KP244
Endometrial stromal nodule—paradox tumour—a case report

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Background Endometrial stromal nodule (ESN) is the least common type of endometrial stromal tumour (EST). A rare tumour of endometrial stromal origin, EST accounts for <2% of uterine tumours. The definitive diagnosis is made with advanced immunohistochemistry and cytogenetic methods. Recent advances in diagnostic methods improved the diagnosis and prognosis of these rare tumours. New 2014 WHO classification categorises them into four groups:
1 Endometrial stromal nodule (ESN)
2 Low-grade endometrial stromal sarcoma (LGESS)
3 High-grade endometrial stromal sarcoma (HGESS)
4 Undifferentiated uterine sarcoma (UUS).
The common presentation is postmenopausal bleeding and a routine endometrial assessment will provide minimal or no clues on this rare tumour initially. Most of them behave as benign and are treated with hysterectomy. Only one case of EST (endometrial stromal sarcoma) was reported in Sri Lanka in 2013.
Case A 56-year-old postmenopausal woman, mother of two, presented with postmenopausal bleeding for 1 week. She did not have significant past medical or surgical problems. Her transvaginal ultrasound showed a hypoechogenic area in the fundus with an endometrial thickness of 3 mm. Endometrial sampling revealed stromal tissue with increased vascularity and moderate nuclear atypia, indicating the possibilities of benign / malignant vascular neoplasm of uterus or cervix and low-grade stromal tumour. Subsequent computed tomography imaging showed only a hypodense area in the endometrium. Total hysterectomy and bilateral salpingo-oophorectomy was offered after a multidisciplinary team discussion. During surgery, a small fibroid-like lesion was found on the fundus and there was no macroscopic evidence of malignancy seen in the pelvis.
Outcome Patient had an uneventful recovery after the surgery.
Conclusion In this case, postmenopausal bleeding and the hypoechogenic mass seen on scans gave the initial impression of an endometrial malignancy. First endometrial assessment did not provide a definitive diagnosis and many differentials were considered. After a multidisciplinary team input including pathologist, radiologist and oncologist, hysterectomy and salpingo-oophorectomy were done. Histology with immunohistochemistry confirmed the presence of endometrial stromal nodule and no evidence of malignant lesions. According to the latest 2014 WHO guideline on EST, endometrial stromal nodule is considered as a benign lesion and a simple hysterectomy is enough to treat it. No special follow-up is needed.