TITLE- METASTATIC PELVIC MASSES WITH UNKNOWN PRIMARY- A DIAGNOSTIC DILEMMA

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Introduction

- Malignant pelvic masses following hysterectomy with unknown primary is frequently encountered in gynae-oncology centers.
- An incomplete pre-operative evaluation, inadequate surgery (sub-total hysterectomy/ only hysterectomy without salpingo-opherectomy in post-menopausal women), delay in histo-pathological diagnosis are few reasons for missing out on malignant etiologies.

- **This situation poses both diagnostic and therapeutic dilemma.**

Aims and Objectives

Primary

To critically analyze metastatic pelvic mass after hysterectomy with unknown primary tumor.

Study design

Number of patients presenting with pelvic mass post-hysterectomy (done outside)=17 from 1st January 2019 to 31st December 2019(1 year)

History and Clinical Examination

Biopsy of Pelvic mass(HPE), Metastatic Work-up

PAX 8, WT1, p53, p16, Vimentin, CK7, CK 20, GATA3, p63,p40, ER, PR, CK-20, CEA, ER, AFP, PLAP, SMA,HMB45

Gynecological and Non- Gynecological malignancies classified based on HPE and IHC

Multi-disciplinary meeting done-treatment given based on HPE & IHC

Outcome-1 out of 17 patients (5.8%)expired at the end of the study

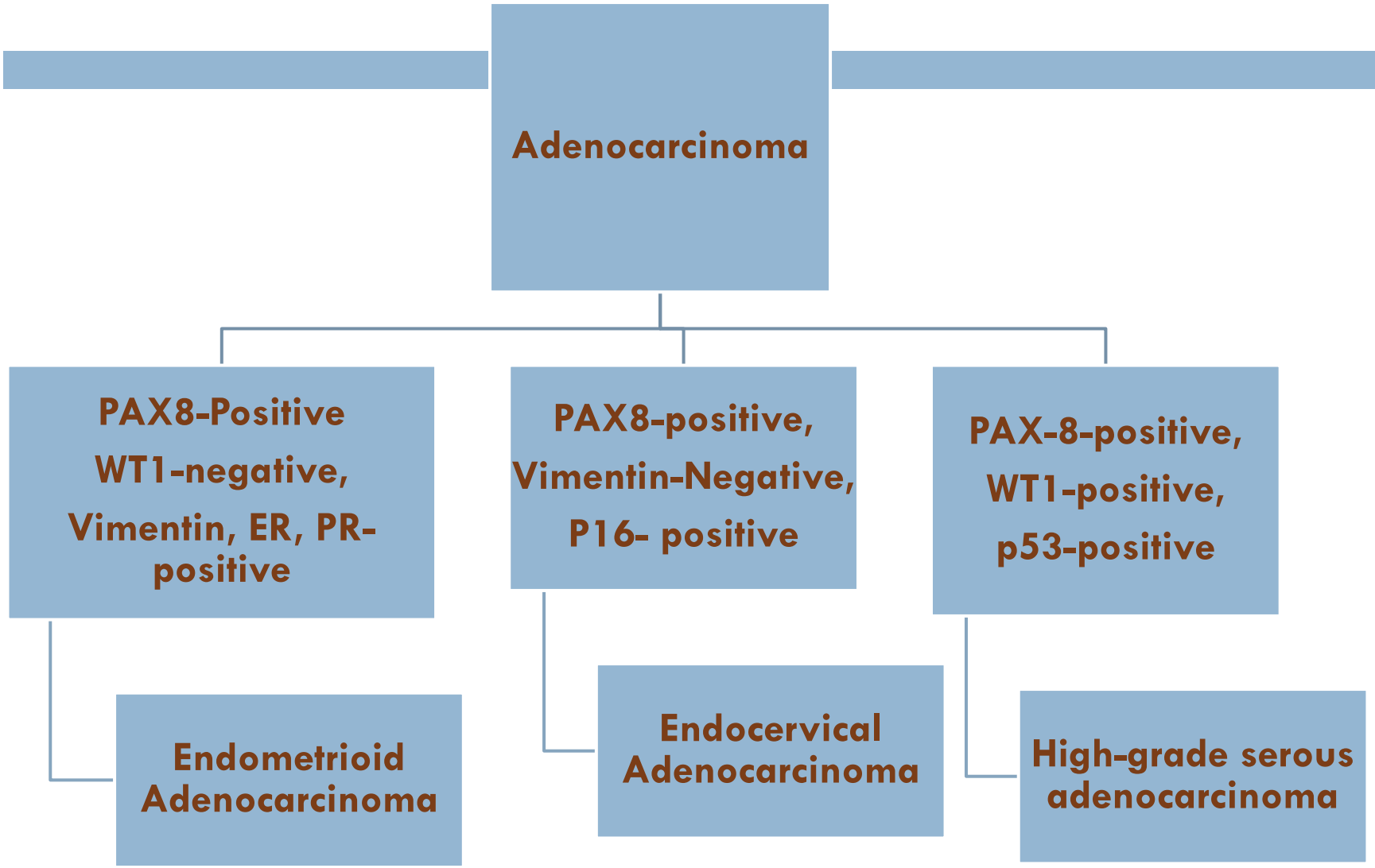
Results

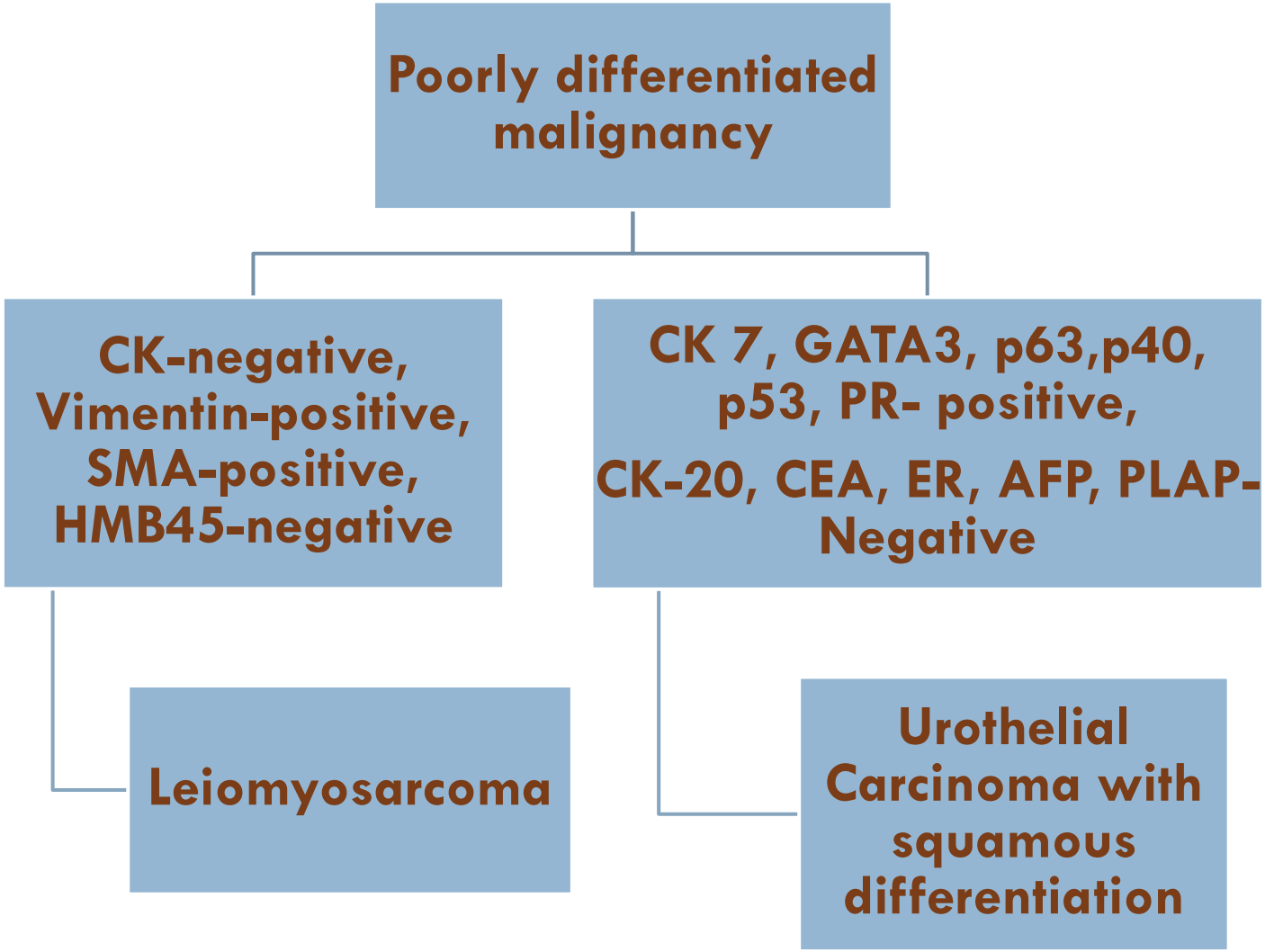
- Mean age at hysterectomy was **45 years(R=40-60)**
- Mean time of presentation from hysterectomy was **5years (R=1- 20 years)**

