Pleomorphic Rhabdomyosarcoma of the Uterus: The Silent Killer

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ABSTRACT

Objectives: Rhabdomyosarcomas of the uterus are extremely rare heterologous mesenchymal tumours (less than 0.05 cases per 100,000 women). Pleomorphic rhabdomyosarcoma (PRMS) is one of its aggressive variant which presents at advanced stage in postmenopausal women. Here we present a case of PRMS in a patient with no typical symptoms of postmenopausal vaginal bleeding or abdominal pain but only with abdominal mass. **Methods/Results:** A 67 years old lady, presented to us with history of abdominal distention and constitutional symptoms for 3 weeks. On examination, there was a vague mass extending up till right hypochondrium, mobile and no cervical abnormality. Imaging studies noted a large, heterogeneously enhancing mass in the pelvis, with close proximity to bladder and bowel. She underwent surgery 2 weeks later. Intraoperatively, the uterine tumour was highly vascularized, involving part of bladder wall, bowel and mesentery. Laparotomy total abdominal hysterectomy, bilateral salphingooophoerectomy, right hemicolectomy, small bowel resection with side to side anastomosis, bladder wall resection, pelvic lymphadenectomy and omentectomy was performed, no residual tumour postoperative. Histopathology result showed PRMS of the uterus (desmin and myogenin positive) with metastases to bladder and caecum. Patient was then referred to Institut Kanser Negara for chemotherapy. However, the tumour had progressed to the lungs with a recurring complex pelvic mass leading to obstructive uropathy. Patient developed urosepsis and hospital acquired pneumonia and succumbed within 5 months from the time of presentation. **Conclusion:** The case shows no matter how subtle the presentation, pleomorphic rhabdomyosarcoma has a remarkably aggressive behaviour with guarded prognosis.

Which Tube should we remove? A Rare Case of Spontaneous Bilateral Tubal Pregnancy

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ABSTRACT

The incidence of ectopic pregnancy is 11 in 100 pregnancies. But the incidence of spontaneous bilateral ectopic pregnancy is even rarer with the reported incidence of 1 in 200000 pregnancies. We report a case of spontaneous bilateral ectopic pregnancy which was detected during surgery. **Case Report:** 29-year-old, nulliparous with history of amenorrhea for 5 weeks presented with per vaginal spotting for 6 days. Self-urine pregnancy test was positive. Her menstrual history was regular. She denied history of pelvic surgery and sexually transmitted infection and was not on any form of contraception. On examination, she was haemodynamically stable. Abdominal and vaginal examinations were unremarkable. Transabdominal scan found no evidence of intrauterine pregnancy and no fluid in the cul-de-sac. Diagnosis of pregnancy of unknown location (PUL) was made. Her baseline B-HCG was 675 mIU/ml and 48 hours B-HCG level was 860 mIU/ml. Diagnostic laparoscopic surgery was performed. Intraoperatively, there were unruptured ectopic pregnancy measuring 2x3 cm and 3x3 cm respectively at the ampulla of each fallopian tube. Uterus and both ovaries were normal. Bilateral salpingostomy was performed. Histo-pathological examination confirmed the presence of chorionic villi in both tubes. **Discussion:** In this case, bilateral linear Salphingostomy was done as both ectopic pregnancy were small, unruptured on both tubes and to preserve the fertility of this patient. Laparoscopic approach is preferred as it reduced postoperative pain, shorter hospital stay and minimal adhesion formation. **Conclusion:** Bilateral tubal pregnancy is rare and it is often diagnosed intraoperatively as the presentation is similar to unilateral ectopic pregnancy. The management depends on the condition of the tube and fertility requirement of the patient.