

CASE REPORT: MYXOID SARCOMA

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BACKGROUND

Whilst benign uterine fibroids (leiomyomas) are the most common pelvic neoplasm in women, uterine sarcomas are rare, only accounting for 3% of uterine cancers but with a much poorer prognosis.¹ However, both leiomyomas and uterine sarcomas present as focal masses in the uterine myometrium.¹ Thus, clinicians are faced with the challenge of managing these patients.

CASE

A 44-year-old G2P2 pre-menopausal woman presented to the emergency department with an acute exacerbation of right loin pain radiating to her groin that had been present for 2 weeks. This was associated with increased urinary frequency, incomplete emptying, abdominal bloating, constipation and a 5kg weight gain in the last 3 months. She had a known 1-year history of a 16cm cervical fibroid which she had declined a hysterectomy for due to her ongoing desires for fertility. Her history otherwise consisted of only two previous caesarean sections. Vital signs were normal, and examination revealed a large firm suprapubic mass extending to the right iliac fossa with right flank tenderness.

CT abdomen pelvis revealed an acute right perinephric hematoma, bilateral pelvicalyceal dilatation likely secondary to a large pelvis mass measuring 116 x 180mm (94 x 143mm only two months prior) with internal septations. The uterus and bladder were compressed anteriorly. The rapid increase in size was abnormal for a regular fibroid and the internal septations were concerning for spontaneous infarction or malignancy.



Figure 1. CT abdomen and pelvis



Figure 2. CT abdomen and pelvis

The preliminary diagnosis was acute right calyceal rupture and urinary retention due to a rapid size increase of a large cervical fibroid. The patient proceeded to have insertion of a right nephrostomy tube, bilateral ureteric stents, midline laparotomy, total abdominal hysterectomy and bilateral salpingectomy.

Histopathology concluded stage 1b myxoid sarcoma (myxoid leiomyosarcoma versus myxoid endometrial stromal sarcoma). Gynaecology-oncology recommended only ongoing surveillance due to the high malignancy grade, risk of treatment-related morbidity and high recurrence rate.

DISCUSSION

Uterine leiomyosarcomas and endometrial stromal sarcomas are usually discovered post-hysterectomy for fibroids as diagnosis pre-operatively is complicated by equivocal features resembling the far more common benign leiomyomas.¹ Fibroid morcellation or myomectomy also carry risk of cancer dissemination if present, and worse prognosis.² LDH and MRI aid diagnosis but remain unreliable.² Overall, choice of surgical pathway for management of uterine masses should be patient-tailored depending on individual risk factors, suspicious clinical indicators (e.g. rapid growth on imaging) and fertility desires.

REFERENCES

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