



# Female genital tract-Part2. Pathology of the uterine corpus

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Department of Pathology, Forensics and Insurance medicine

*250 years of EXCELLENCE  
in medical education,  
research & innovation  
and healthcare*

*24<sup>th</sup> April 2023*

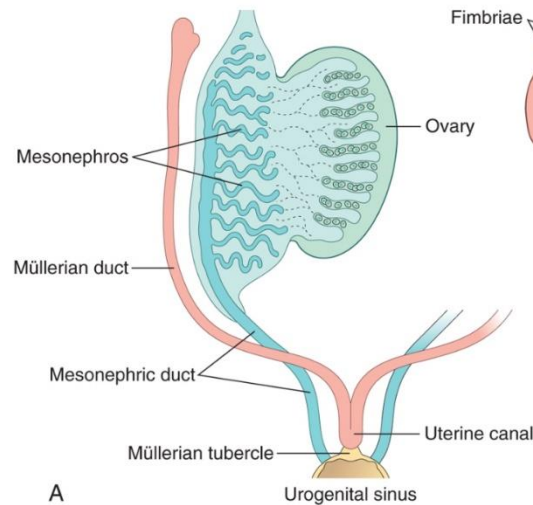
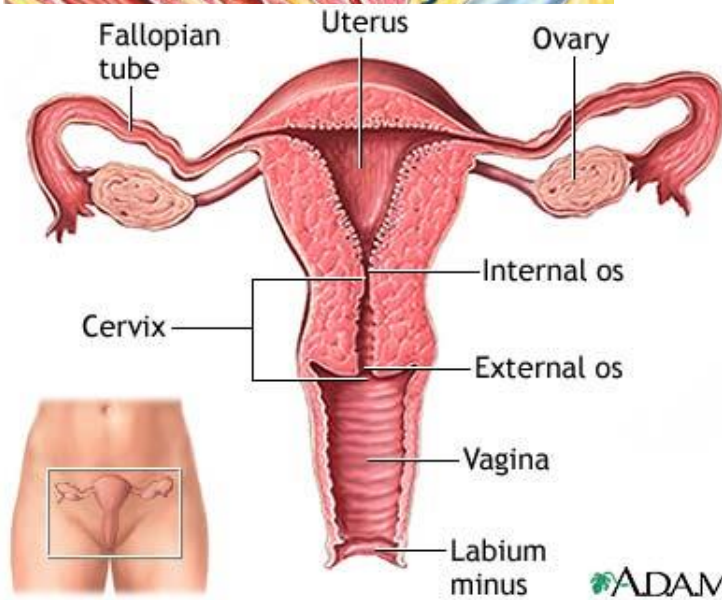
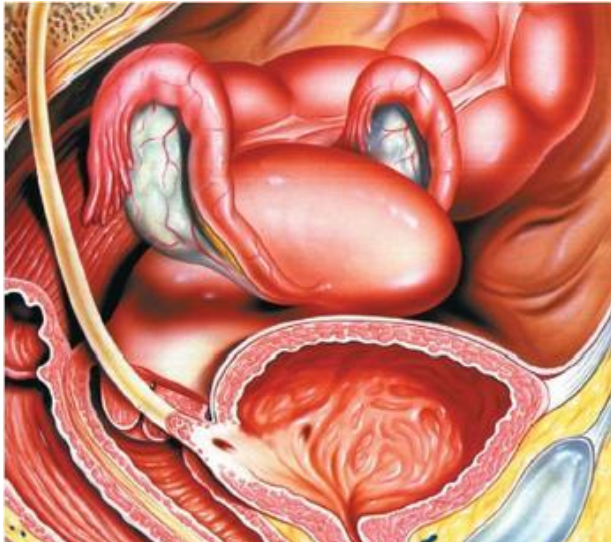


FYI

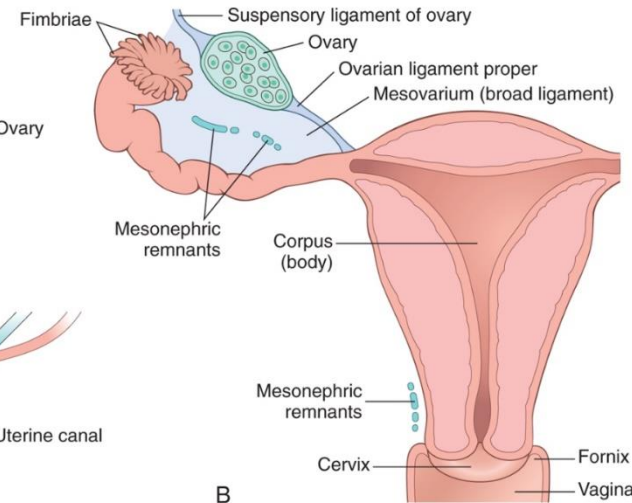
Those slides with „the blue star“ are the most important ones you should focus on when studying for the final exam.

(The others are important too, especially for future gynecologists and pathologists 😊)

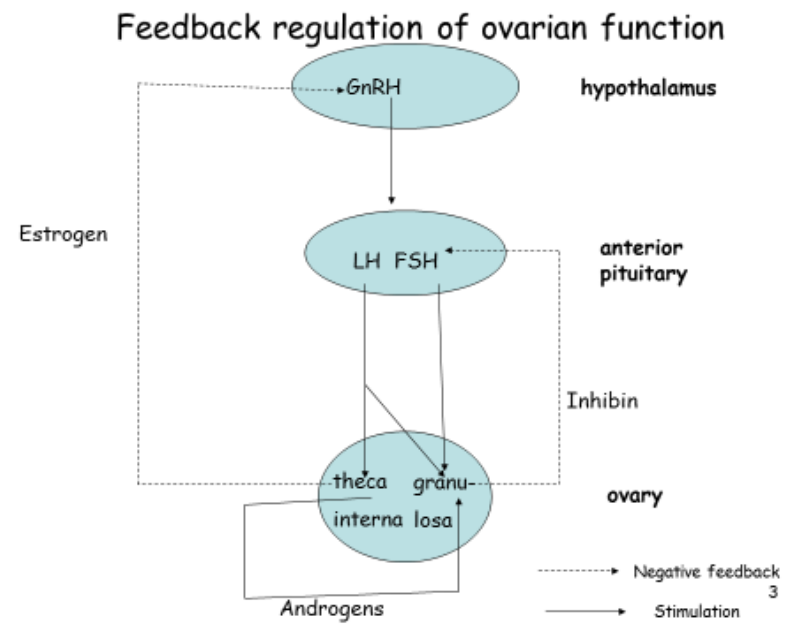
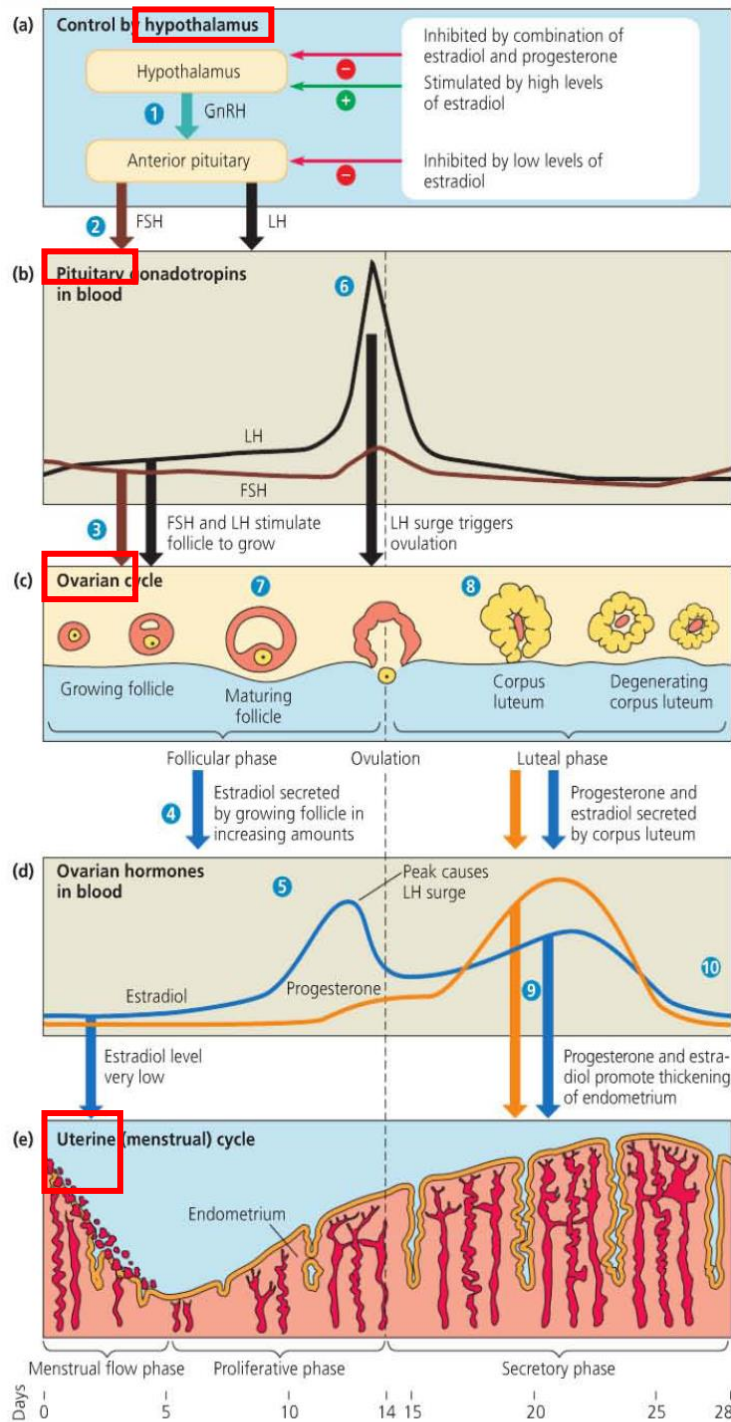
# Anatomy, development



A



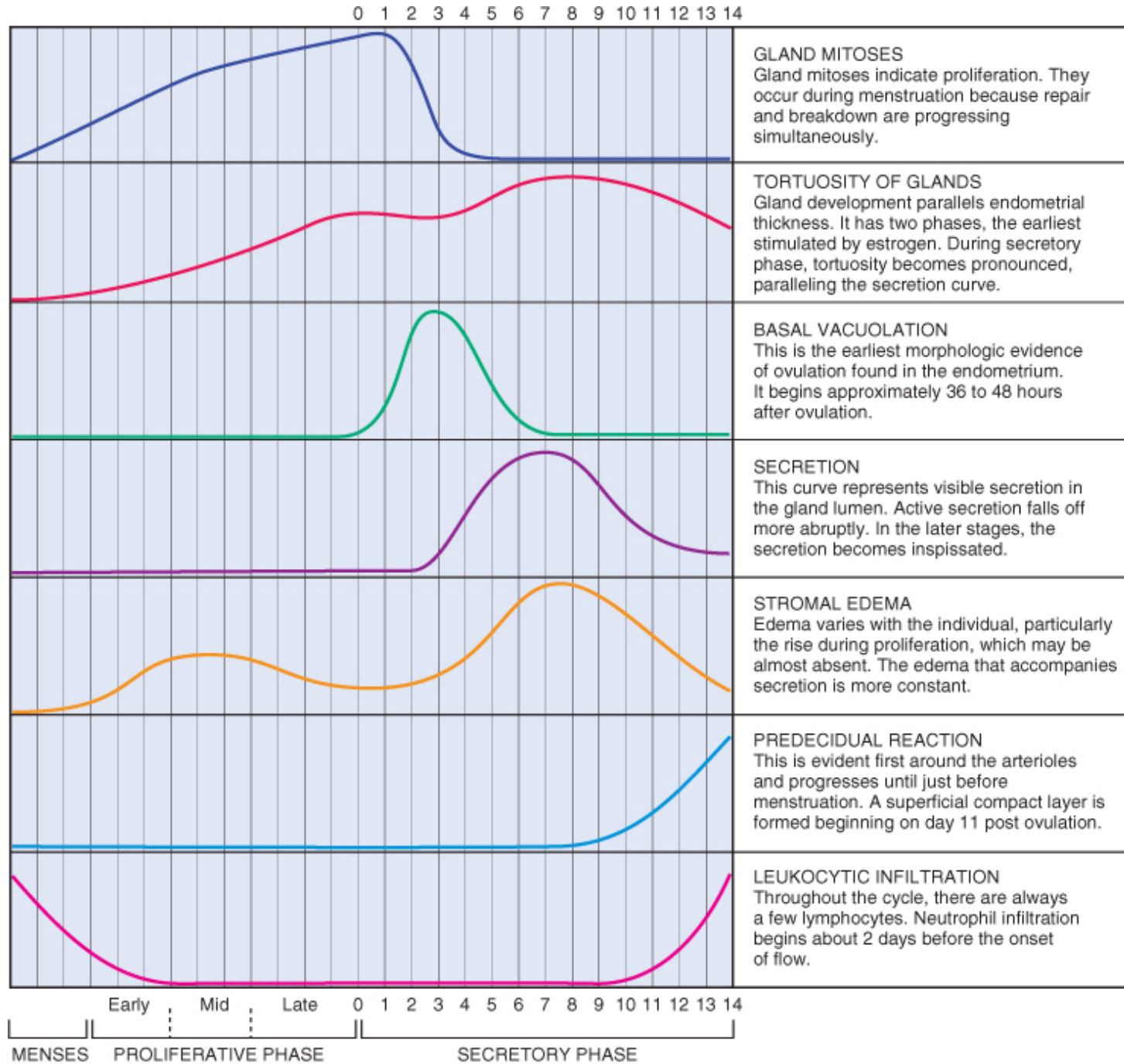
B



Ovarian and endometrial (menstrual) cycles and their regulation

„Dating“ the  
endometrium

# Dating the endometrium



**GLAND MITOSES**  
Gland mitoses indicate proliferation. They occur during menstruation because repair and breakdown are progressing simultaneously.

**TORTUOSITY OF GLANDS**  
Gland development parallels endometrial thickness. It has two phases, the earliest stimulated by estrogen. During secretory phase, tortuosity becomes pronounced, paralleling the secretion curve.

