

CASE 013

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A 40 year old female with menorrhagia and lower abdomen pain.

CLINICAL HISTORY AND IMAGING FINDINGS

A 40-years-old multiparous woman presented with chief complaints of menometrorrhagia and lower abdominal pain. A pelvic ultrasonogram revealed multiple heterogeneously hypoechoic masses in the myometrium. The largest mass measured 4.5 cm in diameter. Bilateral adnexa were unremarkable and no free fluid was observed in the peritoneal pouches. A provisional diagnosis of leiomyomata was made based on the clinical findings and the radiologic details. The patient underwent a laparoscopic total hysterectomy with bilateral salpingo-oophorectomy and the specimen was submitted for histopathologic examination at the parent institution.

PATHOLOGIC FEATURES

Macroscopic Features: The panhysterectomy specimen weighed 110 grams. The uterine corpus measured 9.0 cm x 6.6 cm x 4.5 cm and the cervix measured 2.5 cm in length and 2.0 cm in width. The cervix was tan-pink and focally congested. On opening the uterus, multiple intramural and a subserosal tan-white lobulated nodule were noted in the posterior endometrium, largest measuring 4.5 cm in the greatest dimension. The cut surfaces of nodules were tan-white to tan-grey and whorled, with no areas of softening or hemorrhage. Immunohistochemistry revealed strong immunoreactivity for smooth muscle actin (SMA) and caldesmon in the neoplastic cells. Rare neoplastic cells were immunoreactive for Ki-67 (5%), while cytokeratin (CK) and desmin were negative. Based on the morphology and limited immunoprofile, a diagnosis of smooth muscle tumor of unknown malignant potential was rendered. Three months later, the paraffin blocks were sent to CORE Diagnostics for a second histomorphologic and IHC consultation.