

# A rare case of vaginal sarcoma in pregnancy - A diagnostic dilemma

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## INTRODUCTION-

Vaginal sarcoma is an exceedingly rare diagnosis constituting 2-3% of malignant neoplasms in female genital tract<sup>1</sup>. Among variety of histological types, vaginal sarcoma represents only a fraction (3.1%)<sup>2</sup>. The aetiology is currently unknown and unrelated to pregnancy. DES exposure, HPV infection, family history, cervical cancer may be the cause in some women. Still, influence of pregnancy on initiation, promotion and development of sarcoma is unclear. Mortality rates are high depending on the stage of disease at the time of diagnosis. Management involves multidisciplinary approach considering maternal welfare as well as foetal life.

## CASE REPORT-

A 20 year old primigravida with 31 weeks pregnancy presented with lower abdominal pain and on & off urinary retention from 1 month, for which she was showing at peripheral centre. She was catheterised and referred to DR. BRAMH Raipur. P/A-32weeks, cephalic, head floating, liquor clinically adequate, expected fetal weight 1.2-1.4kg, FHR + at left spinoumbilical line. P/S- A huge mass in lower third of left lateral vaginal wall, extending posteriorly which was occupying whole of vagina. Which was mimicking a cervical fibroid. Copious pus discharge from vagina present. P/V- Same firm, tender mass of about 10x10 cm with regular margin was felt which was extending posteriorly however the origin could not be traced, as it didn't seem to arise from uterus or cervix. Her vitals were stable and baseline antenatal investigations were within normal limits. She was given intravenous antibiotics, tocolysis, steroid coverage and magnesium sulphate for neuroprotection of fetus.

No significant medical or family history.

After 3 days of admission she was taken for emergency LSCS in view of Pre-PROM, by which she delivered a male baby of 1.3kg with APGAR 5, 8. Intraoperatively no mass felt arising from uterus or cervix but a diffuse mass was palpated in pouch of Douglas extending into left pelvic wall, whose lower margins could not be reached.

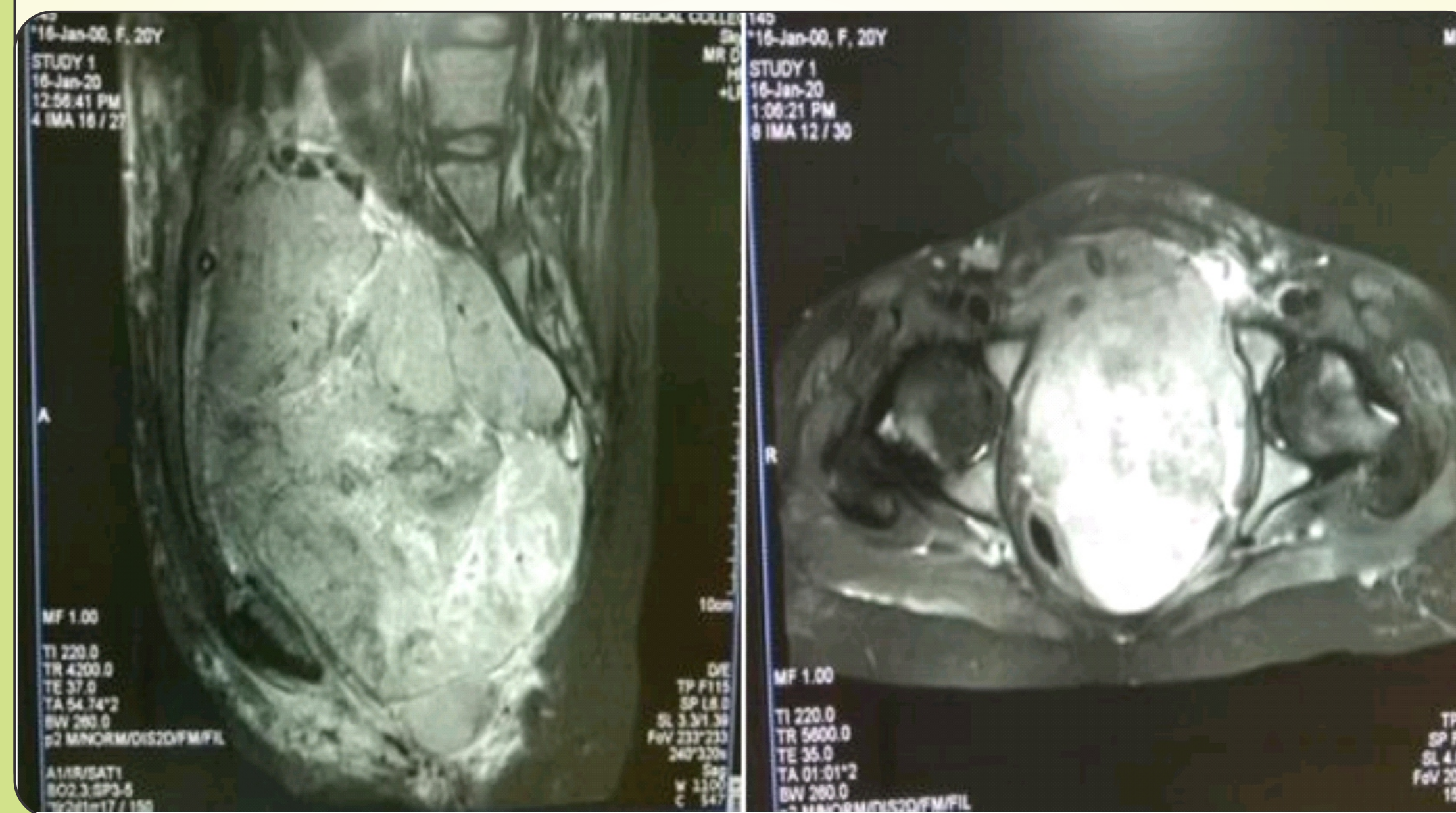
Biopsy from vaginal mass was sent twice for pathological examination but reports were inconclusive, after the conclusive report of sarcoma is obtained she was planned for immunohistochemistry and chemotherapy but meanwhile she sadly

