3 months. On P/V examination irregular polypoidal mass, foul smelling discharge and bleeding per vagina was positive. Then cervix biopsy taken and send to the pathological department

**Gross Examination:** - Received grey-white cervix biopsy tissue measuring 5x3x2.5 cm. external surface rough grey white. Cut surface grey-white. (Fig.1)

**Microscopy:** - Section shows basaloid pattern of neoplastic squamous cells forming anastomosing cellular trabeculae. The section shows intervening sarcomatous elements resembling endometrial stromal sarcoma. These features are consistent with malignant Mullerian mixed tumor. (Fig.2,3)

**IHC:** - On IHC the epithelial cells are strongly positive for EMA, CK and some cells shownuclear positive for p63. The spindle(sarcomatous) tumour cells are positive for forvimentin, CD10 and focally for p63 (Fig.4, 5, 6, 7, 8). These findings further confirm the carcinomasarcomatous nature of this tumor. For localization we do MRI for dominant location of tumor & IHC p16. MRI finding show advanced stage (FIGO stage 4) uterine malignancy with epicentre of the tumor in myometrium, multiple lymph nodes including iliac & paraortic lymph nodes show metastasis and infiltration of urinary bladder at right posterolateral wall involving right vesico-ureteral junction and liver metastasis (Fig.10,11). IHC p16 is found negative (Fig.9)

**Discussion:**
MMMT of uterine corpus are uncommon tumor constituting <5% of malignant neoplasm of uterus. Cervical MMMT are less common than their uterine counterparts. In uterine MMMT epithelial component are adenocarcinoma (serous or not otherwise specified) and sarcomatous component are fibrosarcoma or malignant fibrous histiocytomamost common while in cervical MMMT epithelial component basaloid pattern squamous cell carcinoma & sarcomatous component show fibro-sarcoma or endometrial stromal sarcoma commonly.

Thus in our case histomorphology of epithelial component favour the origin of this tumor from cervix, but MRI finding which show bulk of tumour in uterus and IHC findings of epithelial component which are negative for p16 as well as p63, favour the origin of this tumor from uterine corpus. Uterine MMMTs are highly aggressive tumors, which progressvery rapidly & found in high stage and associated with poor prognosis. Our case is diagnosed in stage IV as it invade the urinary bladder mucosa.

**Conclusion:**
Uterine MMMTs are highly aggressive tumors and can present as a cervical mass with unusual epithelial and sarcomatous component.

**References:**