Huge Uterine Stump (Smooth-Muscle Tumor of Uncertain Malignant Potential) Associated with Extensive Retroperitoneal Lymphocytic Malformations

Objectives: Uterine fibromyomas are the most common benign tumors of the female genital system. But, not all uterine fibroids are completely benign. There is a rather obscure subgroup that may have some grave characteristics such as the ability for recurrence or distant spread. This specific subgroup is called Atypical proliferative myoma by some authors, other authors name it (STUMP) Smooth-muscle Tumor of Uncertain Malignant Potential.

We describe the different nomenclatures of these tumors to help identify its ambiguous pathophysiologic characteristics; we also review the different suggested modes of management and report our case with its rare presentation.

Methods: We report a 49-years-old lady presenting with a huge solid pelviabdominal mass. It was proven to be of uterine origin, and associated with extensive lymphocytic malformations related to the back of the uterus, broad ligament base as well as pelvic and para-aortic retroperitoneal space reaching up to the level of the renal vessels.

Results: We succeeded to excise the uterine mass and the large lymphocyst. The expert pathologic opinion was in favor of uterine (STUMP). The patient is now nearly 9 months postoperative and her follow-up is completely free. We illustrated the naked-eye as well as the microscopic appearance of this relatively uncommon tumor, and we described the suggested modes of action.

Conclusions: To our knowledge, this is the first case in the literature to describe the association of a uterine STUMP with extensive retroperitoneal lymphocytic malformations. Uterine STUMP is a subgroup of uterine fibroids that requires more studies to enlighten its specific pathologic and clinical characteristics.

Cervical Ectopic Pregnancy in a Patient Suspected with Cervical Cancer: A Case Report

Objectives: Ectopic pregnancy is one of obstetrics challenge which is associated with high mortality and morbidity. Cervical pregnancy occurs in less than 0.1% of pregnancies. Although extremely rare, it is potentially life-threatening, due to delays in diagnosis and proper management. We aim to discuss a case of cervical ectopic pregnancy which was mistaken as neoplasm.

Methods: A 32 yo female with profuse vaginal bleeding was referred from a clinician with diagnosis severe anemia and intracervical mass. She admitted positive pregnancy test, of which was pronounced miscarried by the clinician 1 month prior to admission. Our vaginal examination revealed a fragile and easy to bleed cervical mass which was really suggestive of cervical carcinoma or cervical extension of gestational neoplasm. Ultrasound was inconclusive. MRI showed cervical mass, which was later confirmed as conception by cervical biopsy. Methotrexate therapy was given 4 times (1 mg/kgBW). MRI evaluation afterward showed complete resolution.

Results: Medical treatment was chosen, using Intravenous methotrexate (MTX, 1 mg/kgBW) combined with Leucovorine (0.1 mg/kgBW). Chemotherapy was given 4 times, every two days interval. One week after treatment, her β-hCG level dropped to normal (0.19 mIU/mL), which was consistent in the following week (0.17 mIU/mL). Repeat imaging studies confirmed the pregnancy resolution.

Conclusions: The low incidence of cervical pregnancy in contrary with cervical carcinoma’s incidence in Bali becomes a major obstacle in diagnosing and in the provision of therapy. An accurate history, physical examination and pregnancy test are key modalities in the determination of cervical pregnancy; supported by histopathologic examination, TVS ultrasound examination and MRI.