**BASAL VACUOLATION**  
This is the earliest morphologic evidence of ovulation found in the endometrium. It begins approximately 36 to 48 hours after ovulation.

**SECRETION**  
This curve represents visible secretion in the gland lumen. Active secretion falls off more abruptly. In the later stages, the secretion becomes inspissated.

**STROMAL EDEMA**  
Edema varies with the individual, particularly the rise during proliferation, which may be almost absent. The edema that accompanies secretion is more constant.

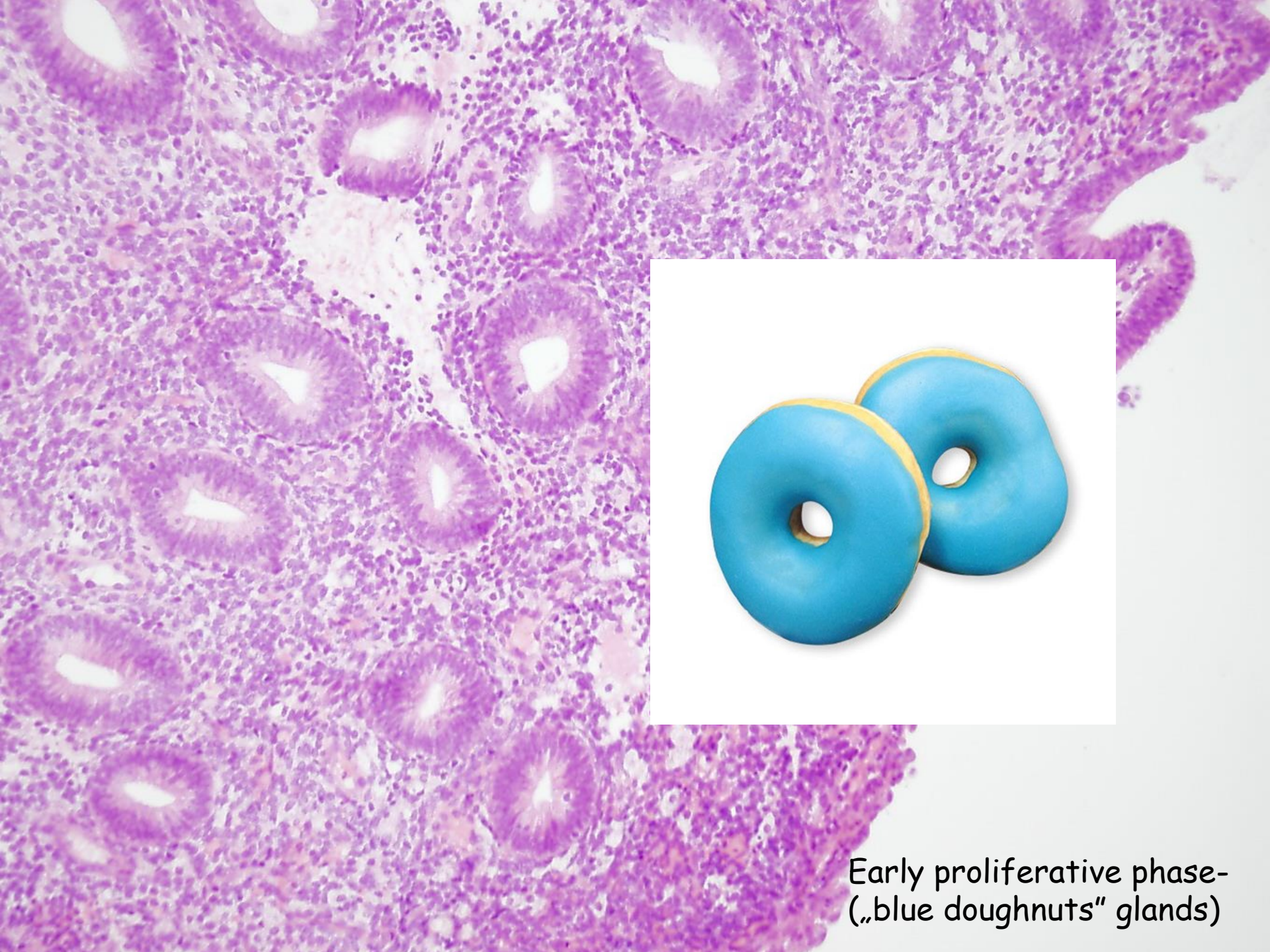
**PREDECIDUAL REACTION**  
This is evident first around the arterioles and progresses until just before menstruation. A superficial compact layer is formed beginning on day 11 post ovulation.

**LEUKOCYtic INFILTRATION**  
Throughout the cycle, there are always a few lymphocytes. Neutrophil infiltration begins about 2 days before the onset of flow.

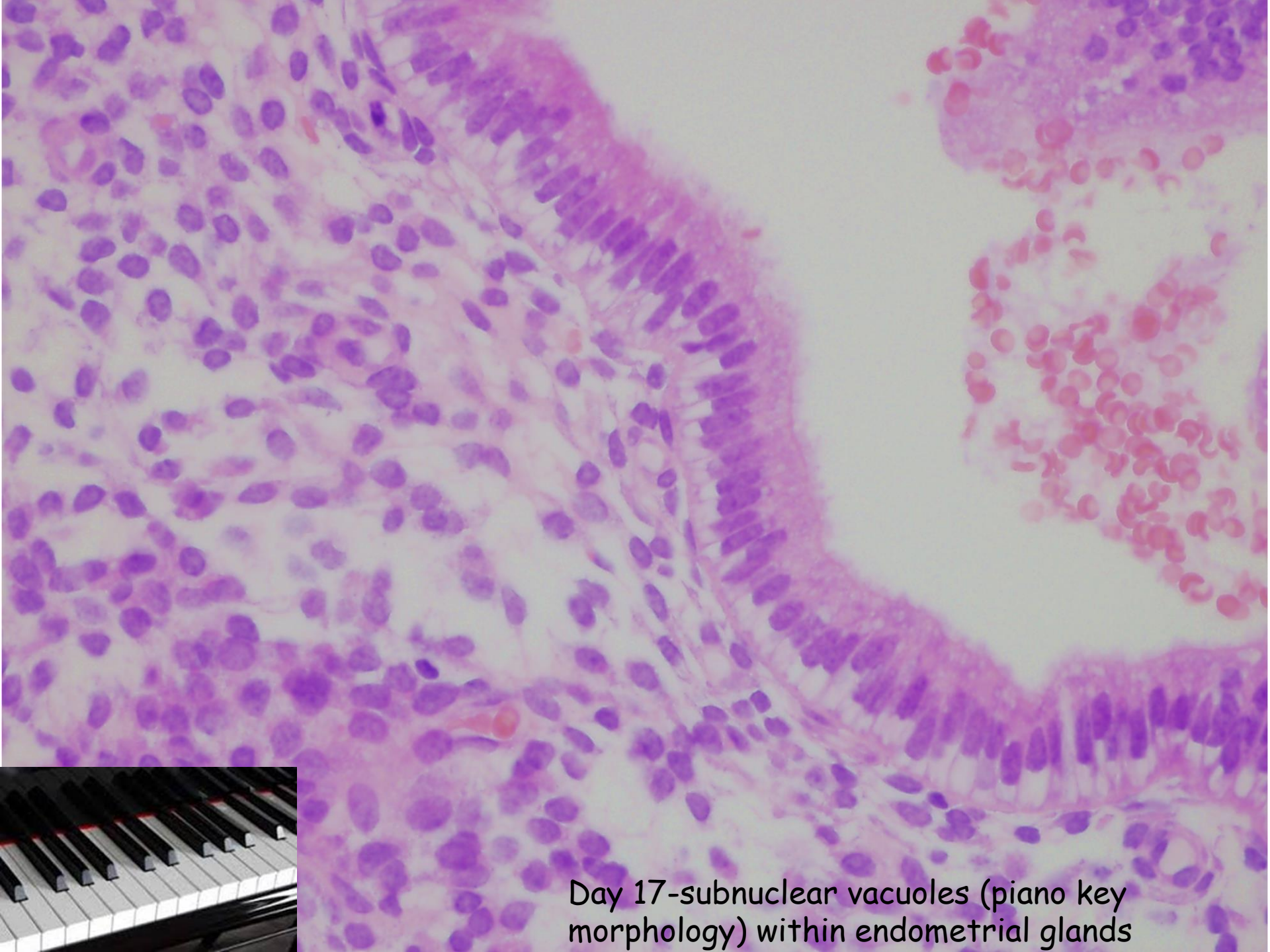
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Early Mid Late 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

MENSES PROLIFERATIVE PHASE SECRETORY PHASE

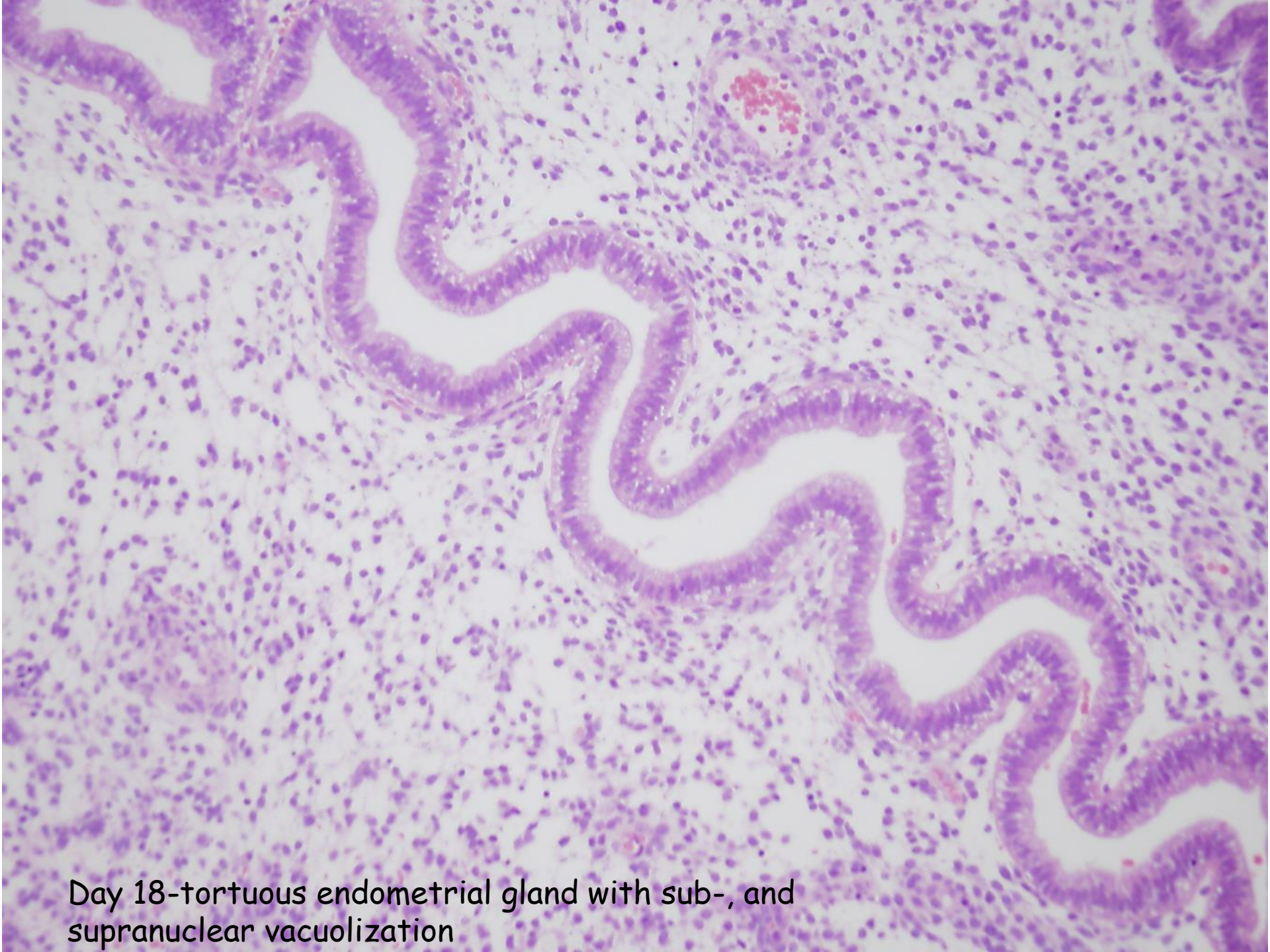


Early proliferative phase-  
(„blue doughnuts” glands)

