Cukurova Medical Journal
ÇUKUROVA ÜNİVERSİTESİ TIP FAKÜLTESİ DERGİSİ

Cukurova Med J 2017;42(2):394-395
DOI: 10.17826/cutf.323163

EDİTÖRE MEKTUP / LETTER TO THE EDITOR

A rare cause of adnexal mass: chondrosarcoma

Nadir görülen bir adneksiyal kitle nedeni: kondrosarkom

Murat Dede[1], Mehmet Ferdi Kıncı[1], Serkan Bodur[1], Müfit Cemal Yenen[1], Ramazan Erda Pay[1], Ali Fuat Çiçek[1]

[1]Gülhane Military Medical Academy, Department of Obstetrics and Gynecology, Ankara, Turkey

Cukurova Medical Journal 2017;42(2):394-395

Dear Editor,

Although metastases are rarely seen in the female genital system, ovary involvements are common in the presence of pelvic metastasis. Uterine tumoral involvements occur usually when the neighboring organ tumors spread or more often in advanced stage ovarian tumors[1], but distant organ metastases can also be seen rarely[2]. Metastasis to the uterus is mostly reported in breast, stomach and colon cancers[3]. For this reason, a multidisciplinary approach is necessary in the diagnosis and treatment of a pelvic mass. Chondrosarcoma is a malign tumor developing from hyaline cartilage matrixes and chondrocytes and involving mostly the proximal femur and proximal humerus[4]. We share here our experience with a patient who had been referred to us from an external clinic with a pelvic mass complaint and whom we diagnosed with metastatic myxoid chondrosarcoma of extragenital origin. A 61-year-old female patient with whom we had linguistic cooperation difficulty presented to the hospital with an abdominal pain localized at the bilateral lower quadrant. Her anamnesis involved an operation with an unspecified diagnosis she had undergone twice in 2008 and 2011 on her front thoracic wall. Her gynecological examination and transvaginal ultrasound revealed a mass approximately 76*62 mm in size with a heterogeneous appearance that was localized behind her uterus and displaced it. CA-15-3: 57.2 U/ml and CA-125: 313.4 U/ml were found in the biochemical analysis. In her Positron Emission Tomography (PET), a cystic mass with a high potential of primary malignity was seen in the posterior of her uterus, lymph nodes with a high potential of metastasis in her pararectal and paracolic regions, and sites showing increased metabolic activity in the soft tissue neighboring her right atrium. These findings suggested general malignity and resulting metastases. Our exploration for any cardiac metastasis using Cardiac Magnetic Resonance exhibited a complicated cystic lesion 4*6*8 cm in size with lobule contours, which was localized at the right cardiophrenic angle and contained multiple internal septations, and this was found significant with respect to metastasis. The patient was administered exploratory laparotomy. During exploration, a mass around 10 cm in size was seen neighboring the posterior wall of the uterus. Although the frozen section assessment of the mass confirmed presence of malignity, it did not show at first sight any signs suggesting ovarian pathology. The patient was administered pararectal tumoral mass excision, total abdominal hysterectomy, bilateral salpingoophorectomy, total omentectomy, right subhepatic tumoral implant excision and appendectomy. After normal follow-up, the pathology was assessed as myxoid chondrosarcoma. The omentum, paracolic areas and cervix were found to be infiltrated by the tumor and chemotherapy was planned for the patient after examining her for any cardiac metastasis.

Intervention to a pelvic mass is a difficult process that concerns many departments including gynecology, general surgery, and urology. When making an initial diagnosis, primary gynecologic,

Yazışma Adresi/Address for Correspondence: Dr. Mehmet Ferdi Kıncı, Gülhane Military Medical Academy Department of Obstetrics and Gynecology, E-mail: drferdikinci@gmail.com
Geliş tarihi/Received: 16.07.2016 Kabul tarihi/Accepted: 07.09.2016

urologic, and GIS-related malignity as well as any metastasis associated with such malignity should be considered. Additionally, an intraoperative frozen section examination should alwaysbe carried out.

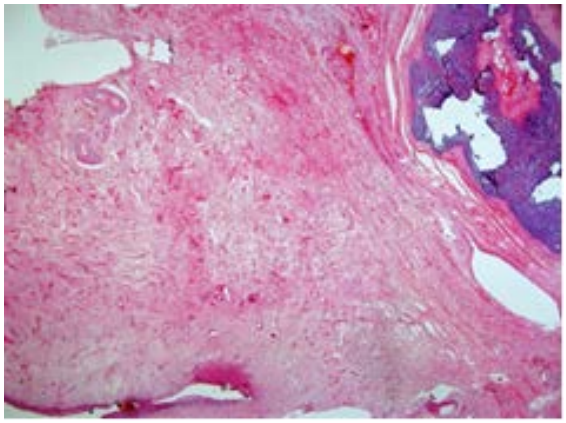

Figure 1: Revealed chondromatoz tumor infiltrating uterin cerviks wall. Infiltrating tumor at the upper right and squamous epitelium of cervix at the bottom were seen. (20* H&E)

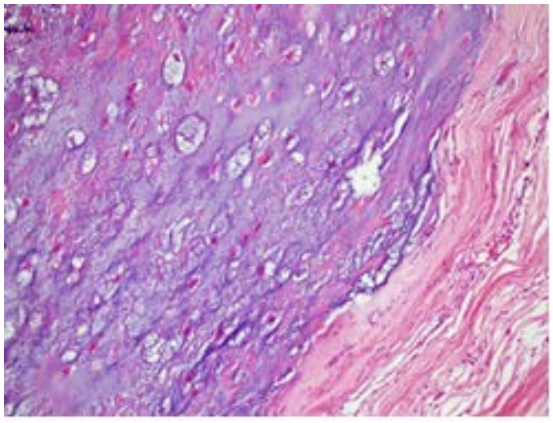

Figure 2 : The tumor cells with eosinofilic nuclei were embedded in a basofilic chondromixoid stroma (arrows) (200 H*E). At higher magnification it was seen that the tumor was composed of was atypical cells,with eosinophilic, nuclei embedded in a chondromoxoid stroma (arrows)

REFERENCES

1. Fitzpatrick M, Pulver T, Klein M, Murugan P, Khalifa M, Amin K. Perivascular epithelioid cell tumor of the uterus with ovarian involvement: a case report and review of the literature. Am J Case Rep. 2016;17:309-14.
2. Tamás J, Vereczkey I, Tóth E. Metastatic tumors in the ovary, difficulties of histologic diagnosis. Magy Onkol. 2015;59:205-13.
3. Tempfer CB, El Fizazi N, Ergonenc H, Solass W. Metastasis of ovarian cancer to the breast: a report of two cases and a review of the literature. Oncol Lett. 2016;11:4008-12.
4. Enzinger FM, Shiraki M. Extraskeletal myxoid chondrosarcoma. an analysis of 34 cases. Hum Pathol. 1972;3:421-35.