Duration from hysterectomy to presentation with pelvic mass	**No. of patients (%)**
<2years	3(17%)
3-5years	**8(47%)**
6-10 years	5(29%)
>10years	1(5%)

Indication of Hysterectomy	**No. of patients**
Abnormal Uterine bleeding	*6(35%)*
Chronic pelvic pain	4(23%)
Utero-vaginal prolapse	1(5%)
Persistent vaginal discharge	2(11%)
Abdominal Lump	1(5%)
Non-specific symptoms	3(17%)

Histology	No. of patients
1. Squamous Carcinoma(Cervix) -Well differentiated -Moderately differentiated -Poorly differentiated -Squamo-transitional	**8(47%)** 4 2 1 1
2..**Adenocarcinoma(Cervix,Endomterium, Ovarian)** -Endometrioid adenocarcinoma -Endocervical adenocarcinoma -High-grade serous adenocarcinoma	**6(35%)** 1 2 3
3.Poorly differentiated carcinoma	**2(11%)**
4.**Sarcoma(Uterine)**	**1(5%)**


Adenocarcinoma
PAX8-Positive
WT1-negative,
Vimentin, ER, PR-positive
PAX8-positive,
Vimentin-Negative,
P16- positive
PAX-8-positive,
WT1-positive,
p53-positive
Endometrioid Adenocarcinoma
Endocervical Adenocarcinoma
High-grade serous adenocarcinoma


Poorly differentiated malignancy
CK-negative, Vimentin-positive, SMA-positive, HMB45-negative
CK 7, GATA3, p63,p40, p53, PR- positive,
CK-20, CEA, ER, AFP, PLAP-Negative
Leiomyosarcoma
Urothelial Carcinoma with squamous differentiation

Discussion

- The older notion that hysterectomy is a “radical” surgery and patients will not receive a second surgery for gynecological diseases has been challenged.
- ***Holub Z et al*** *reported 50.7% incidence of pelvic mass after hysterectomy and the patients requiring reoperation accounted for 2.7% to 5.5%.*
- ***Xiaopei Chao et al*** *evaluated 247 patients and reported 34.01% -malignant masses and 65.99%-benign masses.*

Conclusion

- Thorough history taking and examination of patients prior to hysterectomy
- Check list consisting of PAP smear and Endometrial Biopsy for all patients for hysterectomy
- Strict follow up of patients with abnormal HPE reports and Early referral to Gynaecological oncologist for an appropriate and timely intervention.

References

1. Holub Z, Jandourek M, Jabor A, et al. Does hysterectomy without salpingoophorectomy influence the reoperation rate for adnexalpathology? A retrospective study. Clin Exp Obstet Gynecol 2000;27:109–12.
2. Chao X, Liu Y, Ji M, Wang S, Shi H, Fan Q, Lang J. Malignant risk of pelvic mass after hysterectomy for adenomyosis or endometriosis. Medicine 2020;99:15(e19712).