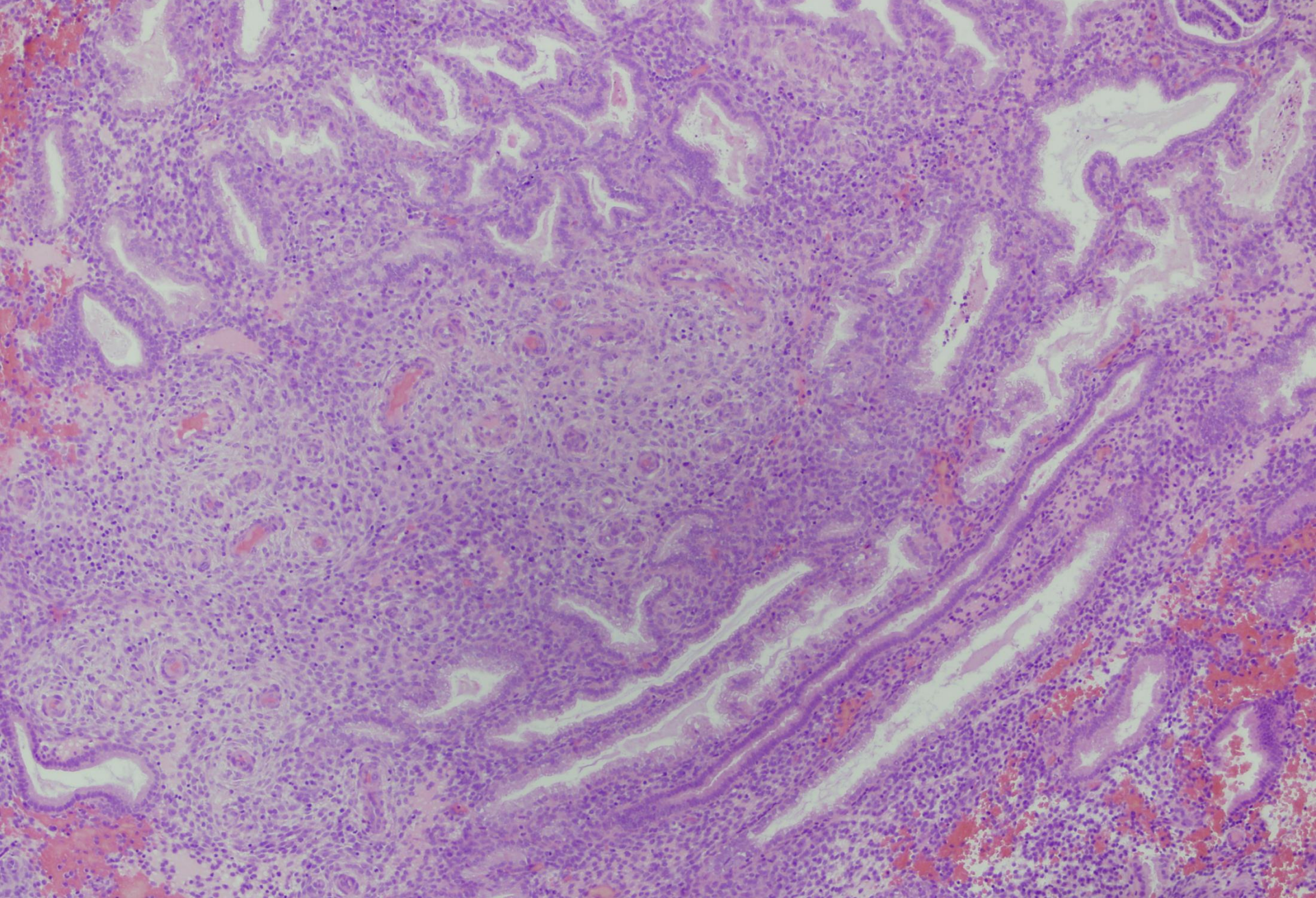


Day 17-subnuclear vacuoles (piano key morphology) within endometrial glands



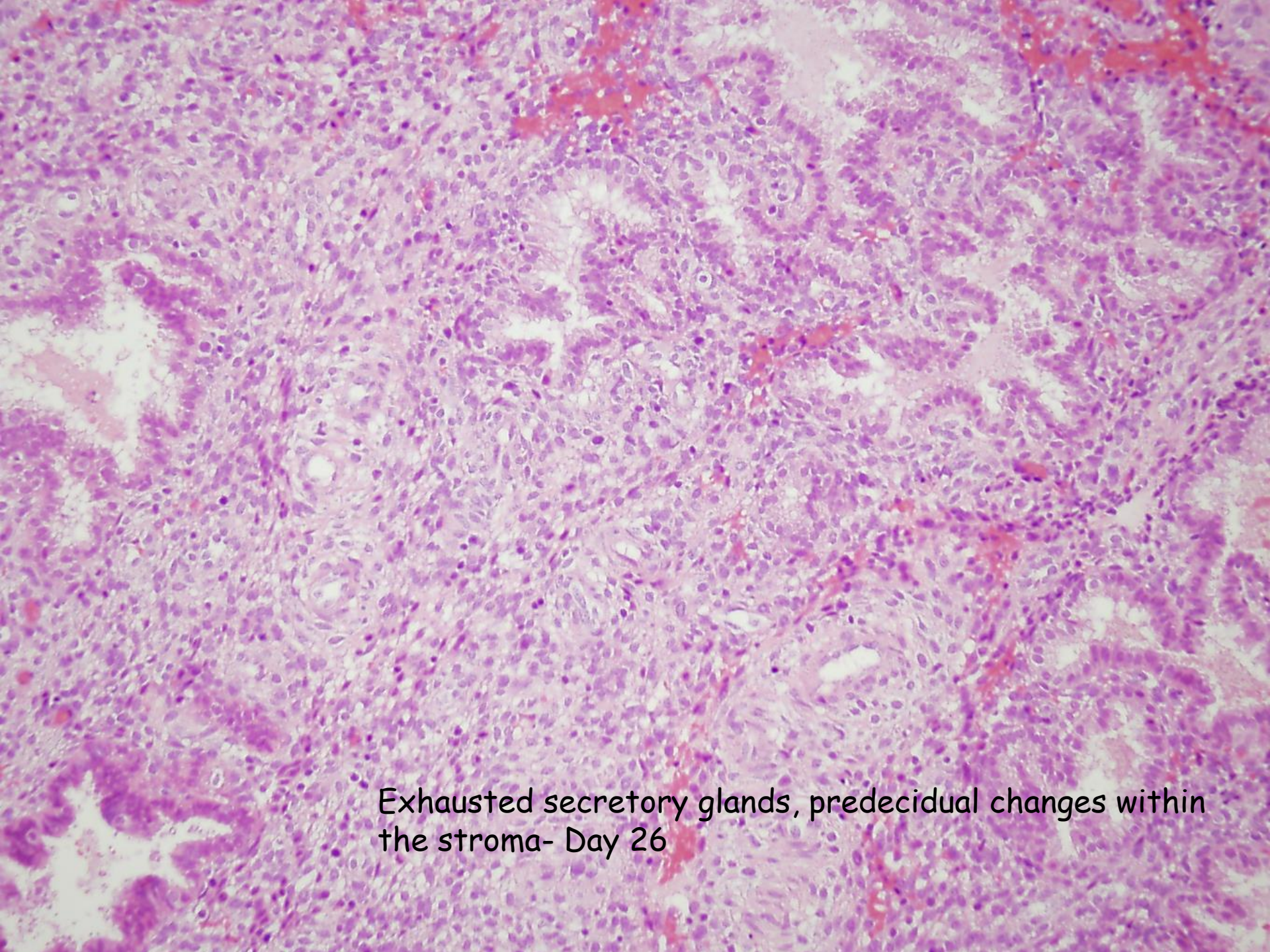


Day 18-tortuous endometrial gland with sub-, and supranuclear vacuolization

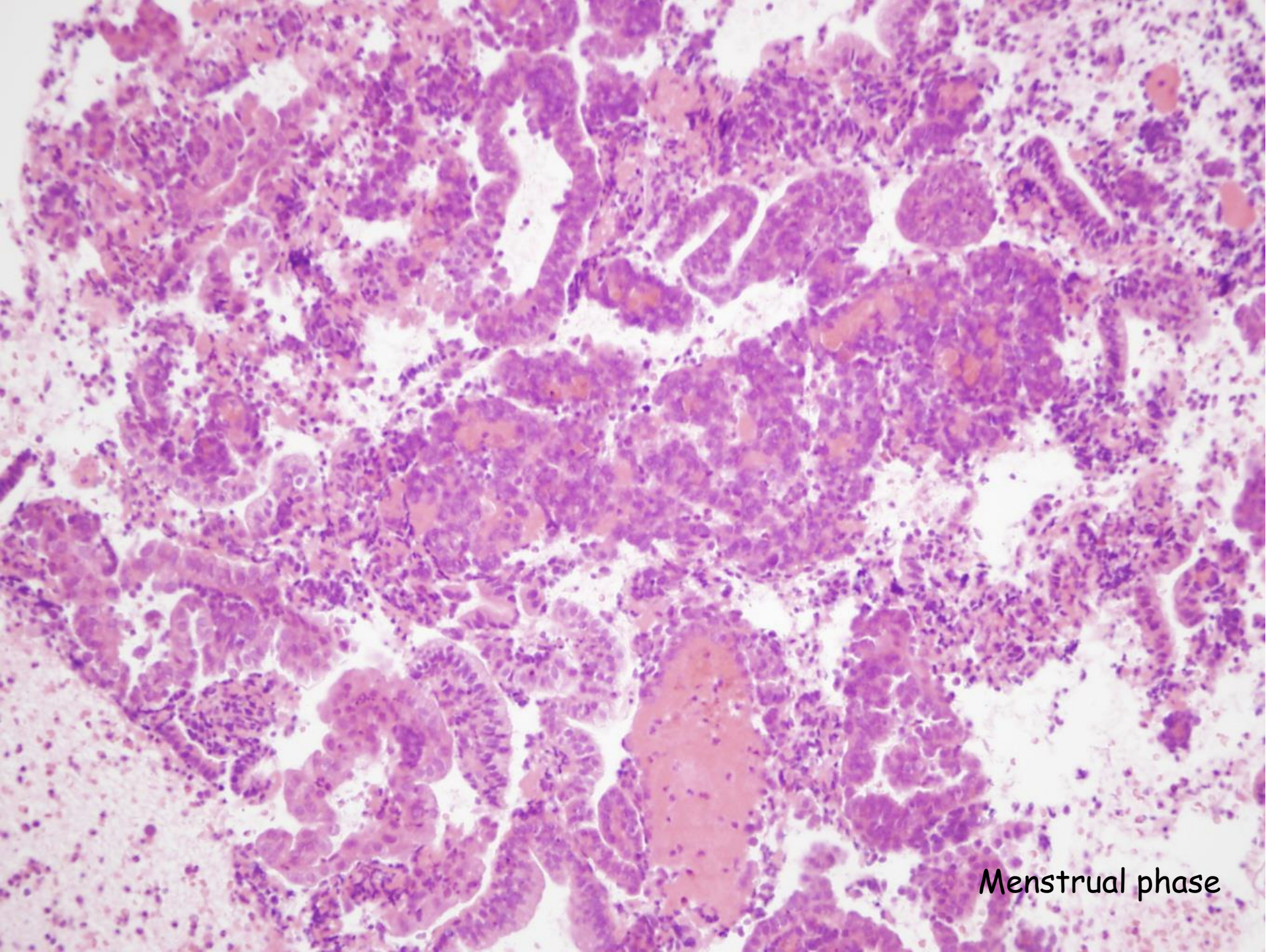


Day 24

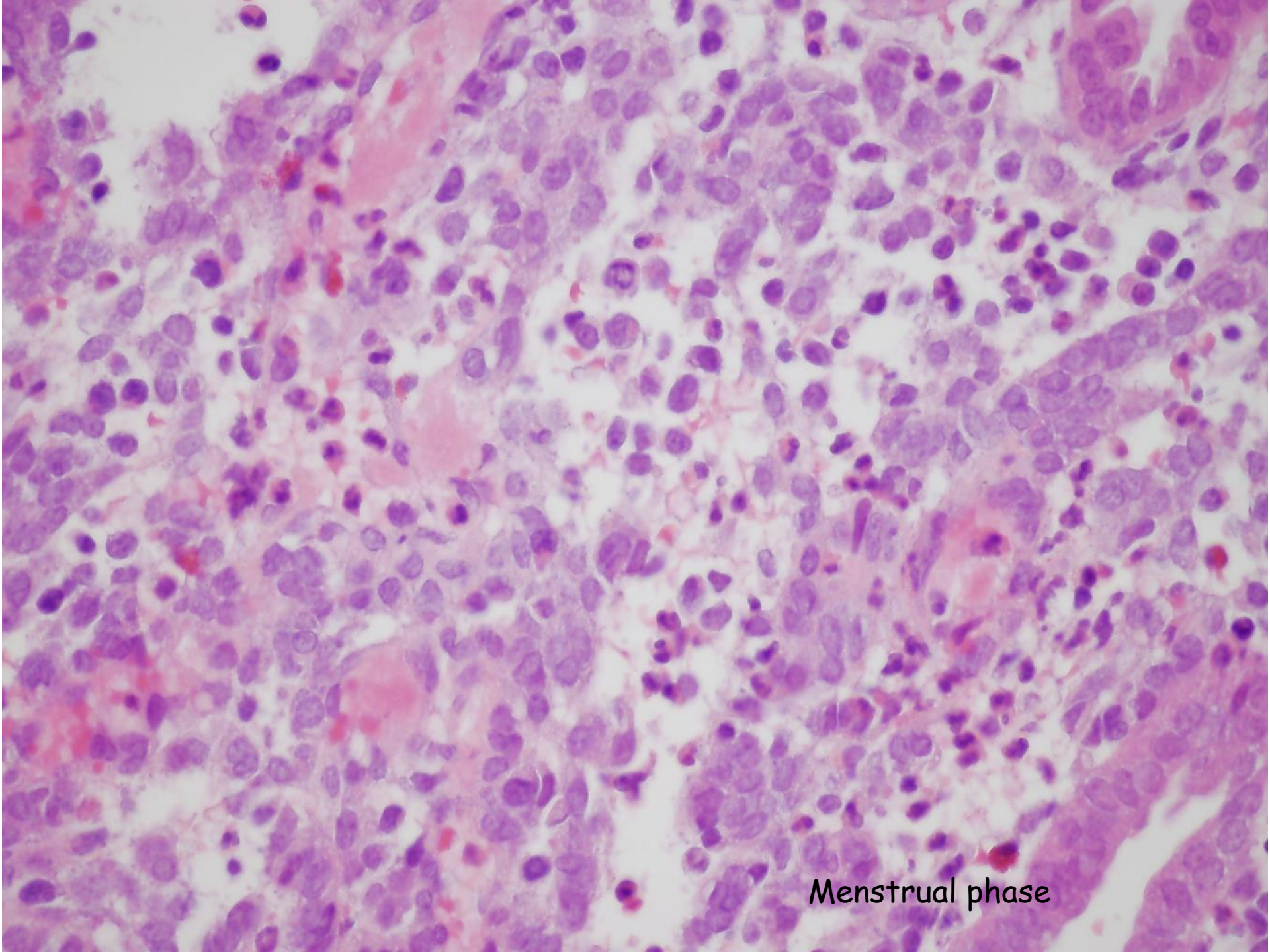
Exhausted secretory glands, predecidual changes around spiral arterioles



Exhausted secretory glands, predecidual changes within the stroma- Day 26



Menstrual phase



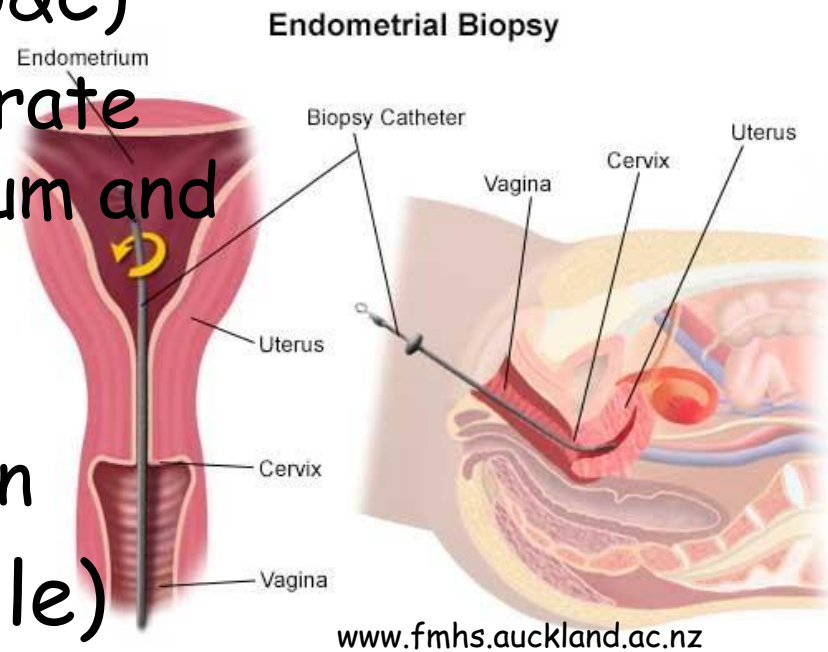
Menstrual phase

# How do we assess the endometrium?

1. By sampling procedures
2. In hysterectomy specimens (from TAH with or without BSO, laparoscopic hysterectomy, Chrobak surgery, Wertheim surgery...)

