

Clinical Image

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Adenoma malignum: A rare uterine malignancy

***Corresponding Author: Charanjeet Singh**

Assistant Professor, Yale University School of
Medicine, USA.

Email: charanjeet.singh@yale.edu

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Description

A 71-year-old G2P2 female with a history of HIV, hypertension, pre diabetes, obesity, and sleep apnea presents with multiple episodes of vaginal bleeding, abdominal pain and unintentional weight loss for two months.

A transvaginal and transpelvic ultrasound was performed, which demonstrated a lobulated heterogenous multicystic-solid mass with internal vascularity in the region of cervix. Based on the imaging findings imaging diagnosis of Adenoma Malignum was suggested. She underwent CT scan and MRI pelvis confirming the findings of a lobulated heterogenous multicystic-solid mass in the lower uterine segment/cervix with extension into the adjacent vaginal wall. There was suggestion of parametrial invasion and enlarged lymph nodes along pelvic walls and at aortic bifurcation.

She underwent neoadjuvant chemotherapy followed by hysterectomy, bilateral salpingo-oophorectomy, distal omentectomy, lymph node dissections, posterior vaginal resection and tumor debulking.

The histopathology report confirmed this to be Adenoma Malignum, also known as minimal deviation adenocarcinoma, is a rare subtype of mucinous adenocarcinoma of the cervix [1-4]. Its prevalence is very low; about 1.3% [5,6] of cervical adenocarcinomas, often associated with Peutz–Jeghers syndrome and mucinous tumors of the ovary [1-4]. The most common initial symptom is watery vaginal discharge.

On Ultrasound (US) and Magnetic Resonance Imaging (MRI) it appears as a multilocular lesions with solid components arising from the endocervical glands to the deep cervical stroma. Internal vascularity seen on the color doppler imaging [7-9]. The characteristic MRI findings of adenoma malignum may be useful in early diagnosis [1-4]. However, in recent years, there have been reports describing benign glandular lesions being confused histologically and radiologically with adenoma malignum [10-12]. It can be a large heterogeneous aggressive mass obliterating uterine architecture [13].

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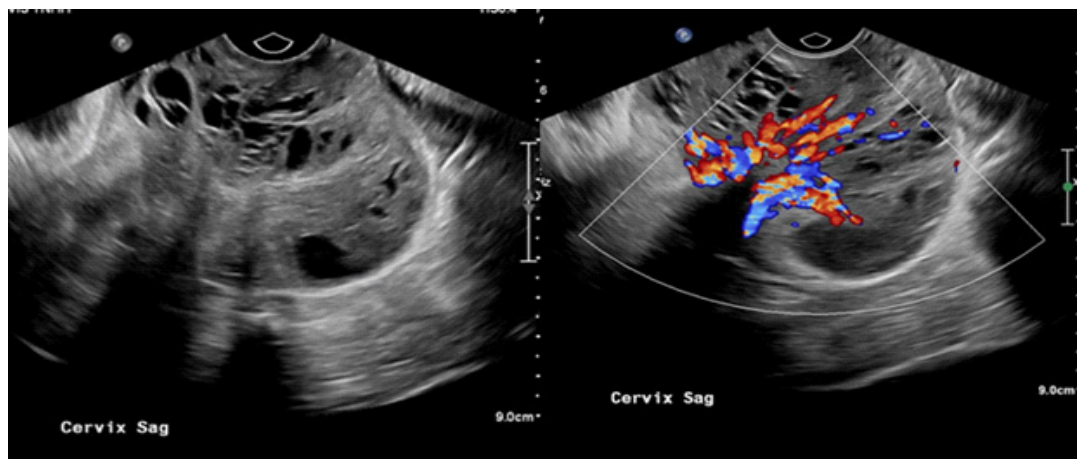


Figure 1: A transvaginal and transpelvic ultrasound demonstrates a lobulated heterogenous multicystic-solid mass with internal vascularity in the region of cervix.

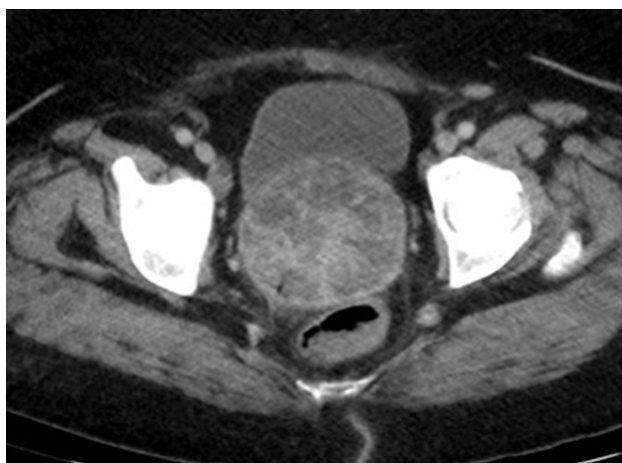


Figure 2: Post contrast axial CT image shows a lobulated heterogenous multicystic-solid mass in the lower uterine segment/cervix with extension into the adjacent vaginal wall.

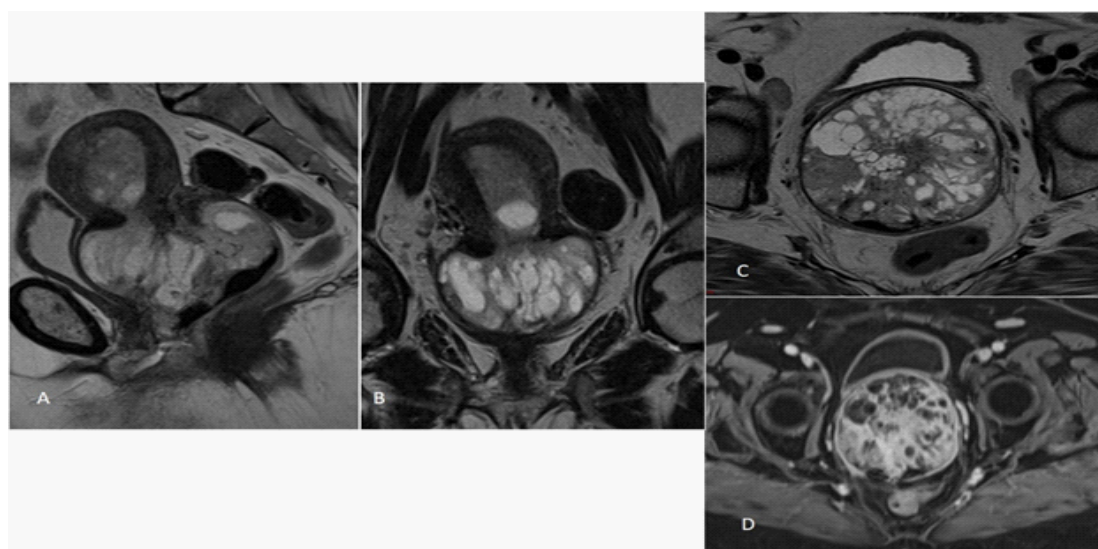


Figure 3: Sagittal, coronal and axial T2W images (A-C) show a lobulated heterogenous multicystic-solid mass in the lower uterine segment/cervix with extension into the adjacent vaginal wall. There is heterogeneous enhancement of the post contrast axial T1W image (D).

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