## USG-

Large fairly defined lesion with multiple internal hypoechoic area of size 14x13x11cc noted in pelvic region arising from cervix extending upto vagina showing peripheral vascularity suggestive of cervical fibroids with hematometra.

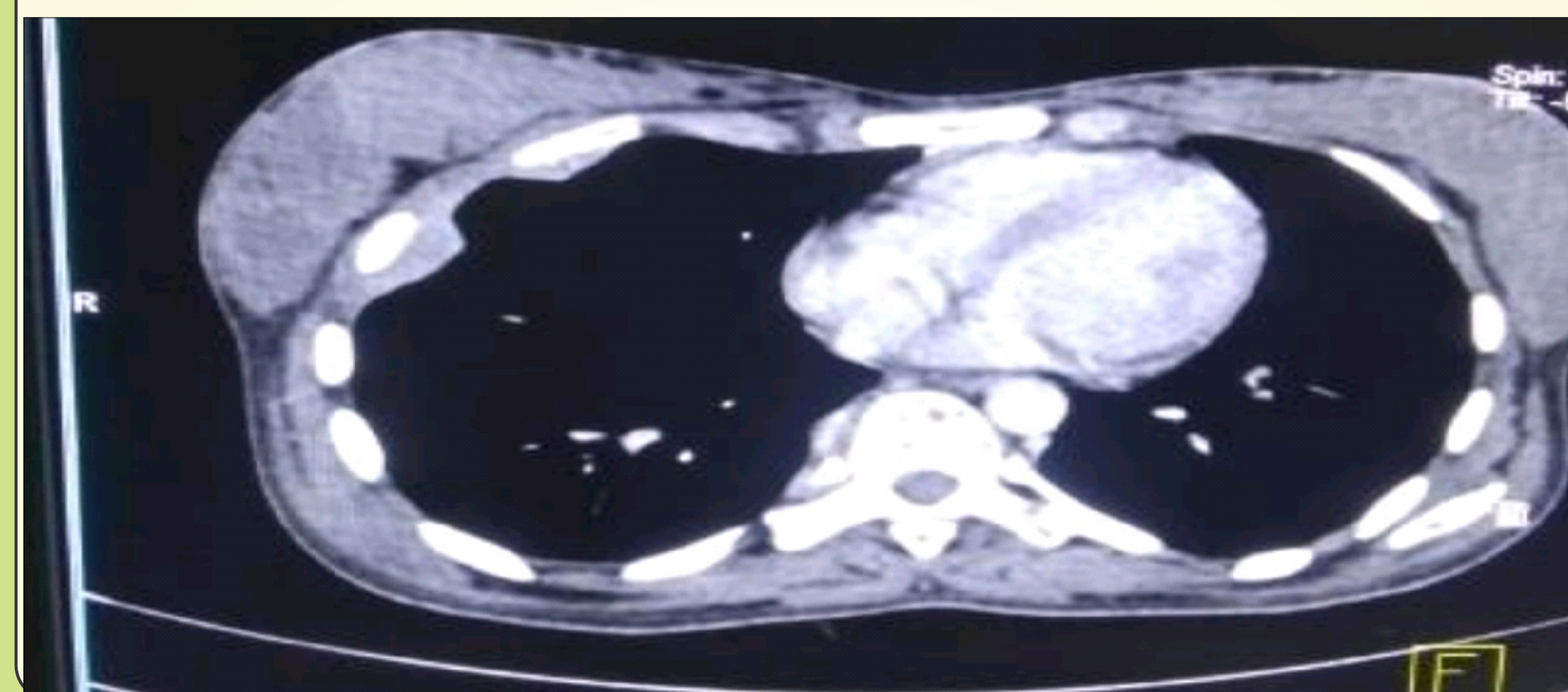
## MRI finding-

A hyperintense soft tissue mass 12.3x11x15.7 cc in abdominopelvic cavity. A large leiomyoma with multifocal degeneration characteristics of malignant transformation. Multiple enlarged lymphnodes in bilateral inguinal and iliac region. Metastasis noted in bone marrow of pelvis and bilateral femur.