# Endometrium Sampling Techniques

1. Dilatation and Curettage(D&C)
2. Fractional curettage (separate sampling of the endometrium and endocervix)
3. Hysteroscopy+ polyp/endometrium ablation
4. Endometrial biopsy (Pipelle)



# Endometrial sampling-when?

- AUB (abnormal uterine bleeding)
- Abortion
- „Dating“ the endometrium in cases of infertility
- Hormone replacement therapy,  
Tamoxifen



# Pathology of the endometrium

- Inflammation
- Clinical terms
- AUB
- Endometrial hyperplasia
- Adenomyosis and endometriosis
- Tumors of the endometrium



# Inflamr

- **Acute endometritis**
  - in abortion, in a postpartum state
  - group A hemolytic streptococci
- **Chronic endometritis**
  - after retained gestational tissue
  - in PID
  - due to an IUD (actinomyces!)
  - tuberculosis (from tuberculous western world)
  - chlamydial infection- plasma cell
- **Pyometra**
- **Asherman's syndrome** (intrauterine adhesions resulting in amenorrhea)



Semmelweis Ignác

(1818-1865)

*Ignác Semmelweis*

# Clinical terms (still in your book and in use)

- amenorrhea- primary or secondary
- Oligomenorrhea ↔ polymenorrhea
- hypomenorrhea ↔ menorrhagia
- metrorrhagia
- dysmenorrhea



# Clinical terms

- ~~Dysfunctional uterine bleeding~~
- ~~Oligomenorrhea, polymenorrhea~~
- ~~hypomenorrhea ↔ menorrhagia~~
- ~~Metrorrhagia, metropathia  
haemorrhagica~~
- ~~Dysmenorrhea~~



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## SPECIAL COMMUNICATION

FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding in nongravid women of reproductive age

Malcolm G. Munro<sup>a,b,\*</sup>, Hilary O.D. Critchley<sup>c</sup>, Michael S. Broder<sup>d</sup>,  
Ian S. Fraser<sup>e</sup>; for the FIGO Working Group on Menstrual Disorders

<sup>a</sup> Department of Obstetrics and Gynecology, University of California, Los Angeles, USA

<sup>b</sup> Kaiser Permanente, Los Angeles Medical Center, Los Angeles, USA

<sup>c</sup> Centre for Reproductive Biology, University of Edinburgh, Queen's Medical Research Institute, Edinburgh, UK

<sup>d</sup> Partnership for Health Analytic Research, Beverly Hills, USA

<sup>e</sup> University of Sydney, Queen Elizabeth II Research Institute for Mothers and Infants, Sydney, Australia

- **Abnormal Uterine Bleeding (AUB)**

# AUB facts

- Premenop AUB- 1/3 of gynecological consultations
- Peri- and postmenop AUB- 70% of gynecological consultations
- FIGO Menstrual Disorders Working Group-2011
- American College of Obstetricians and Gynecologists (ACOG)-2013



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# AUB definitions

- AUB: bleeding from the uterine corpus that is abnormal in volume, regularity, and/or timing
  - Heavy menstrual bleeding (HMB)
  - Intermenstrual bleeding (IMB)

# AUB definitions (cont.)

- **Chronic AUB:** bleeding from the uterine corpus that is abnormal in volume, regularity, and/or timing, and has been present for 6 months
- **Acute AUB:** was defined as an episode of heavy bleeding that, in the opinion of the clinician, is of sufficient quantity to require immediate intervention to prevent further blood loss
- **Intermenstrual bleeding (IMB):** occurs between clearly defined cyclic and predictable menses



# AUB in reproductive ages

## PALM/COEIN

<b>P</b> olyp	}	<b>S</b> ubmucosal
<b>A</b> denomyosis		
<b>L</b> eiomyoma		
<b>M</b> alignancy & hyperplasia		

<b>C</b> oagulopathy
<b>O</b> vulatory dysfunction
<b>E</b> ndometrial
<b>I</b> atrogenic
<b>N</b> ot yet classified



# PALM

- Polyp-AUB-P
  - Adenomyosis AUB-A
  - Leiomyoma AUB-L
  - Malignancy and hyperplasia AUB-M
- These lesions are detected by imaging and assessed by histology



# Causes of Abnormal Uterine Bleeding by Age Group

<b>Prepuberty</b>	Precocious puberty (hypothalamic, pituitary or ovarian origin)
<b>Adolescence</b>	<b>Anovulatory cycle</b>
<b>Reproductive age</b>	Complication of pregnancy (abortion, trophobl.disease, ectopic pregnancy) Organic lesions (leiomyoma, polyp, adenomyosis, endometrial hyperplasia, carcinoma) Anovulatory cycle
<b>Perimenopausal</b>	<b>Anovulatory cycle</b> Organic lesions (carcinoma, hyperplasia, polyp)
<b>Postmenopausal</b>	Organic lesions (carcinoma, hyperplasia, polyp) Endometrial atrophy

# Dysfunctional endometrial bleeding (now AUB-COEIN group)

- **Inadequate proliferative phase**
  - discrepancy between the observed and the expected endometrial pattern in the proliferative phase
- **Inadequate luteal phase**
  - low progesteron level
  - infertility
  - amenorrhea or abnormal bleeding
  - sampling 2 days before expected menstruation!
- **Irregular shedding of the endometrium**
  - menstruation lasts longer than 7 days without prolongation of the cycle
  - sampling on the 5th day of the menstruation demonstrates menstruation type and late secretory type endometrium and early proliferative endometrium

Polyp
Adenomyosis
Leiomyoma
Malignancy & hyperplasia

Submucosal
Other

Coagulopathy
Ovulatory dysfunction
Endometrial
Iatrogenic
Not yet classified



# Dysfunctional endometrial bleeding



- **Anovulatory cycle (AUB-O)**

- in adolescence and premenopausa **most commonly** due to slight hormonal imbalances and no apparent causes

- **Less commonly:**

- **endocrine** causes: thyroid, adrenal or pituitary disease
- **ovarian** causes: PCO, granulosa-theca cell tumor
- **systemic** metabolic causes: obesity, malnutrition (anorexia nervosa!), chronic systemic diseases etc.

- no ovulation → prolonged unopposed estrogenic stimulation → persistent proliferative endometrium → endometrial hyperplasia or unsheduled breakdown of the stroma → abnormal bleeding



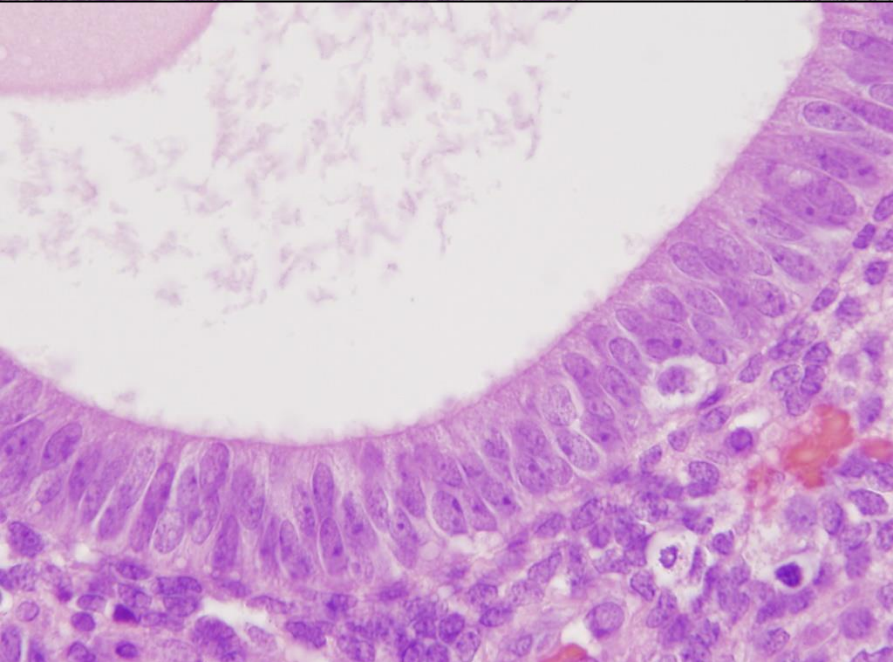
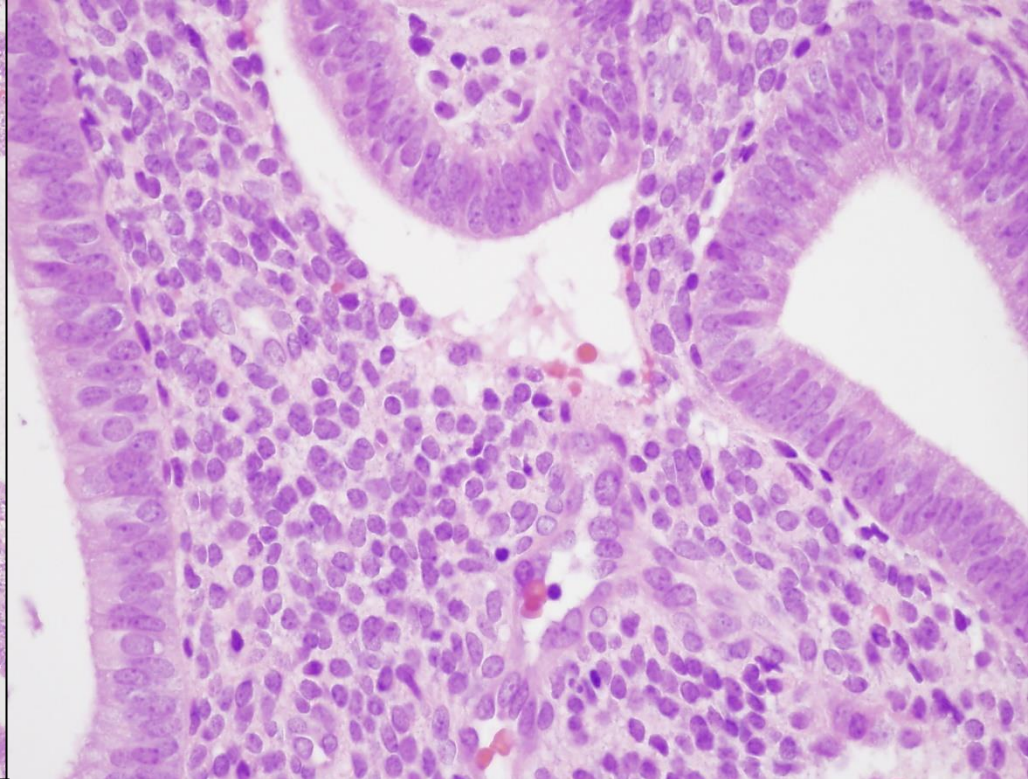
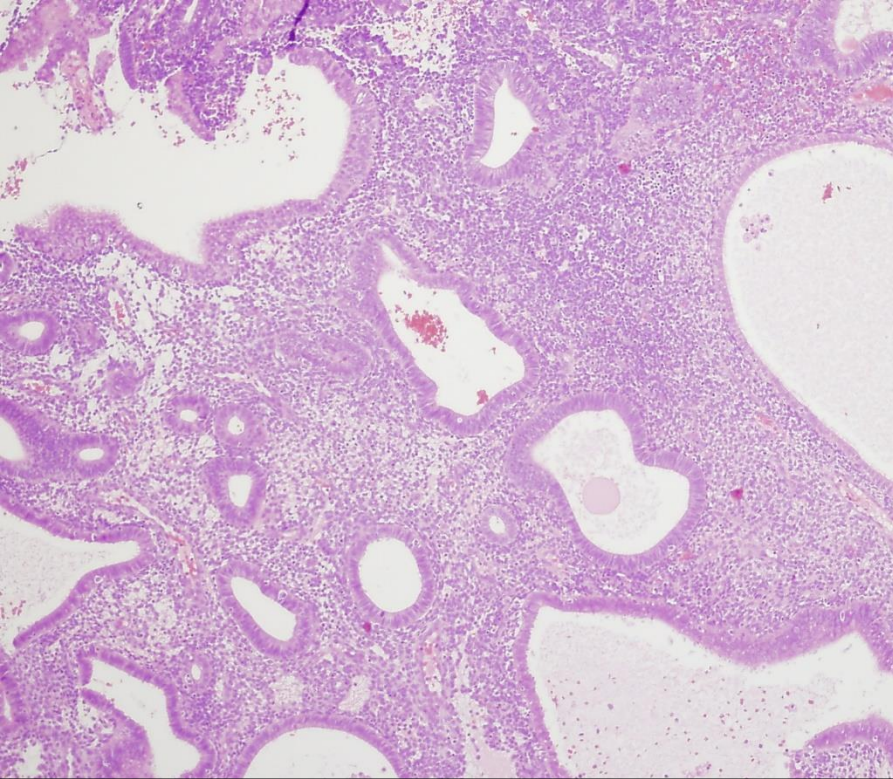
# Endometrial hyperplasia

