

Atypical presentations of Uterine Sarcomas: Diagnostoc and Therapeutic Challenges in Three Postmenopausal Patients

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INTRODUCTION:

Endometrial thickening and uterine fibroids are common findings in gynecologic practice, particularly among perimenopausal and postmenopausal women. These conditions are typically associated with benign etiologies such as hormonal imbalance, endometrial hyperplasia, or leiomyomas. However, in rare instances, such presentations may obscure aggressive malignancies like uterin sacroma which carry a unfavorable prognosis and are frequently diagnosed only after surgical intervention and histopathological evaluation. ULMS may resemble benign fibroids or endometrial thickening, while carcinosarcoma can imitate a degenerating leiomyoma on imaging. Can these seemingly benign gynecologic findings mask underlying high-grade uterine sarcomas?

METHODES AND MATERIELS:

Three postmenopausal women presented with abnormal uterine bleeding and were ultimately diagnosed with rare aggressive uterine sarcomas.

The first case involved a 58-year-old woman with general health deterioration and abdominal distension. Imaging suggested multiple large fibroids. She underwent total hysterectomy with bilateral salpingo-ophorectomy. Histopathological analysis revealed a uterine carcinosarcoma. Immunohistochemistry showed focal CD10, positive CK7, negative H-caldesmon, and a Ki-67 index of 80%. No metastatic lesions were identified.

The second case concerned a 55-year-old woman with a suspicious corporeo-cervical mass measuring 67 × 84 mm and deep myometrial invasion. Biopsy confirmed leiomyosarcoma. She underwent radical surgery. Final histology confirmed a well-differentiated leiomyosarcoma, staged pT3N0M0, with Ki-67 at 90% and negative staining for caldesmon, AE1/AE3, and CD34.

The third case involved a 68-year-old woman presenting with general health decline and fetid postmenopausal bleeding. Imaging revealed a 12 × 11 cm suspicious intrauterine pedunculated mass, which was spontaneously expelled. Histopathology confirmed a high-grade endometrial stromal sarcoma with positive CD10 staining.





