CASE REPORT OF Rhabdomyosarcoma of Uterine Cervix in a 16 Year Old Girl

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ABSTRACT

Rhabdomyosarcoma (RMS) is the soft tissue tumor derived from (formed from) embryonic primary mesenchyme. Neck, head and genitourinary region are the common locations that are affected by this disease. This study reports a 16 years old girl presented with vaginal bleeding and irregular menstruation. Biopsy results showed rhabdomyosarcoma. 2 Ultrasounds and MRI were performed and revealed two solid mass in size of 50 x 80 in the lower uterine cervix. Then based on diagnosis of 15 course chemotherapies and abdominopelvic CT scan it is illustrated that the mass puts pressure on the rectum and bladder. Therefore considering lack of adequate clinical response she underwent a total hysterectomy.

Keywords: Cancer, Rhabdomyosarcoma, Hysterectomy

INTRODUCTION

Rhabdomyosarcoma (RMS) is the soft tissue tumor derived from embryonic primary mesenchyme. While embryonic rhabdomyosarcoma is the most common subtype, the uterine rhabdomyosarcoma is rare (Bernal et al., 2004). The uterine sarcoma is considered as a rare tumor (0.64 cases per 100000 women), with approximately a total malignancy of 6% (Brand et al., 1987). There have been 60 reported cases (Daya and Scully, 1988).

Women in middle ages have higher incidence rates, showing vaginal painful bleeding, hypogastrial pains and larger uterine sizes in physical examinations (Kaserer et al., 1995). A 16 years old girl from north of Golestan province referred to 5 Azar Hospital in Gorgan. The patient has suffered from the pain in hypogastria area from 3 years ago and since last year she had acute vaginal bleeding and after a while a mass had been created in vaginal area.

The red color mass was small and painful while being touched or walking. The mass was little injured and bleeding.

The pain was along with stings and did not spread into the pelvis and legs. The patient was admitted to a hospital in Mashhad and undergone a surgery, mass were taken and sent to pathobiology. Finally, uterine rhabdomyosarcoma was reported. The patient had no history of certain diseases such as asthma, diabetes, hepatitis, HIV and IHD.

Patient’s mother and sister had no problem in their menstruation.

The patient disclaimed that she had severe vaginal bleeding for 2 days, and the bleeding was more than a menstrual, and was associated with clots, when admitted to the hospital. 2 Ultrasounds and MRI was performed and revealed two solid mass in size of 50 x 80 in the lower uterine cervix. CT spinal showed that the mass has pressure on the rectum and bladder. Then she underwent a total hysterectomy (Figure 1) she was also given 15 courses chemotherapy.
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DISCUSSION

Rhabdomyosarcoma can occur in any part of the body but the most common parts are the head and neck (35%) (Miyamoto et al., 2004). Another involved part is the abdomen in genitourinary system (Clement, 1990). Most of rhabdomyosarcomata originated from genital system of women are of embryonic and botryoidal type (Cohen et al., 1981; Copeland et al., 1985; DiSaia and Pecorelli, 1994). Botryoidal sarcoma is a type of embryonic rhabdomyosarcoma containing spindle-like cells with polypoid grape shaped masses grown in the submucosa area (Gaiger et al., 1981). Although the cervical rhabdomyosarcoma usually manifests in the second decade of the life, it also has been reported at the higher ages (Gordon and Montag, 1990).

Embryonic rhabdomyosarcoma of women’s genital systems occurs in their childhood period, showing rare reports in adults. Explaining the rhabdomyosarcoma appearances in their sites, primary mesenchymal cells have been found to be the stem cells of a wide range of the soft tissue neoplasm (Daya and Scully, 1988). Rhabdomyosarcoma must be distinguished from adenosarcoma and botryoidal pseudosarcoma (false sarcoma).

Adenosarcoma may be found in young women, exhibiting steromal cell concentration beneath the surface epithelium and surrounding the nodes similar to the cambium layer of botryoidal sarcoma. Adenosarcoma doesn’t form grape clusters because the stroma is more fibrous, showing no swellings of the cluster sarcoma.

Adenosarcoma also exhibits a foliate pattern, characterized by several epithelial linear cysts and slit-like turns similar to the chest cytosarcoma (Harlow et al., 1986). In contrast, the present cluster intrasarcomatous nodes have central position, resulted from trapping of surface epithelium. The cluster pseudosarcoma (false sarcoma) (polyp swelling of mesodermal cervix) is similar to the cluster sarcoma but usually occurs in polyps. In adult women, they are observed as small, soft fleshy protuberances with diameters of 1.5 cm. Cambium layer is not similar to the rhabdomyosarcoma; it shows higher consistency than the sarcom within mesodermal polyps (Jones and Lefkowitz, 1995; Lloyd et al., 1983).

Bernal and coworkers reported the embryonic rhabdomyosarcoma in a 19 years old woman with cervical polyp (Norris and Taylor, 1966). Brand and colleagues examined 21 cases of cervical cluster sarcoma (including four unreported cases) (Pappo et al., 1995). Patients’ ages were classified in the range of 5 months-48 years, with a peak incidence in the age group of 14 to 18 years. Over two past decades, the perspective for patients -especially adults-has been improved due to the certain chemotherapy (Perrone et al., 1990). Kaserer and colleagues reported the cervical embryonic rhabdomyosarcoma in IRS, Ia stage in a 32 years old woman. After removal surgery and chemotherapy, the patient was free for 7 months in reported period. Miyamoto and coworkers reported embryonic cervical rhabdomyosarcoma found in a 46 years old woman (Podczaski et al., 1990). According to Miyamoto, only four cases of cluster cervical sarcoma have been reported in detail in a patient above 40 years (Rayman, 1987).
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Conclusion
Awareness of this rare unusual lesion in this age, its location and its clinical value are crucial to avoid misdiagnosis.

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REFERENCES