- result of unopposed, prolonged **estrogenic stimulation** (due to anovulation or increased estrogen production- PCO, Stein-Leventhal sy, cortical stromal hppl, estrogen replacement therapy, functioning granulosa cell tumor)
- (Simple or Complex) Hyperplasia without atypia
- (Simple or Complex) Hyperplasia with atypia

# Hyperplasia (formerly called simple hyperplasia)



- **Without atypia**
  - diffuse alteration
  - increased amount of glands and stroma
  - (Mildly increased) almost normal ratio of glands and stroma
  - differences in glandular size and shape
  - cystically dilated glands
  - glandular epithelium: proliferative
  - Usually no progression to adenocarcinoma (1%)
- **With atypia**
  - the previous features + cytological atypia
  - Uncommon
  - Progression to adenocarcinoma 8%



Simple hyperplasia



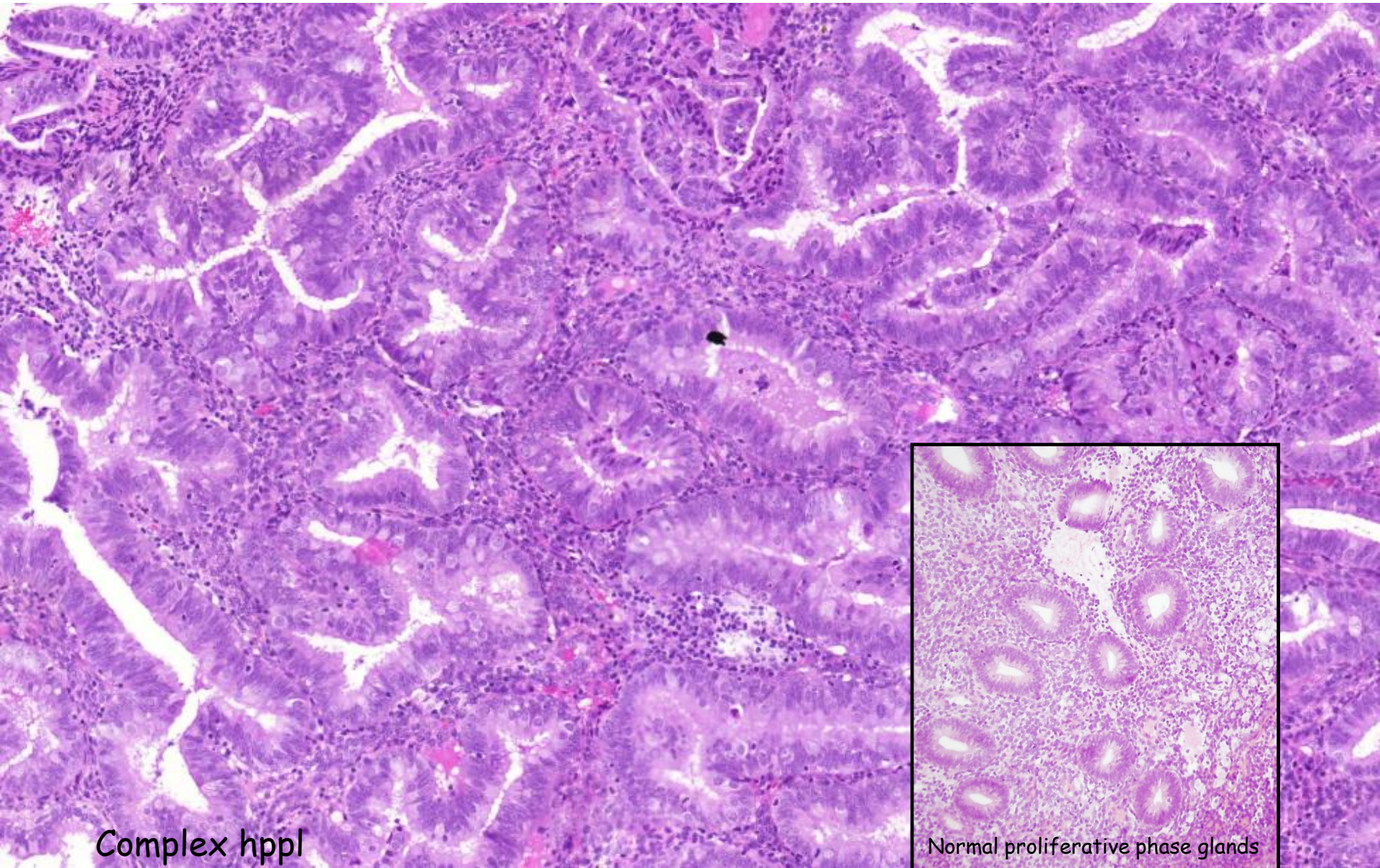


Simple hyperplasia- endometrium

# Formerly called complex hyperplasia



- Without atypia
  - focal alteration
  - irregular glands
  - increased ratio of glands to stroma (less intervening stroma, back-to-back placed glands)
  - Progression to adenocarcinoma 3%
- With atypia (Endometrioid Intraepithelial Neoplasia)
  - cytological atypia
  - Usually hysterectomy is done
  - Progression to adenocarcinoma 25-30%

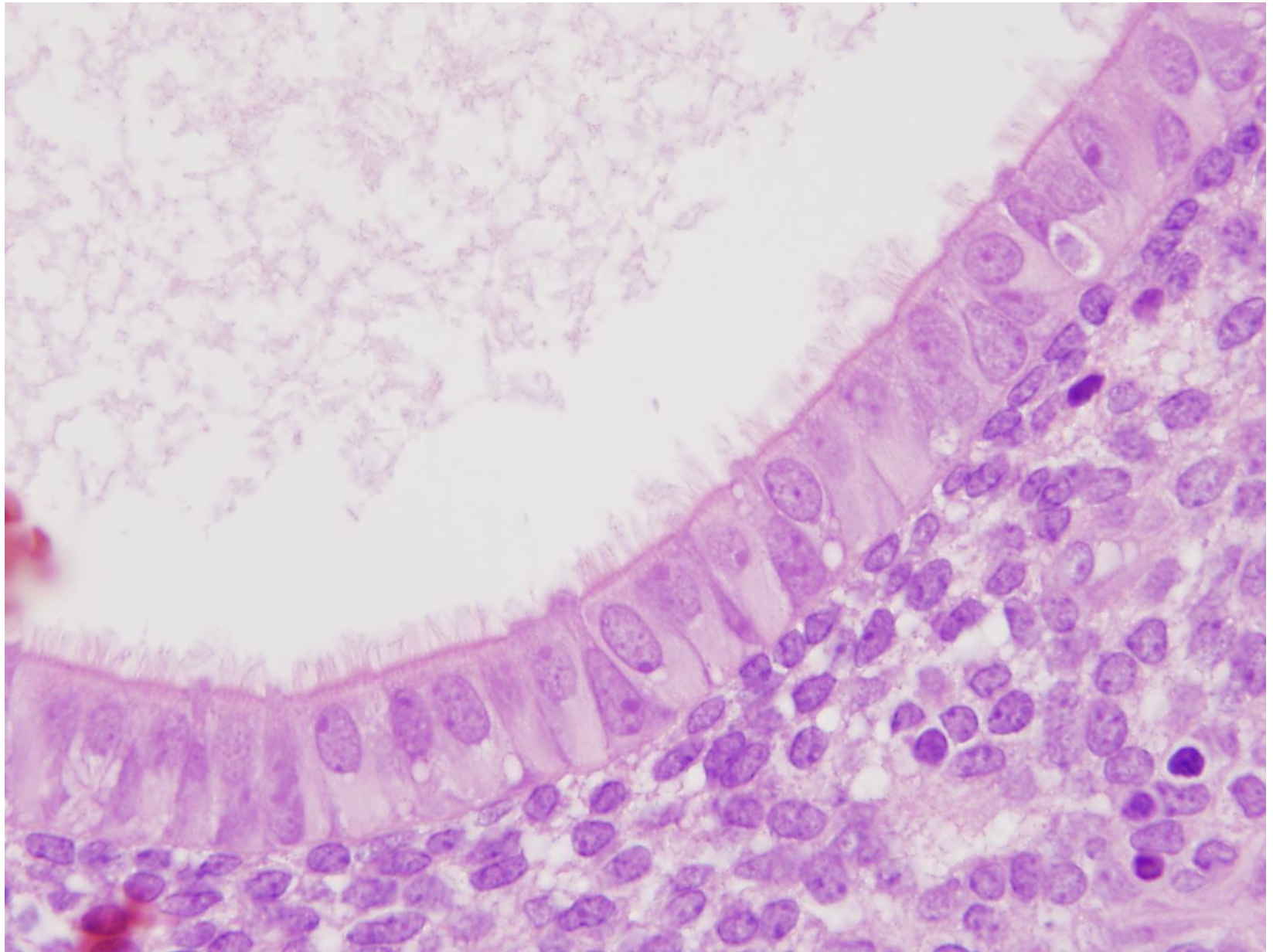


Complex hppl

Normal proliferative phase glands

# Metaplasias

- different forms: squamous, tubal, eosinophilic, mucinous, etc.
- frequently associated with hyperplasia



Tubal metaplasia



# Adenomyosis and endometriosis

- **Adenomyosis:** endometrial glands and stroma deep within the myometrium (by at least 2-3 mm from endometrium)
- **Endometriosis:** endometrial tissue outside the uterus
  - made of functional endometrium undergoing cyclic changes
  - origin from müllerian rests?  
implantation? lymphatic or hematogenous spread?
  - most commonly within the ovaries, uterine ligaments, on the pelvic peritoneum, bowel, appendix, cervix, fallopian tube, laparotomy scars
  - pelvic pain, dysmenorrhea, infertility
  - Deep infiltrating endometriosis (DIE)



