

CASE OF THE WEEK – 04.03.2023

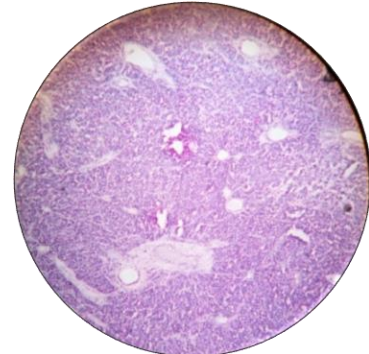
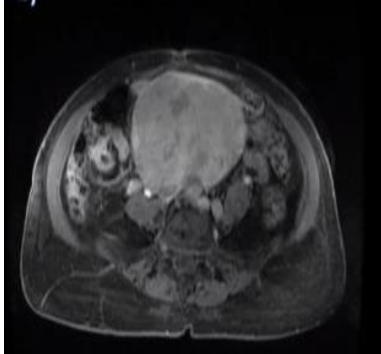
PNET OF ENDOMETRIUM

History:

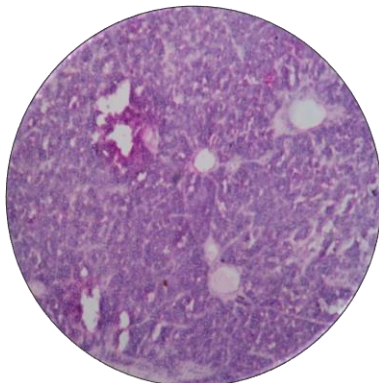
A 68 year old woman came with complaints of bleeding per vaginum since 3 months. She attained menopause 15 years back. Previous cycles were normal.

MRI – Uterus is enlarged with a mass lesion presumed to be in the uterine body.

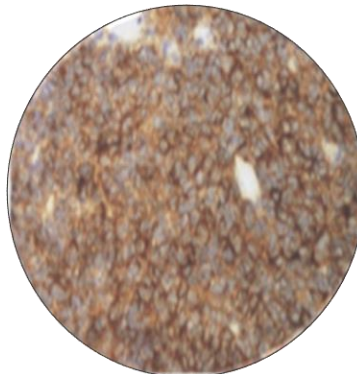
Gross: Received hysterectomy specimen measuring 10x7x5 cms with smooth external surface. On cut section – Solid grayish white bulky tumor occupying the entire endometrial cavity noted measuring 7x5 cms. Cervix – No abnormality detected.



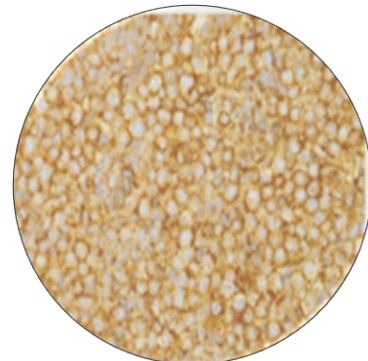
100 X



400 X



Synaptophysin



CD 99

Microscopy:

Cells were small and round with perivascular pseudorosettes. Plenty of atypical mitotic figures are noted. Myometrium invasion in broad fronts was noted. No invasion into the cervix (or) fallopian tubes.

Differential diagnosis:

1. Undifferentiated small cell carcinoma of endometrium (PNET).
2. Endometrial stromal sarcoma – High grade.

Discussion: Endometrial stromal sarcoma presents as intramural/intracavitary bulky mass with foci of hemorrhage and necrosis. Tumor cells are small with scanty cytoplasm and round to angulated nuclei. Small cell carcinoma of endometrium forms a bulky polypoid fleshy mass occupying endometrial cavity. Diffuse proliferation of small, round blue cells which are arranged in cords, trabeculae, glandular and organoid patterns. Pseudorosettes are seen.

Immunohistochemistry – CD99 – Positive.
Synaptophysin – Positive

Final diagnosis of the case – PNET of the endometrium.