



Undifferentiated Gynecological Carcinoma with Metastatic Spread to the Lung

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Abstract

Introduction and Aim: Uterine sarcoma has a poor prognosis due to early metastases. We present a case of a massive dissemination of the disease at diagnosis, with an unexpected excellent response to treatment.

Clinical Image: A 48-year old woman with a large abdominal mass and multiple lung metastases in "balloon release". History of uterine fibroids followed up for years, never treated. CT and PET-CT shows a mass that occupies the entire pelvis and abdomen with infiltration of the rectum and retroperitoneum, massive lung metastases. Biopsy of lung metastases confirmed an undifferentiated carcinoma of suspected gynecological origin, stage IV. The patient began chemotherapy (Docetaxel plus Gemcitabine), 6 courses, with complete response and good performance-status. A total laparoscopic hysterectomy was performed, with no signs of carcinoma. Less than a year after, new appearance of lung metastases.

Discussion: This tumor is highly chemo sensitive but aggressive with an early hematogenous spread, high risk of recurrence and poor prognosis. Their affiliation is complex, except directly on the tumor specimen; so in some patients, a surgical option has been proposed even though survival is low.

Conclusion: An undifferentiated tumor with lung metastases and primary gynecological suspicious origin is most likely to be an undifferentiated stromal sarcoma.

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Clinical Image

A 48-year old woman with a large abdominal mass and multiple lung metastases in "balloon release", discovery during Hospital admission for respiratory distress, ECOG 3. History of uterine fibroids followed-up for years never treated [1]. On gynecological exploration: enlarged and irregular uterus to the umbilical area, hard and not mobile. CT and PET-CT showed massive lung metastatic dissemination (Figure 1) and a mass that occupies the entire pelvis and abdomen with infiltration of the rectum and retroperitoneum [2,3]. Uterine biopsy was not recommended because of the risk of tumor spreading, so puncture guided by thoracoscopy of lung metastases was performed. An undifferentiated carcinoma of primary suspected gynecological origin stage IV was confirmed [4]. The patient began chemotherapy (Docetaxel plus Gemcitabine), 6 courses. The patient achieved a complete response, ECOG 0. So a total laparoscopic hysterectomy was performed, with no evidence of tumor [5,6]. Currently, lung metastases again, she started second line of chemotherapy [7].

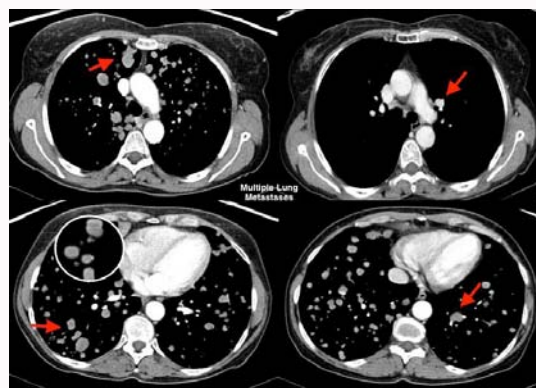


Figure 1: Computerized tomography (CT) showed multiple invasive lung metastases; irregular nodules, the biggest 20mm, spread throughout the lung parenchyma.

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