

Ulcerated Adenomyoma Presenting as CA Endometriuml; A Case Report

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ABSTRACT

Endometrial carcinoma is one of the lucky carcinomas that can be picked up. Early surgical intervention can lead to a 100% cure. During this COVID pandemic, cancer surgeries had a setback, but our institution, be it gynecology, radiology, or pathology, still carried them out via necessary precautions for the betterment of clinical care. Adenomyosis is the presence of ectopic endometrial tissue in the myometrium if it involves the uterus focally, it is known as adenomyoma. Radiological findings of adenomyoma can be mistaken for endometrial carcinoma. We present such a case in which a radiologically diagnosed endometrial carcinoma turned out to be adenomyoma on histopathology.

Keywords: Adenomyosis, Endometrial carcinoma

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Introduction

The incidence of adenomyosis is 1.03%.¹ It is typically diagnosed on histopathology from hysterectomy, that is reported between 8.8% and 31% of the specimens.² Adenomyosis can be treated medically via progesterone, uterine artery embolization, or high intensity focused ultrasound.^{2,3} A misdiagnosis of endometrial cancer on imaging can result in unnecessary intervention, such as hysterectomy, which can lead to other complications. We present a case of a postmenopausal lady presenting with per vaginal bleeding who underwent staging laparotomy as a suspicion of endometrial cancer on imaging that turned out adenomyosis on histopathology.

Case Report

A 57 year old woman married for 38 yr para 6+2 menopausal for 25 years presented to the clinician with vaginal bleeding and discharge for 1 month accompanied by urinary incontinence (urge incontinence) weakness, peripheral numbness. She had a history of heavy menstrual bleeding poorly controlled by medication premenopausally. She had a known case of hepatitis C and was hypertensive for 16 years. Baseline investigations came out to be normal and USG revealed a suspicious ovarian cyst. MRI conducted reported early endometrial

CA FIGO Stage 1, large ovarian cyst 13.5x10.1x12.3cm and a 3.8 cm intramural fibroid in fundal region. PAP smear was inadequate due to squamous cells and blood. PIPPLE revealed endocervical tissue only. Hence a fractional curettage was conducted, which showed an endometrial polyp.

Pre op workup was carried out and on the basis of radiological suspicion of cancer her staging Laparotomy was performed. Per operative she was found to have a Left ovarian 12x12 cm clear cyst, multiple fibroids and a foul smelling necrotic mass from cervix. Upon cutting open the uterus, the endometrial cavity was obliterated by a pedunculated mass 8x3 cm which was attached to fundus. The mass was extending to the cervical cavity and showed superficial ulceration. Further dissecting the pedunculated mass it was reddish black and hemorrhagic in nature. Omentum, under surface of liver and diaphragm normal looking.

The histopathology of the specimens were as follows. Uterus showed chronic cervicitis, Endometrium depicted. Proliferative phase endometrium with adenomyosis, Pedunculated Growth was consistent with ulcerated Adenomyoma. Omentum was free of tumor Left adenalaxal cyst was diagnosed as mucinous cyst adenoma. However, peritoneal washing fluid cytology revealed atypical cells inconclusive of hemorrhage or

inflammation. In short, there was no evidence of endometrial carcinoma.



Figure 1 Gross Specimen

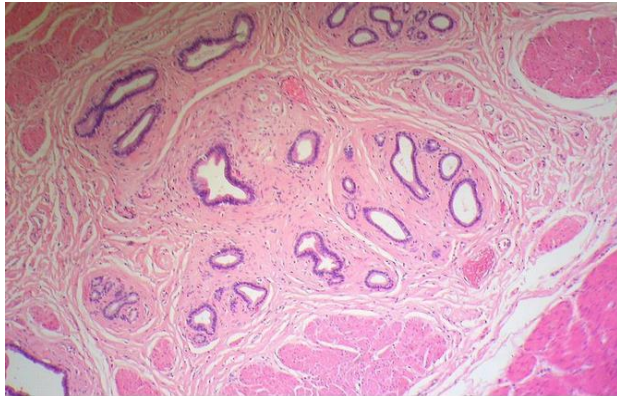


Figure 2. The pedunculated polypoid growth composed of spindle shaped cells along with interdispersed islands of endometrial glands and stroma. Ulceration seen on the surface . No evidence of malignancy seen.

Discussion

Adenomyoma is a benign ectopic endometrial tissue in the myometrium presenting symptoms include Dysmenorrhea, menorrhagia, and abnormal uterine bleeding.⁴ This phenomena is still yet to be researched further as it difficult to diagnose making management increasingly invasive. The future is moving towards minimally invasive diagnostic and treatment methods and avoiding major surgery.⁵ MRI imaging of adenomyosis can be similar to those of uterine malignancy or ovarian cancer. The problem is the diagnosis of a benign lesion from malignant as in our case for better management and benefit of the patient.⁴ The clinical picture and pathological characteristics of adenomyoma have been described extensively but literature review indicates that radiological studies can mix adenomyoma especially if ulcerated with early stage endometrial cancer. Cystic

spaces having blood with polyps should lead to brainstorming on alternative differential diagnosis of unusual findings such as adenomyosis and ulcerated adenomyoma.⁶

One of the primary gynaecological indications for hysterectomy is the frequent and severe illness known as AUB. When it comes to the detection of abnormal uterine bleeding, radiography can be just as accurate as histopathology (HPE).⁷ According to studies done in Pakistan, 71.6% of the samples sent for histopathology were from individuals with ages of 31 and 50.

This range, particularly around the late forties, is pretty typical for gynaecological issues that lead to sample.⁸ Vaginal bleeding is the most typical clinical sign of endometrial cancer, which affects 90% of postmenopausal females and is the most commonly gynaecological malignancy. The endometrium can be evaluated using magnetic resonance imaging, which is also helpful for staging endometrial malignancies and reducing the number of possible diagnoses for endometrial abnormalities. Most women who experience vaginal bleeding actually do so as a result of atrophic vaginal or endometrial abnormalities.

Postmenopausal bleeding should be evaluated by Clinical history and physical examination

- Endometrial biopsy
- Sonography
- Sonohysterography
- Hysteroscopy⁹

The clinician is frequently challenged to determine which of these entities are “innocent bystanders” unrelated to the problem at hand or aggressively proliferating tumors.¹⁰

Conclusion

Radiology is a surgeon’s eye. Imaging prepares us beforehand for necessary action. A total of 98 cancer surgeries conducted during the COVID pandemic this was the only one with benign histopathology.

A good attitude and positive feedback among colleagues can lead to better learning and management of patients with rare diagnosis

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