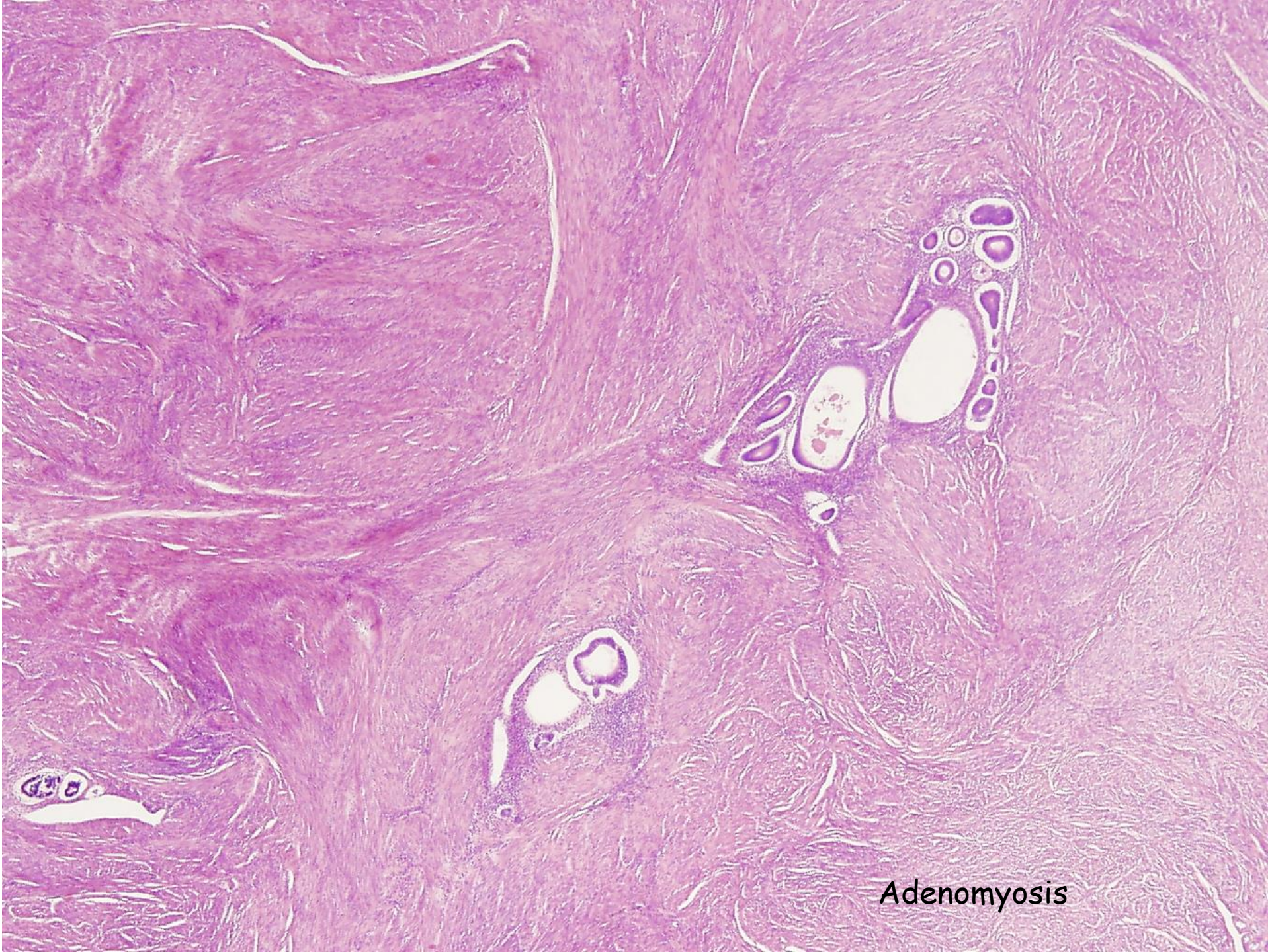
Adenomyosis and endometrial polyp



Adenomyosis

# 5081

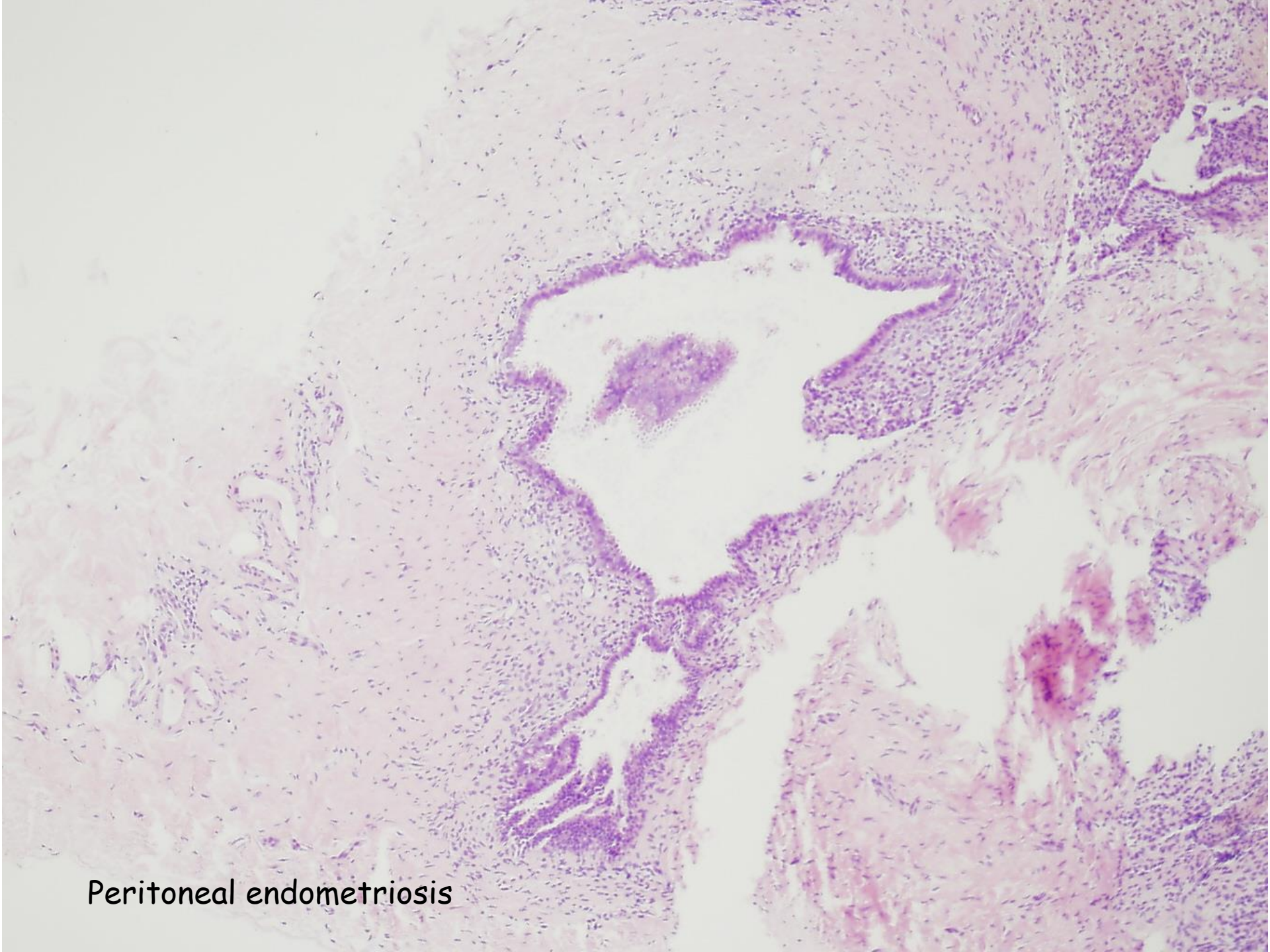




Adenomyosis



Endometriosis of ovary- cyst formation (chocolate cyst)



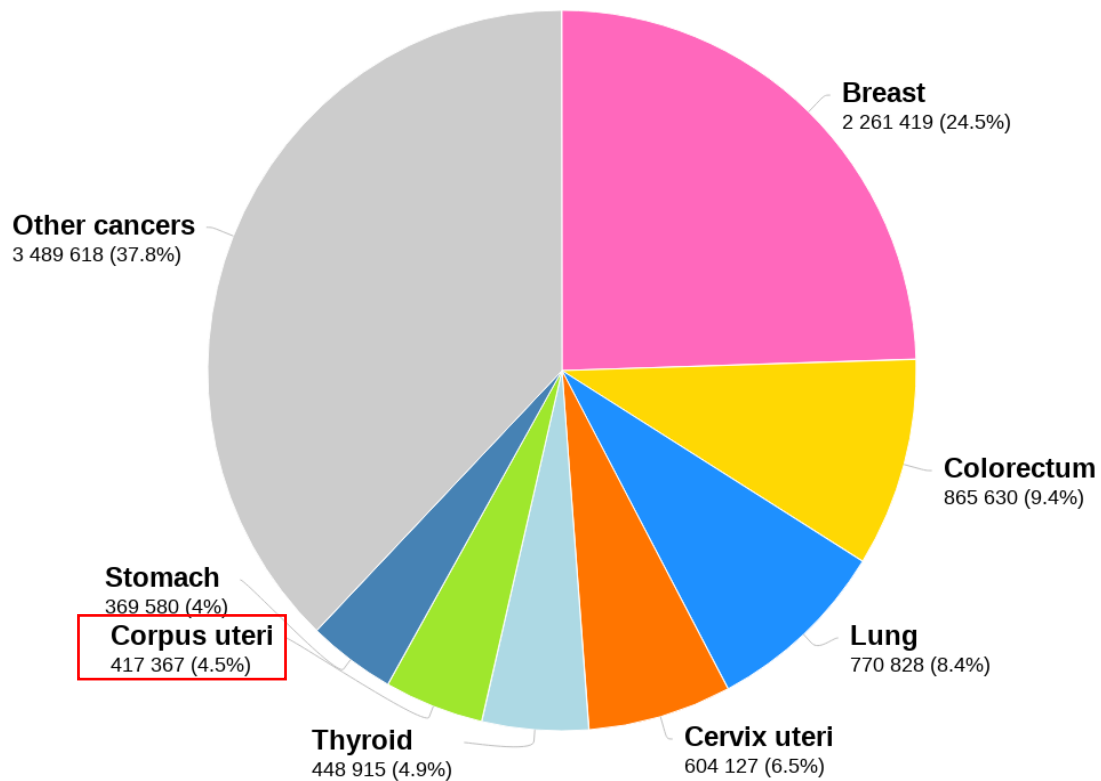
Peritoneal endometriosis

# Endometrial polyps

- not true neoplasms, exophytic mass
- may occur after Tamoxifen (SERM) administration
- asymptomatic or may produce abnormal bleeding (AUB-P)
- MA: projects into the body cavity
- MI: cystically dilated glands, fibrous stroma and **thick-walled vessels**
- adenocarcinoma arising in ~ is possible

# UTERINE NEOPLASIAS

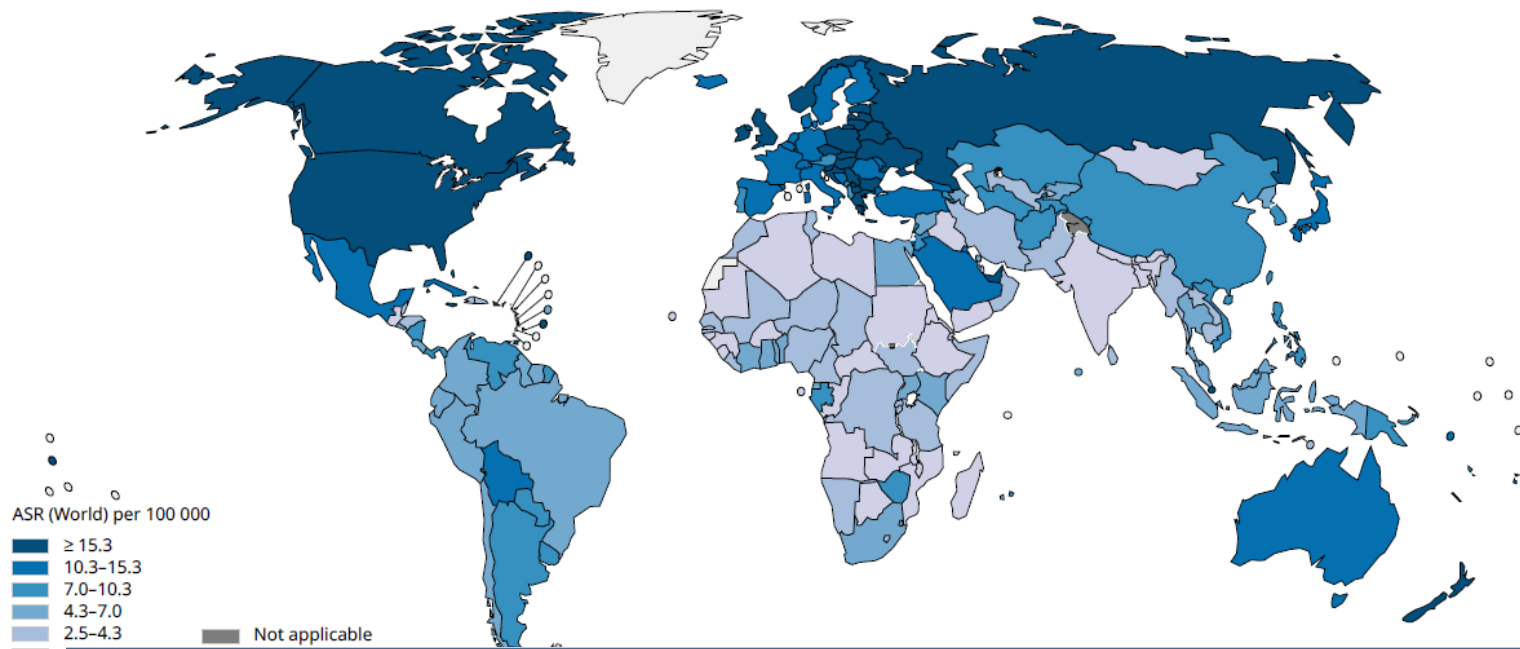
Estimated number of new cases in 2020, World, females, all ages



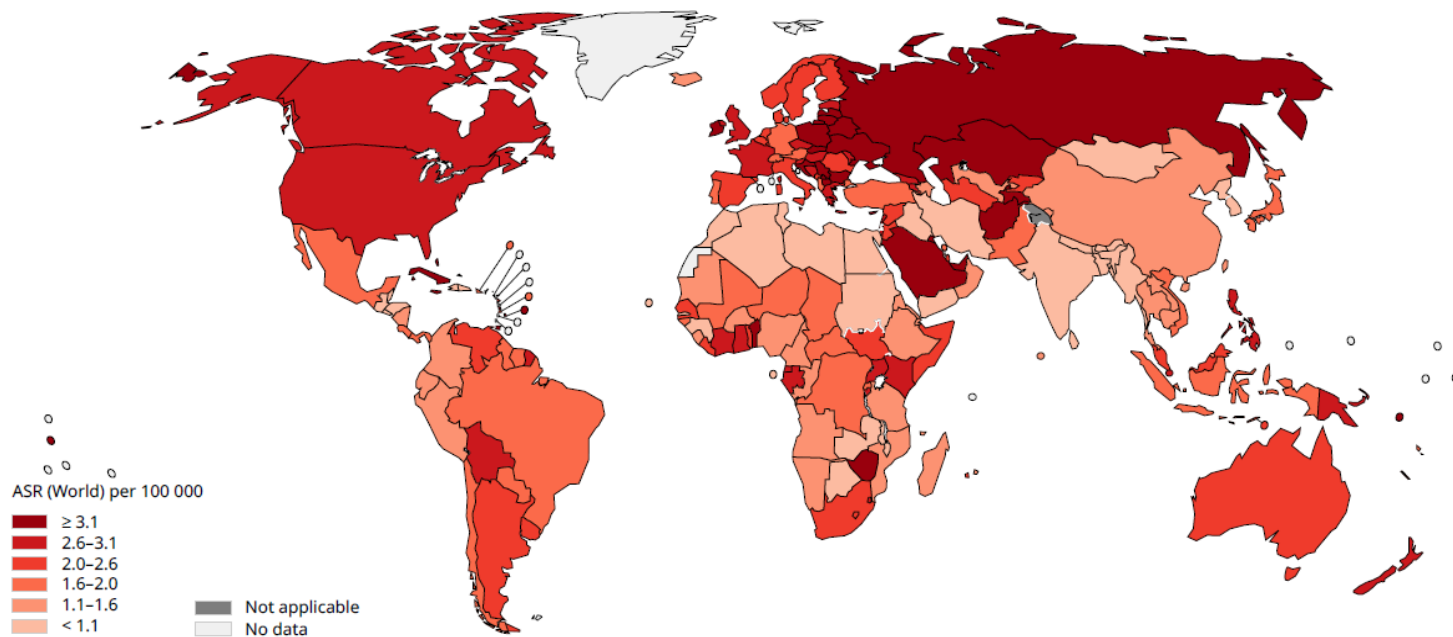
Total : 9 227 484

# ★ Tumors of the uterine corpus

Arising from		Benign	Malignant
Endometrium	Endometrial glands	-	Endometrioid carcinoma Serous cc Clear cell cc
	Endometrial stroma	Stromal nodule	Stromal sarcoma
	Endometrial glands and stroma	Adenofibroma Adenomyoma	Carcinosarcoma Adenosarcoma
Myometrium		Leiomyoma	Leiomyosarcoma



Age standardized (World) mortality rates, corpus uteri, all ages



Data source: GLOBOCAN 2018  
 Graph production: IARC (<http://gco.iarc.fr/today>)

