



Clinical images

Uterine tumor resembling ovarian sex cord tumors diagnosed after resectoscopic operation in a 37-year-old woman



Bao-Liang Lin*, Keiko Tsuchiya, Mariko Tomosaka, Midori Okochi

Department of Obstetrics and Gynecology, Kawasaki Municipal Hospital, Kawasaki, Japan

ARTICLE INFO

Article history:

Received 19 November 2013

Accepted 7 February 2014

Available online 29 April 2014

Uterine tumors resembling ovarian sex cord tumors are very rare neoplasms with uncertain malignancy.^{1–3} Many of the patients diagnosed with these tumors are in the fourth to sixth decade of life. In most instances the diagnosis is made incidentally after a hysterectomy as a result of the assumption of a myoma.⁴ We report here

the case of a 37-year-old woman with uterine tumors resembling ovarian sex cord tumors diagnosed after a resectoscopic operation.

A 37-year-old woman, gravida 2 para 2, with heavy periods and severe anemia (hemoglobin 5.5 g/dL) was referred from another hospital. A previous magnetic resonance imaging scan showed a 57.3 mm × 44.9 mm × 50.8 mm tumor. Hysteroscopic examination (Figs. 1 and 2) followed by a vaginal ultrasound showed a pedunculated intrauterine tumor.

The presumptive diagnosis was a submucous myoma. We scheduled the patient for a resectoscopic myomectomy. After pre-treatment of the patient with four doses of 1.88 mg leuprolide acetate (Lupron, Takeda Chemical Industries, Osaka, Japan), a resectoscopic operation using the technique of Lin et al⁵ was performed. During the operation we found that the consistency of the tumor was soft and that the cleavage between the tumor and the myometrium was not clear. Dissection of the tumor from the normal myometrium was difficult and, consequently, the tumor could not be removed completely. The specimen removed weighed

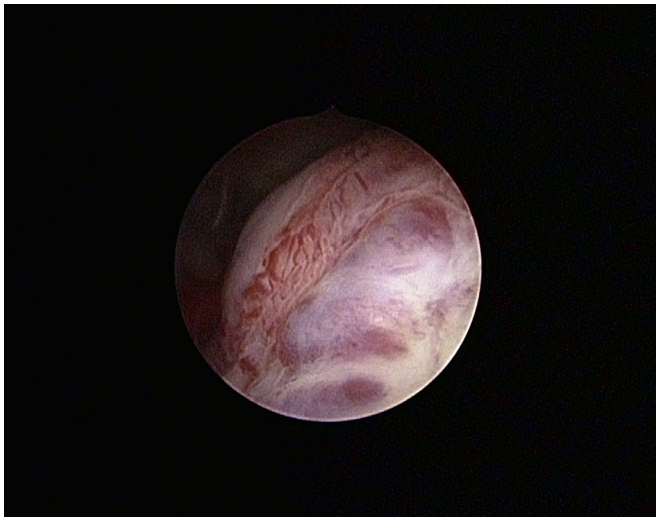


Fig. 1. Hysteroscopic view of the tumor. A round-shaped tumor with engorgement of the superficial vessels is found.



Fig. 2. Hysteroscopic view of the tumor. A pedunculated tumor protruded from the posterior uterine wall with enlarged blood vessels.

Conflicts of interest: The authors declare no conflicts of interest relevant to this article.

* Corresponding author. Department of Obstetrics and Gynecology, Kawasaki Municipal Hospital, 12-1, Shinkawadori, Kawasaki-Ku, Kawasaki 210-0013, Japan.
E-mail address: Lin@beige.ocn.ne.jp (B.-L. Lin).

17 g. The operation lasted 63 minutes and a fluid deficit of 900 mL was recorded. The pathological diagnosis was uterine tumors resembling ovarian sex cord tumors. At the patient's request, a total abdominal hysterectomy was performed at another hospital.

References

1. Biermann K, Heukamp LC, Buttner R, Zhou H. Uterine tumor resembling an ovarian sex cord tumor associated with metastasis. *Int J Gynecol Pathol*. 2008;27: 58–60.
2. Aziz O, Giles J, Knowles S. Uterine tumors resembling ovarian sex cord tumors: a case report. *Cases J*. 2009;2:55.
3. Stefanovic A, Jeremic K, Kadija S, et al. Uterine tumor resembling ovarian sex cord tumor. Case report and review of literature. *Eur J Gynaecol Oncol*. 2013;34: 275–277.
4. Garuti G, Gonfiantini C, Mirra M, Galli C, Luerti M. Uterine tumor resembling ovarian sex cord tumors treated by resectoscopic surgery. *J Minim Invasive Gynecol*. 2009;16:236–240.
5. Lin BL, Higuchi TY, Yabuno A, et al. One-step hysteroscopic myomectomy using Lin dissecting loop and Lin myoma graspers. *Gynecol Minim Invasive Ther*. 2012;1:27–33.