



A case of mesonephric carcinoma in the uterine corpus

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Objective

To present a case report of mesonephric carcinoma. These tumors are rare in the female genital tract and usually are found in sites where embryonic remnants of wolffian ducts are detected, such as in the cervix, in broad ligament and exceptionally rarely in the uterine corpus. According to the literature, there are only 40 cases of this tumor reported. The clinical symptoms associated with mesonephric carcinoma are not specific. The growth of the tumour in the uterine cavity may cause abnormal vaginal bleeding and abdominal pain. A transvaginal scan may reveal deformation of an enlarged uterus as the tumors are widely infiltrative and often extend deeply. However, in order to obtain a definite diagnosis, tumour tissue must be obtained through dilation and curettage. One of the most characteristic features of a mesonephric adenocarcinoma is that it exhibits a mixture of morphologic patterns. Therefore they are often confused with serous, clear cell or endometrioid adenocarcinomas.

Methods

This is a case report.

Results

A 44 year old multigravida female was admitted to our Unit due to abnormal vaginal bleeding between menstrual periods the last 4 years. The physical examination was normal, and the bimanual vaginal examination revealed that the uterus was anteverted and large. The last smear test was normal. Hct was 24, 1% and Hb 7.8 gm/dl. The serum levels of CA125 were slightly increased. A pelvic ultrasound indicated an enlarged uterus with endometrial thickness of 20 mm and mild hydronephrosis on the left kidney. The Urologists excluded the compression of the urinary tract organs as a cause of hydronephrosis. Based on the dilation and curettage pathology report, a diagnosis of mesonephric carcinoma was considered. MRI revealed abnormal signal enhancement in the uterine cavity. In addition, a few small lymph nodes were found around the iliac vessels and in the groin. The chest CT scan was normal. She was finally referred to a specialized Gynecologic Oncology Center for radical hysterectomy, bilateral salpingo oophorectomy, pelvic lymph node dissection and further management.

Conclusion

Due to the limited number of cases reported so far, prognosis cannot be accurately predicted but it seems that mesonephric carcinomas carry a poor prognosis. Women with stage I have a recurrence rate of 32% and a mean recurrence interval of 24 months. In most cases, radical hysterectomy, bilateral salpingo oophorectomy and pelvic lymph node dissection in combination with adjuvant chemotherapy seem to be effective. Further research is required to provide evidence of the effectiveness of the treatment because no standard surgical guidelines to treat this condition have been established yet.