

Turgut YARDIM
Tülay Kılıç OKMAN

Malignant Mixed Mullerian Tumor of Ovary

Department of Gynecology and Obstetrics,
Faculty of Medicine, Trakya University,
Edirne-Turkey

Received: June 24, 1997

Key Words: Malignant mixed müllerian tumor, ovarium.

These tumors are seen more frequently at 5th and 7th decade (1,2). They are usually asymptomatic (1), 10 percentages of them are bilateral and are frequently seen at nulliparous women. More than 80 percents of patients have an extraovarian abdominal spread (2).

Ovarian malignant mixed müllerian tumors have two types; the low degree (müllerian adenosarcoma) and high degree (carcinosarcomas, mixed mesodermal tumors) (2). Müllerian adenomas are usually unilateral, limited in the ovary and their diameters are approximately 10 cm (2).

The predominance of malignant epithelial cells in malignant mixed müllerian tumors may cause an erroneous diagnosis of carcinoma. Special stains and electron microscopy may contribute to the differential diagnosis (3).

This report describes a 31-year-old, nulliparous woman with malignant mixed müllerian tumor.

She has referred to the Obstetric and Gynecology Department of the Trakya University Hospital for the evaluation of abdominal swelling and pain for two months. Gynecologic examination showed 10x8 cm diameter mass at the left adnexial region. The uterus had a normal size. There was a view that suggested to originate from the left ovary; including solid and cystic components; at 13x11x9 cm diameter in ultrasonography. There was also ascites in the abdomen.

Laboratory findings revealed elevated CA 125 and ESR was 65 mm / hour.

The mass that was obtained during laparotomic exploration, was at 8x10 cm diameter, papillary and solid. Total abdominal hysterectomy and bilateral salpingo-oophorectomy and appendectomy was performed. Approximately 300 cc ascites was aspirated and the abdominal aspiration fluid specimen was taken. Pathologic diagnosis was confirmed malignant mixed müllerian tumor of the left ovary.

These tumors are usually seen among the postmenopausal, nulliparous women (2); but our case was unusually a 31-year-old and multipara woman. We haven't met any case at this age in the literature. No other case described in the literature until 63 years old malignant mixed müllerian tumor that including carcinomatous and sarcomatous elements reported from Taiwan in 1993.

While cytokeratine and epithelial membran antigen (EMA) are positive in the carcinomatous elements, vimentin and S-100 are positive in the sarcomatous heterologous elements (4) as in our case.

In the tumors which were described as adenosarcoma by Kao and Norris, the number of mitosis were found between 2 and 25. Mitotic activity index was 12/10 HPF in this case. Carcinosarcomas and mixed mesodermal tumors' diameters were found between 15-20 cm. Our case's diameter was also about 9,5-10 cm.

These tumors are usually unilateral and frequently limited in the ovaries as in our case.

Treatment of all stages includes total hysterectomy, bilateral salpingo-oophorectomy, total omentectomy and

radical excluding of all resectable tumor in the pelvis and abdomen. Radiotherapy, single or combine chemotherapy follow the surgical therapy in most of the cases. The most frequent regime is VAC (vincristin+adriamicine+cisplatine) (2).Our case was stage 1c malignant mixed müllerian tumor.We performed her total abdominal hysterectomy,bilateral salpingoophorectomy and appendectomy. We decided to apply VAC regime after the surgery.

Dass et al, reported that the two patients had been alived 7,5 years after the surgical and adjuvant therapy (5). On the other hand, Zarelli et al, showed the importance of second surgery on the survey in the 50

group patients (6).

Malignant mixed müllerian tumors have a rapid progression. The five years survey is 14 %- 30 % (3). Boucher and Tetu showed that there is no relation between the histological appereance of metastasis and prognosis (7).

We wanted to attract that although it is more frequently seen among the postmenopausal nullipara women, malignant mixed müllerian tumor may be also seen among multiparas in the reproductive period with this case report.

References

1. Pernoll M L, Durfee R B. Premalignant and malignant disorders of the ovaries. In: Current Obstetric & Gynecologic Diagnosis & Treatment. Woodruff JD, California, Appleton & Lange. 7 th ed. 1991, pp 985
2. Coppleson M. Malign müllerian and miscellaneous mesenchymal tumors of ovary. In: Gynecologic Oncology. Russel P, Bannatyne P, Solomon H J. New York and Tokyo, Longman Group UK Limited. 2th ed. 1992, pp 977-981
3. Donat EE, Mc Cutcheon JM, Alper H. Malignant mixed müllerian tumor * of the ovary. Report of a case with cytodiagnosis by fine needle aspiration. In: Acta Cytol. 38: 231-4, 1994
4. Shy SW, Lee WH, Lee MS, Lee MC. Malignant mixed mullerian tumor of the ovary: Report of a case and review of the literature. In: Chung-Hua-I-Hsueh-Tsa-Chih-Taipei. 51 :468-73, 1993
5. Dass KK, Biscotti CV, Webster K, Saxton JP. Malignant mixed mullerian tumors of the ovary. An analysis of two long-term survivors. In: Am-J-Clin-Oncol. 16 : 346-9,1993
6. Scarabelli C, Campagnutta E, Zarrelli A. Second surgery in the management of ovarian cancer. In: Minerva-Gynecol. 46: 5-13, 1994
7. Boucher D, Tetu B. Morphologic prognostic factors of malignant mixed mullerian tumors of the ovary: a clinicopathologic study of 15 cases.In: Int-J-Gynecol- Pathol. 13 : 22-8, 1994