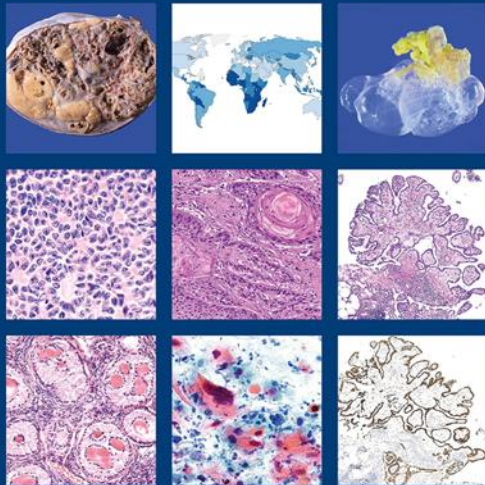


# WHO classification of tumours of the uterine corpus

WHO Classification of Tumours • 5th Edition

## Female Genital Tumours

Edited by the WHO Classification of Tumours Editorial Board



International Agency for Research on Cancer  
World Health Organization

### Endometrial epithelial tumours and precursors

- Endometrial hyperplasia without atypia
- 8380/2 Atypical hyperplasia of the endometrium
- 8380/3 Endometrioid adenocarcinoma NOS
  - POLE*-ultramutated endometrioid carcinoma
  - Mismatch repair-deficient endometrioid carcinoma
  - p53-mutant endometrioid carcinoma
  - No specific molecular profile (NSMP) endometrioid carcinoma
- 8441/3 Serous carcinoma NOS
- 8310/3 Clear cell adenocarcinoma NOS
- 8020/3 Carcinoma, undifferentiated, NOS
- 8323/3 Mixed cell adenocarcinoma
- 9110/3 Mesonephric adenocarcinoma
- 8070/3 Squamous cell carcinoma NOS
- 8144/3 Mucinous carcinoma, intestinal type
- 9111/3\* Mesonephric-like adenocarcinoma
- 8980/3 Carcinosarcoma NOS

### Tumour-like lesions

- Endometrial polyp
- Endometrial metaplasia
- Arias-Stella reaction

### Mesenchymal tumours specific to the uterus

- 8890/0 Leiomyoma NOS
- 8890/0 Lipoleiomyoma
- 8890/0 Leiomyoma, apoplectic
- 8890/0 Leiomyoma, hydropic
- 8890/0 Dissecting leiomyoma
- 8892/0 Cellular leiomyoma
- 8896/0 Myxoid leiomyoma
- 8891/0 Epithelioid leiomyoma
- 8893/0 Symplastic leiomyoma
- 8890/1 Leiomyomatosis NOS
- 8890/1 Intravenous leiomyomatosis

- 8897/1 Smooth muscle tumour of uncertain malignant potential
- 8891/1\* Epithelioid smooth muscle tumour of uncertain malignant potential
- 8896/1\* Myxoid smooth muscle tumour of uncertain malignant potential
- Spindle smooth muscle tumour of uncertain malignant potential
- 8898/1 Metastasizing leiomyoma
- 8890/3 Leiomyosarcoma NOS
  - Spindle leiomyosarcoma
  - Epithelioid leiomyosarcoma
  - Myxoid leiomyosarcoma
- 8891/3 Endometrial stromal sarcoma, low grade
- 8896/3 Endometrial stromal sarcoma, high grade
- 8930/0 Undifferentiated sarcoma
- 8931/3 Uterine tumour resembling ovarian sex cord tumour
- 8930/3 Perivascular epithelioid tumour, benign
- 8805/3 Perivascular epithelioid tumour, malignant
- 8590/1 Inflammatory myofibroblastic tumour
- 8714/0 Epithelioid myofibroblastic sarcoma
- 8714/3 Epithelioid myofibroblastic sarcoma
- 8825/1 Epithelioid myofibroblastic sarcoma

### Mixed epithelial and mesenchymal tumours

- 8932/0 Adenomyoma NOS
- 8932/0 Atypical polypoid adenomyoma
- 8933/3 Adenosarcoma

### Miscellaneous tumours

- 9473/3 Primitive neuroectodermal tumour NOS
- 9064/3 Germ cell tumour NOS
- 9071/3 Yolk sac tumour NOS
- 9080/0 Mature teratoma NOS
- 9080/3 Immature teratoma NOS



# Endometrial carcinoma

- 7% of all (non-skin) cancers in women
- The most common gynecological cancer
- mainly in postmenopausal woman (55-65 y)
- Sentinel cancer in Lynch syndrome
- SY: usually postmenopausal bleeding

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8892/0	Cellular leiomyoma
8896/0	Myxoid leiomyoma
8891/0	Epithelioid leiomyoma
8893/0	Symphastic leiomyoma
8890/1	Leiomyomatosis NOS
8890/1	Intravencous leiomyomatosis

8897/1	Smooth muscle tumour of uncertain malignant potential
8891/1*	Epithelioid smooth muscle tumour of uncertain malignant potential
8896/1*	Myxoid smooth muscle tumour of uncertain malignant potential
	Spindle smooth muscle tumour of uncertain malignant potential
8898/1	Metastasizing leiomyoma
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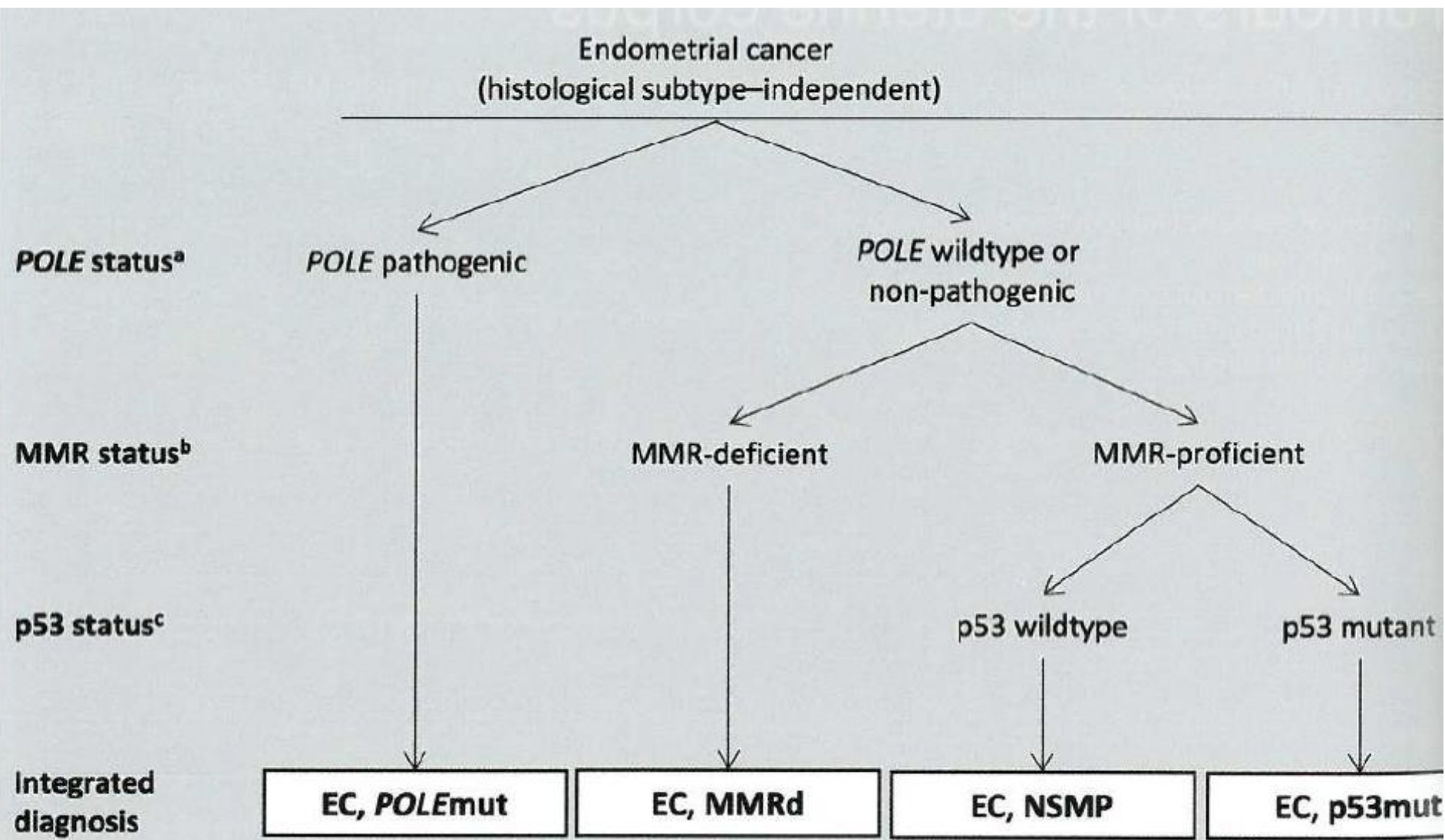
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WHO, 5th edition, 2020



WHO 5th edition, 2020 (ProMisE (Proactive Molecular Risk Classifier for Endometrial Cancer))

POLEmut: hotspot mutations of DNA polymerase epsilon (POLE)

MMR: mismatch repair



# Endometrial carcinoma

## - Endometrioid carcinoma

- on a background of endometrial hyperplasia
- Obesity, diabetes, hypertension, infertility, Stein- Leventhal sy, longstanding estrogen users, breast cancer patients treated with Tamoxifen
- more favorable prognosis
- usually well differentiated

# Endometrial carcinoma

- **Endometrioid carcinoma (cont)**
  - Grading
    - Grade 1: if < 5% solid growth,
    - Grade 2: if < 50% solid growth
    - Grade 3: if > 50% solid growth

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8891/0	Epithelioid leiomyoma
8893/0	Symphastic leiomyoma
8890/1	Leiomyomatosis NOS
8890/1	Intravencous leiomyomatosis

8897/1	Smooth muscle tumour of uncertain malignant potential
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8890/3	Leiomyosarcoma NOS
	Spindle leiomyosarcoma
8891/3	Epithelioid leiomyosarcoma
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8931/3	Endometrial stromal sarcoma, low grade
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8714/0	Perivascular epithelioid tumour, benign
8714/3	Perivascular epithelioid tumour, malignant
8825/1	Inflammatory myofibroblastic tumour
	Epithelioid myofibroblastic sarcoma

## Mixed epithelial and mesenchymal tumours

8932/0	Adenomyoma NOS
8932/0	Atypical polypoid adenomyoma
8933/3	Adenosarcoma

## Miscellaneous tumours

9473/3	Primitive neuroectodermal tumour NOS
9064/3	Germ cell tumour NOS
9071/3	Yolk sac tumour NOS
9080/0	Mature teratoma NOS
9080/3	Immature teratoma NOS

WHO, 5th edition, 2020



# Endometrial carcinoma

- **Serous carcinoma**
  - not associated with endometrial hyperplasia
  - Usually in the setting of atrophy
  - Poorly differentiated, aggressive
  - high grade cytologic features, necrosis, lymphovascular invasion, transtubal spread
  - Papillary, glandular
  - mutation of TP53
  - Early lesion: Serous Endometrial Intraepithelial Carcinoma (SEIC)



# Endometrial carcinoma

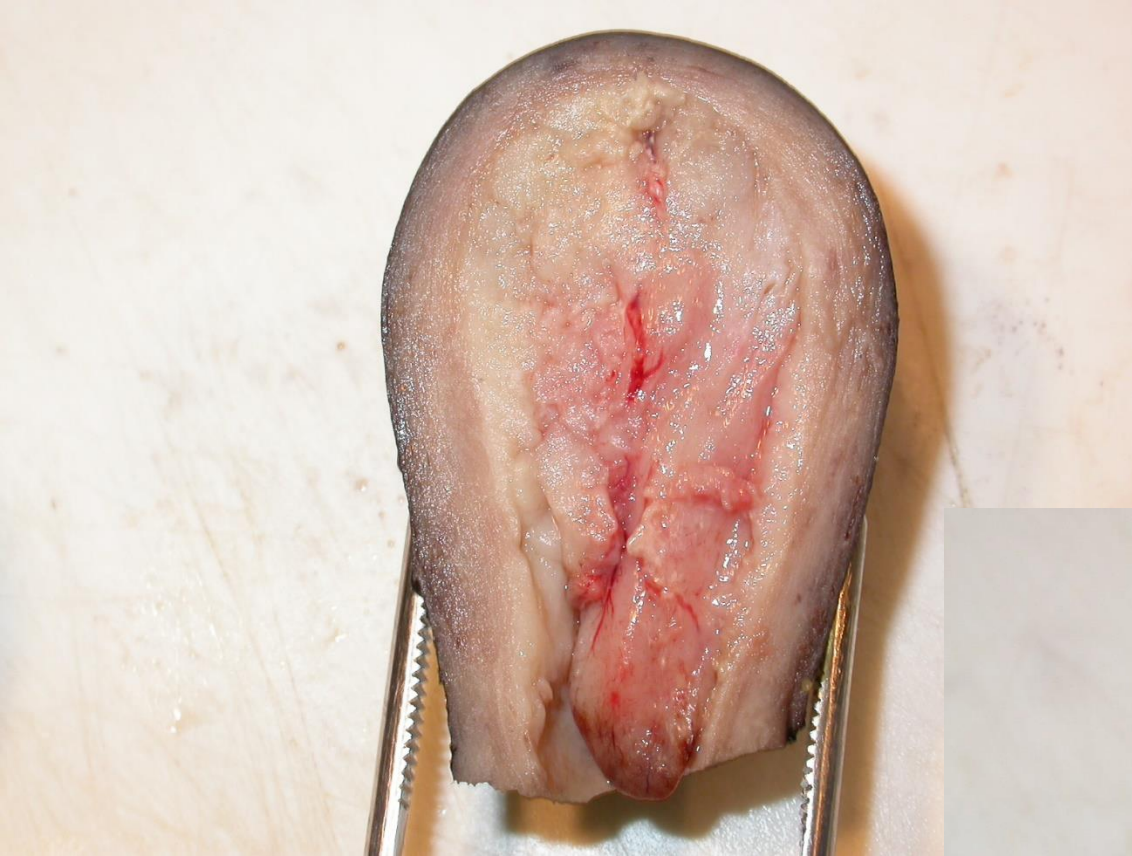
## • Spread and metastases



- local spread: myometrium and cervix
- extrauterine spread: pelvic and paraaortic lymph nodes, ovaries
- serous carcinoma: early spread to the peritoneum, transtubal spread

