Malignant mixed mullerian tumor of the cervix: A rare case report

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INTRODUCTION

- Malignant mixed mullerian tumors (MMMTs, carcinosarcomas) of the uterine cervix are extremely rare and aggressive tumour, accounting for 0.005% of all cervical malignancies.1,2
- The commonest site of occurrence of female genital tract MMMT is the uterine corpus.3
- It was first described by Ferriera in 1951.1,2
- Approximately 50 cases have been reported in the English language literature on this rare entity.3
- MMMT occurs almost exclusively in postmenopausal women and presents with abnormal vaginal bleeding, an enlarged uterus and pelvic or abdominal pain in most cases.
- Histologically, MMMT is a biphasic neoplasm with intermixed epithelial and mesenchymal elements.

CASE REPORT

- A 55 years old female came with the complaint of postmenopausal bleeding for one month.
- Vaginal examination revealed a prolapsed uterus with presence of friable cervical mass appears to be extended from inside the uterus, which bleeds on touch.
- Computed tomography (CT) scan showed a large, well defined, heterogeneous abdominal mass.
- Patient underwent panhysterectomy with pelvic lymph nodes resection.
- Intraoperatively, a 10 week size uterus was observed with presence of calcified nodules on the right infundibulopelvic ligament and broad ligament.

Fig. A - Brownish, ulcerated mass filling entire uterine cavity, Fig. B - malignant cells arising from squamocolumnar junction (H&E-10X4) inset a showing same in magnification (H&E-10X2), Fig. C&D- papillaroid configuration and clear cell areas (H&E-10X10) inset showing areas of mesenchymal component (H&E-10X40)

GROSS &MICROSCOPY

- Gross - uterine cavity was dilated and filled with a large, friable, polyposidal mass (Fig. A).
- Stalk of mass was attached at utero cervical junction.
- Microscopic Examination-Tumor cells are predominantly arranged in papilloroid configuration originated from squamo-columnar junction (Fig. B).
- Varied patterns – clear cells, palisaded squamoid pattern, adenoid cystic like areas (Fig. C&D).
- Scanty scattered mesenchymal component in the form of strap cells and osteoid formation were also noted (Fig. D).
- Large areas of coagulative necrosis present throughout.
- Histological diagnosis of MMMT of the cervix was made.

CONCLUSION

- Because of their rarity, no consensus has been reached regarding treatment, prognosis and outcome.
- In view of rarity and better prognosis of MMMT of cervix than their endometrial counterparts, accurate diagnosis of this case is important.

REFERENCES