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Case Report

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An Uterine Osteosarcoma

Kyongjin Kim*, KyoungA Kim, SangKi Hong Jumbum Moon and Taewon Jeong Jiyeon Cheon

OB/Gyn Department Jesus hospital. Jeonju, South Korea

ABSTRACT

Osteosarcoma typically originate in bones, extraskeletal osteosarcoma arise in soft tissue without attachment to the skeletal system. Primary uterine osteosarcoma is one of the extraskeletal sarcoma.

It is an extraordinarily rare, highly aggressive and poor prognosis. Less than 35 cases of primary uterine osteosarcoma have been reported. We experienced another case recently, so we report it with related papers.

***Corresponding author**

Kyongjin Kim, OB/Gyn Department Jesus hospital, Jeonju, South Korea.

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Case Report

A 58 years-old woman had been abnormal vaginal bleeding for one month. She visited out-patient despensory with atypical endometrial hyperplasia at the endometrial biopsy report from local clinic.

She had 2-0-1-2 gestation history. She had menopause at 50 years-old. She did not hormone replacement therapy. She had no history of diabetes, hypertension and tuberculosis. Family history has no cancer. Ultrasonogram showed 14 mm thickened endometrium. Tumor marker showed Ca125 as 16.9U/ml. HE4 58.7pmol/ml. Other laboratory finding was nonspecific.

We did laparoscopic assisted vaginal hysterectomy without morcellation of uterus. (Figure 1)

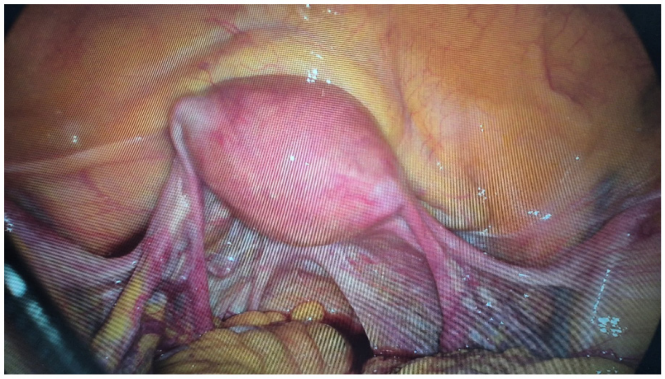


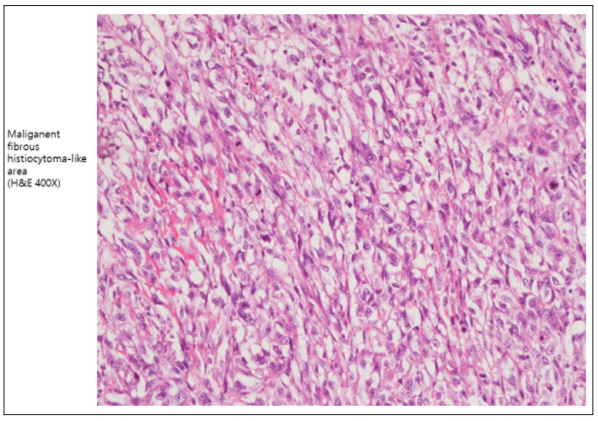
Figure 1: Laparoscopic Finding. There was Unremarkable Findings of Pelvis

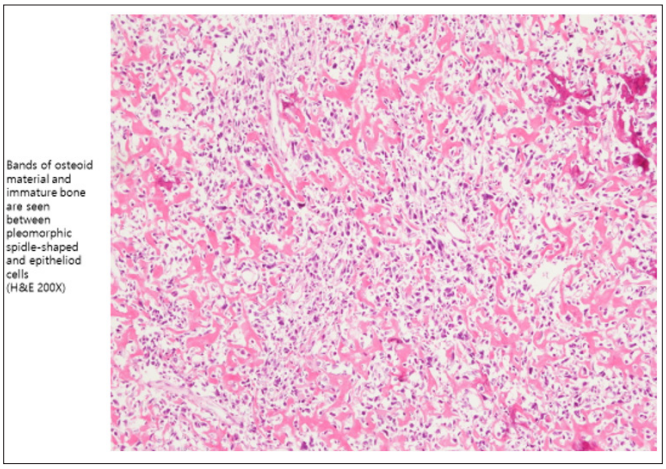
The pathologic report was osteosarcoma, There was 20/10 HPF mitosis. (Figure 2, 3)



Figure 2: The Gross Finding od Specimen. There was osteoid in Endometrial Cavity Contained about 4.5cm Sized Tumor

Figure, 3, 4 Histologic findings





After surgical resection she has had combination chemotherapy

Discussion

Uterine osteosarcoma .is a tumor composed entirely of non-native tissue like malignant bone, osteoid formation and without intrinsic epithelial components. It occurred at postmenopausal woman between 60~65 years [1,2].

They have tendency to be rapidly growing and aggressive to advanced stage at presenting. Thay have high tendency for local recurrence and early metastasis to the lung, liver or peritoneum. [3].

The clinical manifestations are abnormal vaginal bleeding, pelvic and abdominal pain enlarged uterine tumor and foul-smelling discharge or pressure symptoms. Vaginal bleeding is the most common chief complaint especially postmenopausal bleeding. Pain caused by rapid growth or tissue necrosis. Smelling discharge and pressure due to erosion or cervical protrusion [4].

Pathologic diagnostic criteria is microscopic proof of malignant osteoblasts producing osteoid/bone tissue within the tumor matrix. We need to rule out carcinosarcoma (MMMT) from osteosarcoma. It contains osteosarcomatous components alongside epithelial carcinoma. There is no osteosarcoma elsewhere in the skeleton in imaging study of CT/PET

There is no standardized guideline for treatment and management of osteosarcoma because of its extreme rarity' Total abdominal hysterectomy with bilateral salpingoophorectomy is the primary surgical goal when the disease is localized.

Combining chemotherapy agents (doxorubicin, ifosfamide, cisplatin) are frequently utilized and emerging combinations with targeted therapy or immunotherapy are under study for metastatic cases [5].

The uniqueness of this paper is the osteosarcoma. We did hysterectomy to prevent endometrial cancer from atypical endometrial hyperplasia. but instead of endometrial cancer, uterine sarcoma was detected.

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