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Postoperative discovery of a uterine sarcoma

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Image in medicine

A 42-year-old female patient, with no significant past medical history and mother of three children born vaginally, presented to our emergency department with chronic pelvic pain that had been developing for several days without any other accompanying symptoms. On clinical examination, the patient was in good general condition and hemodynamically stable. Abdominal examination revealed a palpable, non-tender pelvic mass. Speculum examination showed a macroscopically normal cervix with signs of intrauterine bleeding. Breast examination was normal. An urgent beta-hCG test was negative. A transabdominal and transvaginal pelvic ultrasound showed an enlarged uterus containing a 10 cm intramural fibroid in the

fundus, without any signs of atypia. The patient was discharged with analgesics and a pre-anesthetic consultation appointment for a possible hysterectomy. The patient returned for consultation after 3 days with heavy menorrhagia and severe anemia (hemoglobin = 5 g/dL). The decision was made to hospitalize the patient, administer intensive care, and receive a transfusion of isogroup and isorhesus packed red blood cells, followed by a laparoscopic hysterectomy. During the procedure, the surgeon noticed an unusual whitish appearance of the fibroid. He decided to perform an adnexectomy and await the results of the final histopathological examination of the surgical specimen. The histopathological examination confirmed a uterine sarcoma, and the case was discussed at a multidisciplinary team meeting. A thoracoabdominopelvic CT scan, ordered as part of the staging workup, came back normal. The patient underwent a second bilateral adnexectomy and received a chemotherapy protocol with a good outcome.

Figure 1: intraoperative findings of a uterine sarcoma