Mesonephric Adenocarcinoma Of Cervix With Abdominal Wall Metastasis

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Introduction

Mesonephric adenocarcinoma is a very rare tumor of female genital tract and accounts for less than 1% of all the cervical adenocarcinomas. Most common site of occurrence is lateral wall of the cervix rarely uterine corpus, ovary or vagina. Mesonephric adenocarcinoma has a high potential to be misdiagnosed due to challenging diagnosis as it can present with a variety of morphological patterns.

Late Presentation

Patient returned 2 years later with slowly enlarging mass in the LLQ. CT revealed complex cystic mass embedded within the left anterior oblique abdominal musculature measuring 4.3x 3.7x 5.5. CT-guided biopsy of the mass was performed with histology and immunohistochemical staining revealing metastasis of the original tumor 3 years after TAH/BSO. Patient underwent resection, radiation therapy, cisplatin, and is currently on surveillance.

Initial Presentation

43-year-old female who initially presented to OB/GYN for abnormal vaginal bleed and was found to have an enlarged uterus measuring 15x9.1x12 cm and a calcified fibroid measuring 7.4x8.8. She had endometrial biopsy done which showed FIGO grade 1 endometrioid adenocarcinoma. Patient was referred to GYN/ONC and had TAH/BSO with a lymphadenectomy. Patient was initially scheduled for robotic surgery, however it had to be transitioned to open surgery due to large size of the mass. Histology of the resected mass revealed a tubular pattern. Immunohistochemical staining was positive for CD10, PAX 8, and GATA3, but was negative for ER/PR. Patient was ultimately diagnosed with mesonephric carcinoma of the cervix. She was started on concurrent chemoradiation, however got lost to follow-up.

References

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Summary

Around the fourth week of gestation two mesonephric ducts begin to form and connect the mesonephros to the cloaca. Without the presence of testosterone, the mesonephric ducts regress and do not give rise to the epididymis, seminal vesicles, vas deferens, and ejaculatory ducts as they do in males. Vestiges of mesonephric ducts persist along the female genital tract and can result in benign or malignant lesions. The tumor can have many histological patterns varying between tumors and in between microscopic fields of the same tumor. Tubular pattern is most common and it consists of small back-to-back tubules lined by cuboidal cells containing intraluminal colloid-like sections. Positive immunohistochemical stains include GATA 3, PAX 8, CD10, and calretinin. Literature review revealed about 40 case reports to date. Pathophysiology is unknown at this time. Mainstay of treatment is hysterectomy with bilateral salpingo-oophorectomy and pelvic lymph node dissection. Role of neoadjuvant chemotherapy and radiation therapy is not well studied and remains unclear.