

# Mixed Malignant Mullerian Tumor of Uterine Corpus in A Treated Case of Advanced Cervical Cancer

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## Abstract

An unusual case of advanced mixed malignant mullerian tumor in a case, treated for cervical cancer (stage IIB) one year back is presented. Patient had debulking surgery and postoperative chemotherapy. She did well for a year after completion of therapy but succumbed to her illness after 1 year without any workup.

**Key words:** malignant mixed mullerian tumor (mmt); carcinosarcoma; metaplastic carcinoma

## Introduction

Mixed malignant mullerian tumor (MMMT): carcinoma metaplastically changed into sarcoma [1], an uncommon malignancy, comprise only 1–2% of uterine neoplasms. Beside uterus, it has been identified, in decreasing order of frequency in vagina [2] cervix [3], ovary [4], and most rarely the fallopian tube [5]. According to the current knowledge, MMMT is a biphasic female genital tract tumour made up of both epithelial and mesenchymal components [6]. Present case is of MMMT uterus.

## Case Summary:

A 64 years old woman with 3 full term normal births, postmenopausal for 15 years, presented with pain and lump in abdomen with difficulty in micturition since 1 month, 1 year after completion of radiochemotherapy for cervical cancer stage IIB. She had a mass arising from pelvis of approximately 26 weeks of pregnancy with variegated consistency going above umbilicus with restricted mobility. Vaginal examination was not possible, due to cicatrization of vagina post chemoradiation. However rectal examination was su

gestive of mostly cystic mass (in retropubic region) of 14 weeks size of uterus with fluid inside, suggestive of pyometra with overall mass of around 26 weeks size of pregnancy with no demarcation of margins.

Magnetic resonance imaging (MRI) revealed a well defined large solid cystic mass of around 13 x 12 x 11 cm (CC x TR x AP) in pelvis extending upto lower abdomen involving whole of the cervix, uterus and vagina. The lesion was involving perineal fibro-fatty tissues. Superiorly there was a focal breach in the serosal lining and loss of fat planes with the bowel loops superiorly, urinary bladder anteriorly and rectum posteriorly. Uterus and bilateral ovaries were seen partly separately from the mass. Loculated collection in adnexa with mild ascites in abdomen and pelvis.

After necessary work up exploratory laparotomy was performed. Intraoperative there was 28 weeks size mass overall, 400ml encysted tumor fluid with uterus having multiple cauliflower like growth of variegated consistency and multiple solid and cystic areas present (Figure 1), Tumor was removed as much as possible. Patient did well postoperative.



Histopathological findings were suggestive of Mixed malignant müllerian tumor of uterine corpus infiltrating into cervix. Tumor was also infiltrating into deep myometrium and replacing endometrium. Both ovaries and tubes were unremarkable uninvolved. Both parametrium were involved. Section from omentum showed inflammation but negative for tumor infiltration. She received 6 cycles of chemotherapy (Paclitaxel and Carboplatin). Patient had follow up, but died one year of completion of therapy without any further investigations .

### Discussion:

MMMT represent less than 5% of all uterine tumors [1], but are believed to be responsible for 16.4% of all deaths caused by a uterine malignancy (7). Most common age of presentation is sixth and seventh decade [8], as was in the present case. Risk factors include nulliparity, advanced age, obesity, exposure to exogenous estrogens and long-term use of tamoxifen and are comparable to those for endometrial carcinoma [9]. Exposure to the human papilloma virus, is also reported, as a aetiological variable linked to the development of MMT [10]. Present case had advanced cervical cancer and had received chemo-radiotherapy also. It is reported that 5% to 30% of patients with carcinosarcoma

have history of irradiation for pelvic pathology. But usually present after long interval interval [11]. Present case had cervical cancer and received radiotherapy too but had short interval. A typical presentation of carcinosarcoma includes pyometra with vaginal bleeding, bloody or watery discharge, abdominal pain, or as a polypoid mass in an older, postmenopausal woman [12] In the present case complaints were lower abdomen pain with lump and difficulty in micturition. Fluid in uterus gave feel of pyometra but on opening polypoidal growth was seen with fluid under and around uterus. Upto 53% of carcinosarcoma patients present with advanced-stage disease [13] as was present case.

The macroscopic histological appearance of uterine carcinosarcoma typically resembles a single polypoid mass with areas of haemorrhage and necrosis protruding into the uterine cavity [14]. In the present case there were multiple polypoidal masses with haemorrhage and necrosis.

In spite of most common presentation as advanced disease the role of vigorous cytoreductive surgery and the best chemotherapy regimen in stage IV disease is uncertain. Similarly it is unknown how multimodal therapy can be used in such cases. Present case is unusual as was advanced mixed malignant müllerian tumor of uterine corpus after a short interval of treatment of advanced cervical cancer II B.

### Conclusion

An advanced case of mixed malignant müllerian tumor of uterine corpus after having treatment of advanced cervical cancer, presented with a big lump, did well almost 1.5 year after treatment but succumbed.

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