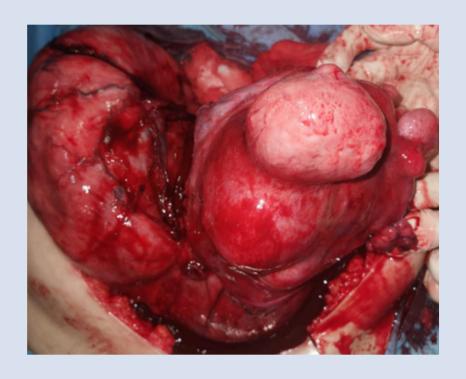
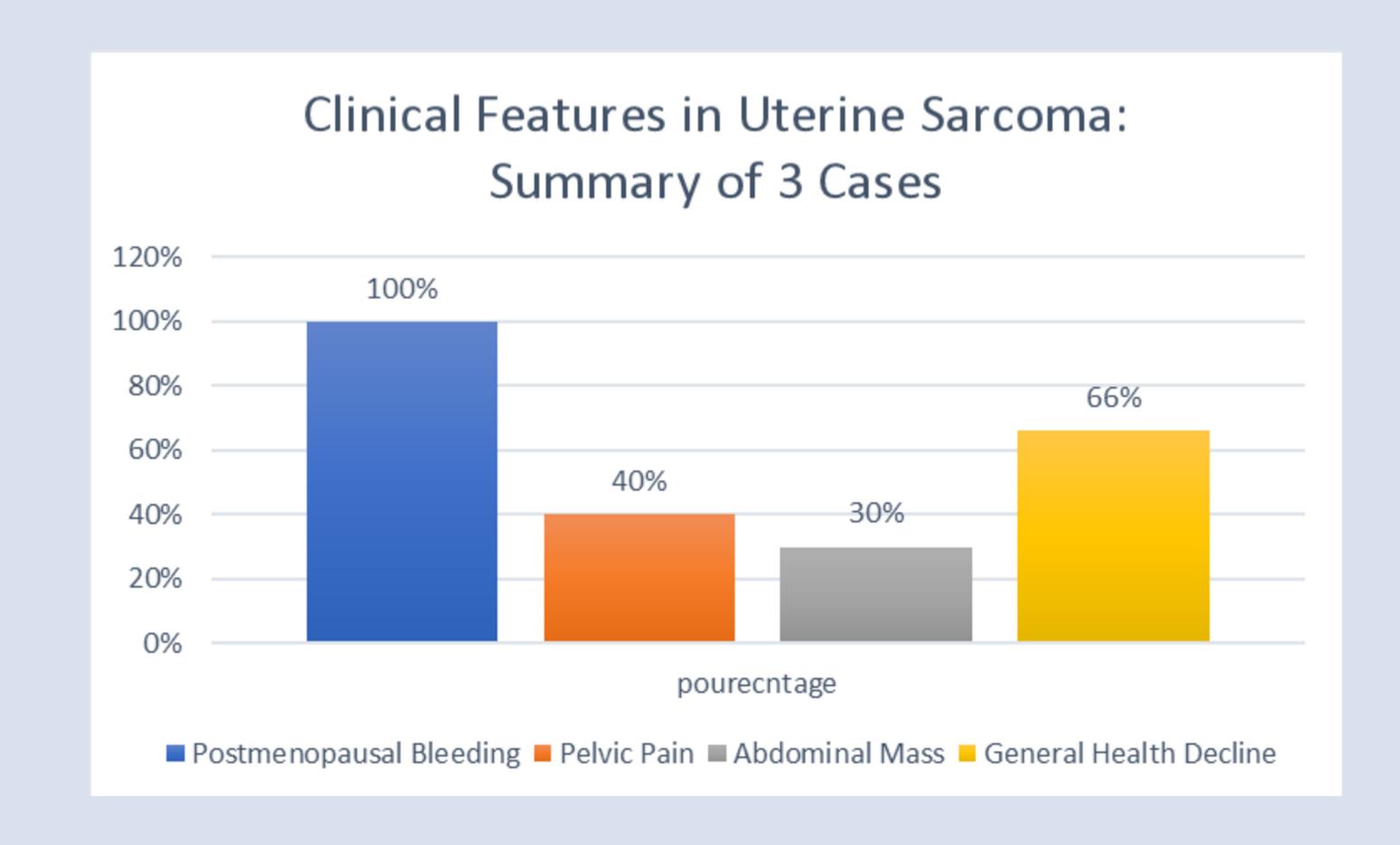


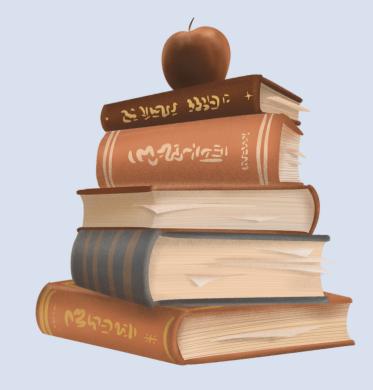
Figure 1: Intra-operative view of an enlarged uterus with multiple fibroids distorting the uterine contour.

DISCUSSION:

Uterine sarcomas can be masked by benign gynecologic conditions, as demonstrated in these three cases. The common symptoms across all cases were postmenopausal bleeding and, in two cases, a decline in general health. Imaging findings were non-specific in all but one case. Definitive diagnosis was made through histopathological examination combined with immunohistochemistry. These cases highlight how benign gynecologic findings can conceal underlying high-grade uterine sarcomas, leading to delayed diagnosis and discovery at advanced stages, where treatment becomes more challenging.



CONCLUSION:



Uterine sarcomas can present as benign gynecological conditions, often leading to diagnostic delays, as demonstrated in these cases. Postmenopausal bleeding and subtle imaging findings can mask the presence of high-grade uterine sarcomas, resulting in advanced-stage discovery. Early diagnosis, relying on histopathology and immunohistochemistry, is crucial for better prognosis and effective treatment. These cases underscore the importance of clinical suspicion and thorough investigation in postmenopausal women with abnormal uterine bleeding.