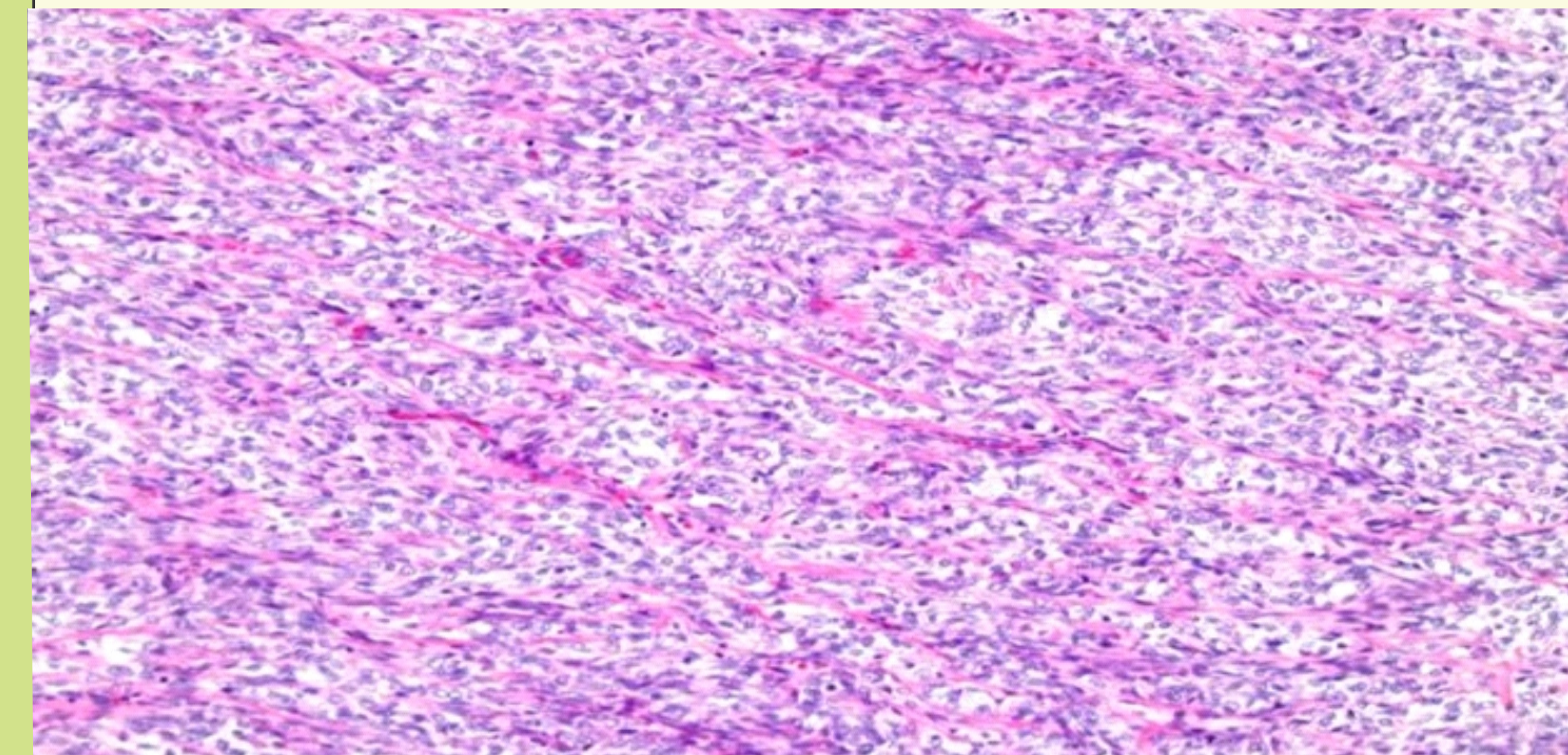
## CT CHEST-

shows lung, pleural and bony metastasis.



## PATHOLOGICAL FINDING (Biopsy) -

Cluster of malignant cells with clear cytoplasm and hyperchromic nuclei, separated by delicate fibrous septa suggestive of sarcoma.



## DISCUSSION & CONCLUSION-

Pregnancy includes many hormonal, molecular, anatomic transformation in genital tract. Overlapping of these changes with cancerous changes makes diagnosis challenging. Sarcoma runs very fast course the patient was referred to us at a very late stage when metastasis had already occurred. Study suggests that early detection and operative intervention before metastasis has occurred gives good maternal outcome<sup>3</sup>. Hence timely detection by proper history taking, examination, radiological finding, biopsy and other modalities such as immuno histochemistry is paramount.

## REFERENCES -

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