

MESONEPHRIC ADENOCARCINOMA OF THE UTERINE CERVIX: A CASE REPORT

UTERİN SERVİKSİN MEZONEFRİK ADENOKARSİNOMU:OLGU SUNUMU

Cigdem Kılıç¹, Günsu Kimyon Comert¹, Baran Yeşil¹,
Osman Türkmen¹, Alper Karalok¹, İsin Ureyen², Tolga Tasci¹,
Gökhan Tulunay¹, Dilek Bulbul³, Taner Turan¹

ABSTRACT

Mesonephric carcinomas, which derive from the remnants of the paired mesonephric (Wolfian) ducts, are a rare subtype of epithelial tumors of the uterine cervix. Because of the few cases reported in literature; the therapy, prognosis and outcome are still not clear. 52 years old women underwent a type III radical hysterectomy, bilateral salpingo-oophorectomy and bilateral pelvic lymph node dissection because of the cervical cancer was presented in our report. Mesonephric adenocarcinoma with no lymph node metastasis, no parametrial tumoral spread and free surgical margins were reported in certain pathology. She did not receive adjuvant therapy. She has been followed-up for 2 years without recurrence.

Key Words: Mesonephric carcinomas, Adenocarcinoma, Uterine cervix, Prognosis

ÖZET

Mezonefrik karsinom mezonefrik (Wolf) kanalların kalıntılarından köken almakta olup servikal epitelyal tümörlerin nadir bir alt tipidir. Literatürde az sayıda hasta olduğundan; tedavi, prognoz ve sonuçlar hala net değildir. Bu makalede; 52 yaşında, servikal kanser nedeniyle tip III radikal histerektomi, bilateral salpingooferektomi ve bilateral pelvik lenf nodu disseksiyonu uygulanmış hasta sunuldu. Patoloji sonucu servikal mesonefrik adenokarsinom olarak rapor edilen hastada lenf nodu tutulumu, parametrial tutulum ve cerrahi sınırlarda tumor yoktur. Adjuvan tedavi uygulanmamıştır. Hasta 2 yıldır hastalısız ve rekürrensiz takip edilmektedir.

Anahtar Kelimeler:Mezonefrik karsinom, Adenokarsinom, Serviks, Prognoz

Geliş Tarihi: 14/03/2017

Kabul Tarihi: 01/08/2017

¹Etlik Zubeyde Hanim Women's Health Teaching and Research Hospital, Gynecologic oncology division, Ankara, Türkiye

²Antalya Training and Research Hospital, Clinic of Gynecology and Obstetrics, Gynecological Oncology Division, Antalya, Türkiye

³Antalya Training and Research Hospital, Clinic of Gynecology and ObstetricsEtlik Zubeyde Hanim Women's Health Teaching and Researching Hospital, Pathology Division, Ankara, Türkiye

İletişim: Dr. Çiğdem Kılıç

Etlik Zubeyde Hanim Women's Health Teaching and Research Hospital, Gynecologic Oncology Division, Ankara, Türkiye

Tel: 0 312 3220 180

E-posta: cigdemkilic2002@gmail.com

Introduction

Cancer of the uterine cervix is the third most common cancer in women worldwide. Squamous cell carcinoma and adenocarcinoma are the most diagnosed histological subtypes of cervical cancers. Mesonephric adenocarcinoma is a rare subtype of cervical adenocarcinoma. It is derived from remnants of the paired mesonephric ducts. It is difficult to distinguish the mesonephric type from other adenocarcinomas, morphologically. Therefore, immunohistochemical assessment may be required.

Because of limited current data, the incidence, prognosis and optimal treatment of this tumor are difficult to determine. In this report it was summarized a case with cervical mesonephric adenocarcinoma.

Presentation of Case

The patient aged 52 with gravida 2 and parity 2 presented with malodorous vaginal discharge to outpatient clinic of another center. She was referred to our hospital because of the abnormal cytology of cervix reported as an adenocarcinoma or undifferentiated squamous cell cancer. Her medical history was unremarkable. A 4 cm cervical mass with polypoid elongation was found in gynecological examination. The pathologic result of tumoral biopsy was indicated as a high grade adenocarcinoma. Pelvic examination under general anesthesia demonstrated free parametrium and FIGO clinical Stage IB2 cervical cancer. Radiological imaging also supported clinical findings. The patient underwent type III radical hysterectomy with bilateral salpingo-oophorectomy and bilateral pelvic lymph node dissection. Final pathology result showed

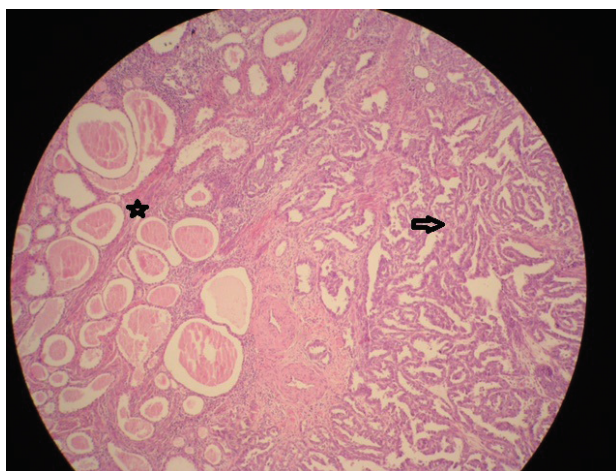


Figure 1• Mesonephric adenocarcinoma of the uterine cervix (Hematoxylin&eosin stain x20; mesonephric hyperplasia (*star mark*) and carcinoma component (*arrow mark*) of the tumor were shown.

mesonephric adenocarcinoma of cervix (Figure 1). The tumor invaded more than half the thickness of cervical stroma. There were no lymphovascular space invasion, no lymph node metastasis, no parametrial tumoral spread and free surgical margins. She did not receive any adjuvant therapy. She has been followed-up for 24 months without recurrence.

