Carcinosarcoma of Uterus – A Rare Case Entity
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Abstract:
Introduction: Carcinosarcoma of the uterus is a rare and highly aggressive form of uterine cancer. Carcinosarcoma is a biphasic tumour of the female genital tract, composed of epithelial and mesenchymal tissues. Other names for carcinosarcoma in literature include malignant mesodermal mixed tumour, malignant mixed mullerian tumor and metaplastic carcinoma.
Case presentation: A 62-year-old female presented with a 2-month history of post-menopausal bleeding per vaginum. The patient did not have a history of any chronic illness or history of cancer in the family and was not receiving any medication. Patient underwent Wertheim’s hysterectomy with pelvic lymph-node clearance. The pathological findings from the hysterectomy specimen revealed carcinosarcoma (malignant mixed mullerian tumor) of uterus. Thereafter the patient was planned for radical external beam radiation therapy (EBRT) 54 Gy in 30 fractions over 6 weeks. The patient received 26 Gy in 13 fractions and thereafter was lost to follow up.

Discussion: Carcinosarcomas of uterus are highly aggressive cancers. While hysterectomy with bilateral salpingo-oophorectomy remains the mainstay treatment, high rates of recurrence and metastases suggest a need for lymphadenectomy and postoperative adjuvant treatment. More research protocols & clinical trials should be explored to improvise survival in these patients.

I. INTRODUCTION
Carcinosarcoma of the uterus is a rare and highly aggressive form of uterine cancer.¹ Carcinosarcoma is a biphasic tumour of the female genital tract, composed of epithelial and mesenchymal tissues. Other names for carcinosarcoma in literature include malignant mesodermal mixed tumour, malignant mixed mullerian tumor and metaplastic carcinoma.² The term “malignant mixed mullerian tumor” (MMMT) is derived from embryonic female genitalia. During embryo genesis, the mullerian ducts are the primordial anlage of the female reproductive tract. They differentiate to form the fallopian tubes, uterus, the uterine cervix, and the superior aspect of the vagina. A wide variety of malformations can occur when this system is disrupted.³ There are some mullerian-type carcinomas which undergo metaplastic transformation into sarcoma.⁴ Besides uterus, MMMTs have also been identified, in decreasing order of frequency in the vagina,⁵ cervix,⁶ ovary⁷, and fallopian tubes.⁸ Here we present a case of carcinosarcoma of uterus and discuss the management done.

II. CASE PRESENTATION
A 62-year-old female presented with a 2-month history of post-menopausal bleeding per vaginum. The patient did not have a history of any chronic illness or history of cancer in the family and was not receiving any medication. General physical examination and systemic examination were normal. Local examination of abdomen revealed flat abdomen with no tenderness or organomegaly and presence of bleeding per vaginum. Hematological and biochemical profile were within normal limits. Chest X-ray was also normal. Patient underwent Wertheim’s hysterectomy with pelvic lymph-node clearance. The pathological findings from the hysterectomy specimen revealed carcinosarcoma (malignant mixed mullerian tumor) of uterus. Tumor measured 8.6 cm in greatest dimension with invasion of >50% of myometrium. The tumor was staged as FIGO stage IB. Thereafter the patient was planned for radical external beam radiation therapy (EBRT) 54 Gy in 30 fractions over 6 weeks. The patient received 26 Gy in 13 fractions and thereafter was lost to follow up.

III. DISCUSSION
Carcinosarcomas of uterus are highly aggressive cancers. While hysterectomy with bilateral salpingo-oophorectomy remains the mainstay treatment, high rates of recurrence and metastases suggest a need for lymphadenectomy and postoperative adjuvant treatment. There are no standard solidarity recommendations for therapeutic patient management. Though well recognized that it improves locoregional control, the role of radiation therapy in improving overall survival outcomes remains undecided. Although various combinations of chemotherapy have been explored, an optimal therapeutic modality is yet to be determined. As overall survival rates have not improved in thirty years, it is suggested that targeted chemotherapy and/or a multimodality approach may yield better outcomes. More research protocols & clinical trials should be explored to improvise survival in these patients.

IV. REFERENCES
[5]. A. Ahuja, R. Safaya, G. Prakash, L. Kumar, and N. K. Shukla, “Primary mixed mullerian tumor of the vagina—a case

