Uterine adenosarcomas: A tertiary cancer center experience

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Introduction

Mullerian adenosarcoma is a very rare malignancy composed of benign epithelial and malignant stromal components. Uterine adenosarcomas (UAs) account for 5.5% of all uterine sarcomas. Even though these tumors are considered as less aggressive tumors than uterine carcinosarcomas, recurrence rate may reach up to 40% (Arend R. et al., 2010).

Due to its rarity, there are limited data on the optimal therapy and prognostic factors.

In this study, we investigated the clinicopathological features, treatment and recurrence patterns of the patients with UA treated at our institution.

Patients and Methods

A retrospective analysis of all patients with UA from 1 January 1998 to 1 May 2018 was performed. Demographic, clinicopathological and treatment data were abstracted from the patients' medical records.

Results

A total of 8 women were identified and included into study. Median follow-up was 59 months. The median age at the time of diagnosis was 62 years (31-69 years). Four patients had UA with sarcomatous overgrowth. Seven patients underwent complete surgical staging including total hysterectomy with bilateral salpingo-oophorectomy, pelvic-paraaortic lymphadenectomy and omentectomy. Only one patient underwent total hysterectomy with bilateral salpingo-oophorectomy only. Patients were staged as follows according to FIGO 2009 staging system: 2 patients had stage 1A, 2 patients had stage 1C, 2 patients had stage 2B and 2 patients had stage 3B diseases. Only one patient had a residual disease (>1 cm) after surgery. None of the patients had a lymph node involvement. Three patients received adjuvant chemotherapy (two of them had sarcomatous overgrowth). Five of 8 patients had tumor recurrence. Recurrence sites were as pelvis in 1 patient, upper abdomen and pelvis in 3 patients, and abdomen and lung in 1 patient. Three of these 5 had sarcomatous overgrowth. The other patient with sarcomatous overgrowth died 3 months after surgery. Median overall survival was 47 months within a median follow up of 83 months.

Patient No.	Age (years)	Final pathology	Surgery	FIGO Stage	Adjuvant treatment	Recurrence	OS (months)
1	67	UA	CSS	IA	-	-	89
2	59	UA	TAH+BSO	IA	-	-	118
3	31	UA+SO	CSS	IIB	CT	+ (pelvis)	39
4	61	UA+SO	CSS	IIIB	CT	+ (pelvis + upper abdomen)	14
5	57	UA	CSS	IC	CT	-	91
6	63	UA	CSS	IIIB	-	+ (abdomen + lung)	9
7	63	UA+SO	CSS	IIB	-	-	55
8	69	UA+SO	CSS	IC	-	-	3

Abbreviations:

SO: Sarcomatous overgrowth. CSS: Complete surgical staging.
CT: Chemotherapy. OS: Overall survival.

Conclusion

Herein, we present our 20-year experience of UA. Sarcomatous overgrowth seems to be associated with an increased risk of recurrence and a decreased overall survival. A future metaanalysis may provide an information about the role of adjuvant therapy.