Discussion

Remnants of mesonephric (Wolfian) duct are determined up to 22% of adult female cervix [2]. A mesonephric adenocarcinoma of cervix arises from these remnants, mostly in lateral wall of the cervix. This type of cervical cancer is a very rare with only 40 cases has been reported on the literature [3].

Mostly the first symptom of this cancer is postmenopausal bleeding. Additionally, many cases are diagnosed incidentally by either cone biopsy or pathological evaluation of hysterectomy specimen. Rarely, the first finding can be abnormal cervical smear [3].

Its' pathological diagnose is difficult. Because a mesonephric adenocarcinoma of cervix exhibits a mixture of morphologic patterns, thus they are frequently confused with other adenocarcinomas. Mesonephric neoplasm tends to be adjacent to mesonephric glandular hyperplasia areas [4]. Finding of hyperplasia is not related to poor prognosis even if deep infiltration is detected [2]. Nuclear atypia, increased mitotic activity (>10/ high power field), lymphovascular space invasion and necrotic luminal debris are discriminating factors of adenocarcinoma. Mesonephric adenocarcinoma has some immunohistochemical features for differential diagnosis. Some of them include positivity for CK7, CAM5.2, EMA and reactivity for CD10, calretinine, vimentin and negativity of carcinoembryonic antigen (CEA), CK20, ER and PR [2].

Despite cervical squamous cell carcinoma and cervical adenocarcinoma related with human papillomavirus infection, it was shown that mesonephric adenocarcinoma of cervix is not related to human papillomavirus infection [5, 6].

In a review of the literature, Dierickx *et al.* showed that the majority of patients (72%) were diagnosed at stage IB [3]. Most of these patients treated with hysterectomy and bilateral salpingo-oophorectomy with pelvic lymphadenectomy [3]. The biologic behavior and treatment strategies of this unusual tumor remain uncertain with some mesonephric adenocarcinomas displaying an aggressive clinical course [7]. Prognosis of cervical mesonephric adenocarcinoma cannot be predicted accurately because of small number of cases. However, it seems to be carrying a worse prognosis.

Conclusion

Mesonephric adenocarcinoma of the cervix is a rare tumor that is difficult to diagnose. At present, there is no consensus on a standardized treatment protocol for malignant mesonephric tumors of the cervix. As there are no definitive recommendations of a particular course of therapy for this uncommon disease, it would be reasonable to manage patient with mesonephric adenocarcinoma of the cervix according to current guidelines for cervical adenocarcinoma of similar stage and pathologic findings. Although prognosis of mesonephric adenocarcinoma remain uncertain, it seems to be carrying an aggressive behavior. The present case reveals that; cervical mesonephric adenocarcinoma can be managed likewise adenocarcinoma of cervix, successfully.

References

- Holland-Frei. Histological classification of epithelial tumors. In: Kufe DW, Pollock RE, Weichsellbaum RR, et al. eds. Cancer Medicine. 6th edn. Hamilton (ON): BC Decker, 2003.
- Yap OW, Hendrickson MR, Teng NN, Kapp DS. Mesonephric adenocarcinoma of the cervix: a case report and review of the literature. *Gynecol Oncol*, 2006; 103(3): 1155-8.
- Dierickx A, Göker M, Braems G, Tummers P, Van den Broecke R. Mesonephric adenocarcinoma of the cervix: Case report and literature review. *Gynecol Oncol Rep*, 2016; 17: 7-11.
- Fukunaga M, Takahashi H, Yasuda M. Mesonephric adenocarcinoma of the uterine cervix: a case report with immunohistochemical and ultrastructural studies. *Pathol Res Pract*, 2008; 204(9): 671-6.
- Kenny SL, McBride HA, Jamison J, McCluggage WG. Mesonephric adenocarcinomas of the uterine cervix and corpus: HPV-negative neoplasms that are commonly PAX8, CA125, and HMGA2 positive and that may be immunoreactive with TTF1 and hepatocyte nuclear factor 1-beta. *Am J Surg Pathol*, 2012; 36(6): 799-807.
- Park KJ, Kiyokawa T, Soslow RA, Lamb CA, Oliva E, Zivanovic O, Juretzka MM, Pirog EC. Unusual endocervical adenocarcinomas: an immunohistochemical analysis with molecular detection of human papillomavirus. *Am J Surg Pathol*, 2011; 35(5): 633-46.
- Sedlis A, Bundy BN, Rotman MZ, Lentz SS, Muderspach LI, Zaino RJ. A randomized trial of pelvic radiation therapy versus no further therapy in selected patients with stage 1B carcinoma of the cervix after radical hysterectomy and pelvic lymphadenectomy: A Gynecologic Oncology Group Study. *Gynecol Oncol* 1999; 73:177-83.

