INTRODUCTION

Adenomatoid tumor is a rare benign proliferation of gland-like structures arising from the genital tract of both females and males, the fallopian tubes and uterus being the most common sites in females. We investigated a uterine tumor in a 43-year-old woman.

CASE REPORT

A 43-year-old, previously healthy woman was referred to hospital because of recent onset of menorrhagia. Physically, the uterus was firm and slightly enlarged. Hysterectomy with conservation of the adnexa was performed after laparotomy.

The hysterectomy specimen revealed a uterus without macroscopically obvious leiomyomas, but one nodule 2 cm in diameter was observed with ill-defined borders, merging within the myometrium, a picture resembling leiomyoma. It was grayish-brown (Figure 1). Histological examination of this intramural lesion showed gland-like structures in clusters like ectatic vascular spaces, with hyperplastic smooth muscles around these structures (Figure 2). They were lined with a single layer of cuboidal or flattened cells without atypia. There were mild to moderate chronic inflammation and focal hemorrhagic areas within this tumor. Immunohistochemical study revealed cytokeratin (NeoMarkers) and calretinin (NeoMarkers) positivity in glandular structures, and CD34 (NeoMarkers) and CD31 (NeoMarkers) were negative in the tumor. The endometrium was in the proliferative phase and minimal inflammation was observed in the cervix.

One year after surgery, she is well and without evidence of recurrence.

Figure 1: The cut surface of the macroscopic appearance of the adenomatoid tumor

ABSTRACT:

Adenomatoid tumors are benign tumors originating in the mesothelium. They are mostly underdiagnosed as they simulate leiomyoma in the uterus. We present a 43-year-old woman admitted to hospital due to menorrhagia. Her examination revealed an intramurally located, ill-defined uterine mass diagnosed as an adenomatoid tumor.

Key words: Adenomatoid Tumor, Uterus, Mesothelium, Immunohistochemistry

UTERUSTA İNTRAMURAL YERLEŞİMLİ ADENOMATOİD TÜMÖR: BİR OLGU SUNUMU

ÖZ:

Adenomatoid tümörler benign karakterde mezotelden köken alan tümörlerdir. Çoğunlukla uterusta leiomyom olarak yanlış tanı alırlar. Burada, 43 yaşında kadın hasta menorrhaji nedeniyle hastaneye başvurmuştur. İnceleme sonrası; uterusta intramural yerleşimli, çevre dokudan düzensiz sınırla ayrılan, adenomatoid tümör olarak tanı alan kitle gözlenmiştir.

Anahtar Kelimeler: Adenomatoid Tümör, Uterus, Mezotel, İmmünhistokimya

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Uterine location, in particular the intramural types, is often accompanied by smooth muscle, which usually represents entrapped myometrium permeated by the adenomatoid tumor. In some instances, this type simulates a leiomyoma. The presence of inflammation, as in our case, was observed in up to 80% of cases in the literature. Identification of these tumors needs immunohistochemistry like cytokeratins, or mesothelial markers, since they appear only in empty spaces within the myometrium. Typical circumscribed gross appearance, the bland cytologic features, and lack of mitosis allow distinction from malignant tumors. Multiplicity and multifocality are unusual. Titman found 12 uteri containing adenomatoid tumors in a series of 1000 hysterectomy specimens (1.2%) in contrast to only 1 tubal adenomatoid tumor in the same series. We found only one adenomatoid tumor in 100 uteri retrospectively, a frequency of 1% in our series. This was similar to a previous prospective study, which reported a frequency of 1% in 100 consecutive hysterectomy specimens.

Here, we reported a very rare case of adenomatoid tumor located intramurally, which is a rare benign histologic process.

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