TNM Categories	FIGO Stages	
TX		Primary tumour cannot be assessed
To		No evidence of primary tumour
T1	I <sup>a</sup>	Tumour confined to the corpus uteri <sup>a</sup>
	T1a	IA <sup>a</sup> Tumour limited to endometrium or invading less than half of myometrium
	T1b	IB Tumour invades one half or more of myometrium
T2	II	Tumour invades cervical stroma, but does not extend beyond the uterus
T3	III	Local and/or regional spread as specified here:
	T3a	IIIA Tumour invades the serosa of the corpus uteri or adnexae (direct extension or metastasis)
	T3b	IIIB Vaginal or parametrial involvement (direct extension or metastasis)
N1,N2	IIIC	Metastasis to pelvic or para.aortic lymph nodes <sup>b</sup>
	N1	IIIC1 Metastasis to pelvic lymph nodes
	N2	IIIC2 Metastasis to para.aortic lymph nodes with or without metastasis to pelvic lymph nodes
T4 <sup>c</sup>	IV	Tumour invades bladder/bowel mucosa

TNM, 8th edition



Endometrioid carcinoma

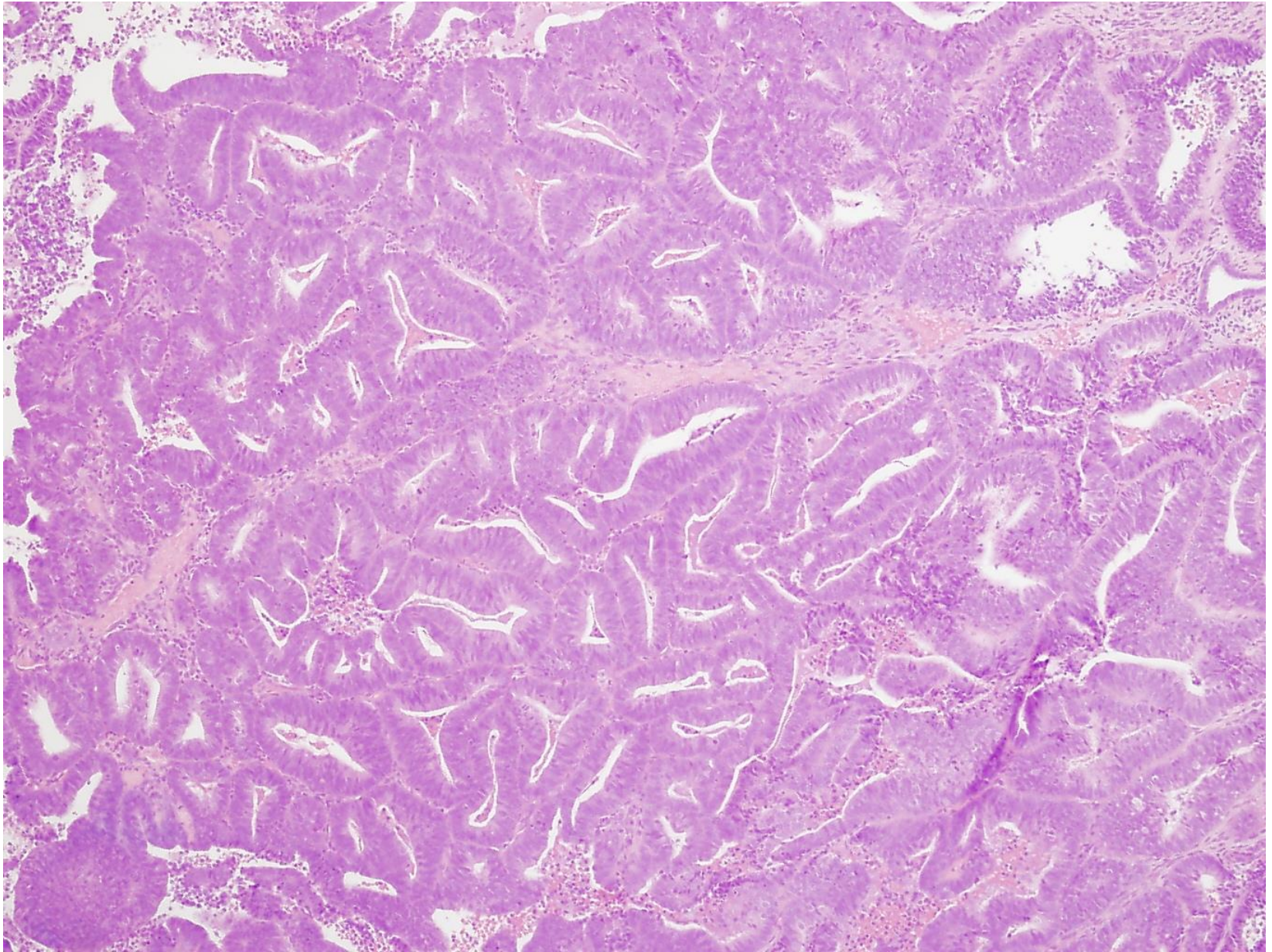


Endometrioid carcinoma

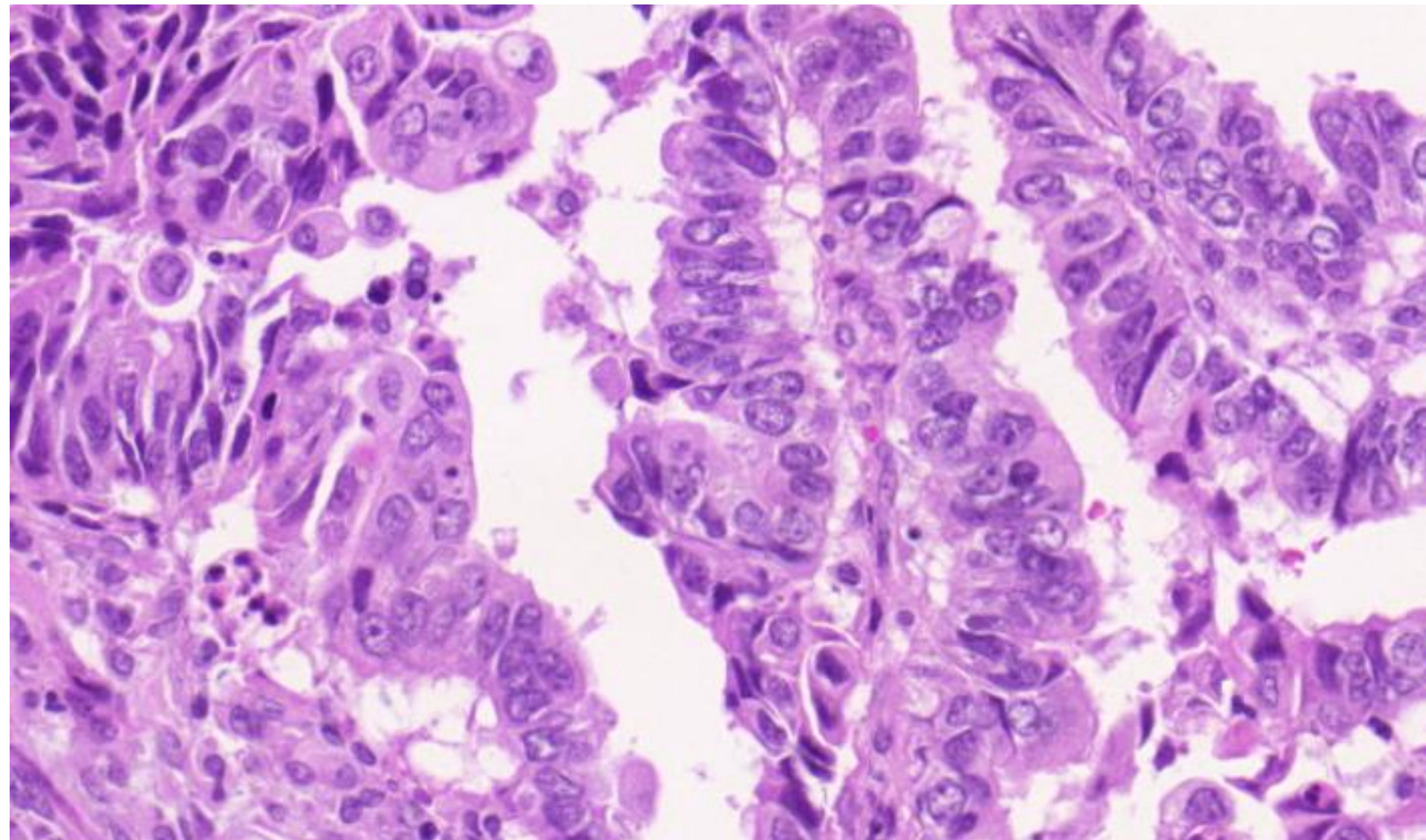
6180/05 2



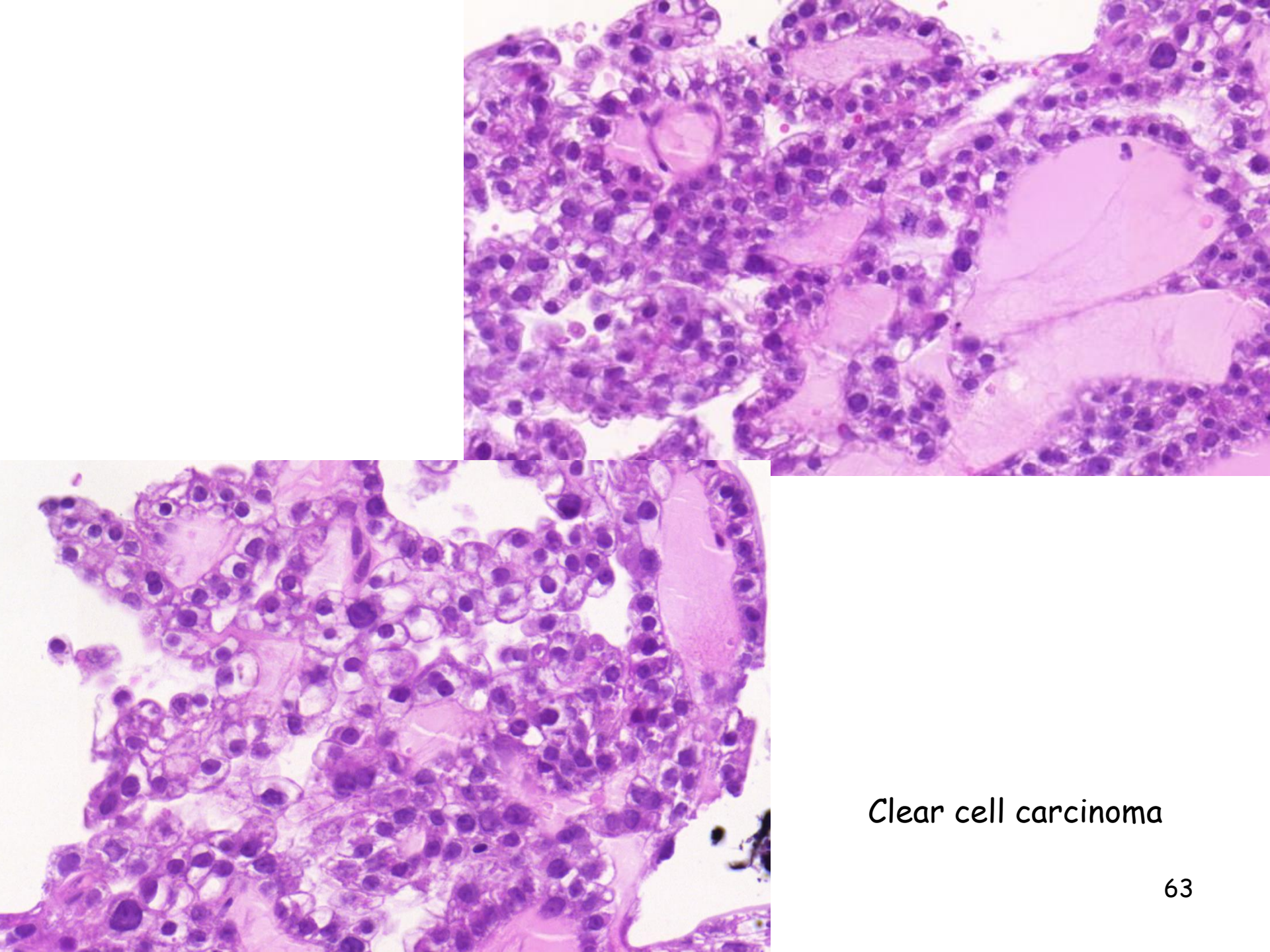
Endometrioid  
carcinoma



Endometrioid carcinoma



Papillary structures-high grade cytology- Serous carcinoma



Clear cell carcinoma

# ★ Tumors of the uterine corpus

Arising from		Benign	Malignant
Endometrium	Endometrial glands	-	Endometrioid carcinoma Serous cc Clear cell cc
	Endometrial stroma	Stromal nodule	Stromal sarcoma
	Endometrial glands and stroma	Adenofibroma Adenomyoma	Carcinosarcoma Adenosarcoma
Myometrium		Leiomyoma	Leiomyosarcoma



# WHO classification of tumours of the uterine corpus

## Endometrial epithelial tumours and precursors

	Endometrial hyperplasia without atypia
8380/2	Atypical hyperplasia of the endometrium
8380/3	Endometrioid adenocarcinoma NOS
	<i>POLE</i> -ultramutated endometrioid carcinoma
	Mismatch repair-deficient endometrioid carcinoma
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	No specific molecular profile (NSMP) endometrioid carcinoma
8441/3	Serous carcinoma NOS
8310/3	Clear cell adenocarcinoma NOS
8020/3	Carcinoma, undifferentiated, NOS
8323/3	Mixed cell adenocarcinoma
9110/3	Mesonephric adenocarcinoma
8070/3	Squamous cell carcinoma NOS
8144/3	Mucinous carcinoma, intestinal type
9111/3*	Mesonephric-like adenocarcinoma
8980/3	Carcinosarcoma NOS

## Tumour-like lesions

Endometrial polyp  
Endometrial metaplasia  
Arias-Stella reaction

## Mesenchymal tumours specific to the uterus

8890/0	Leiomyoma NOS
8890/0	Lipoleiomyoma
8890/0	Leiomyoma, apoplectic
8890/0	Leiomyoma, hydropic
8890/0	Dissecting leiomyoma
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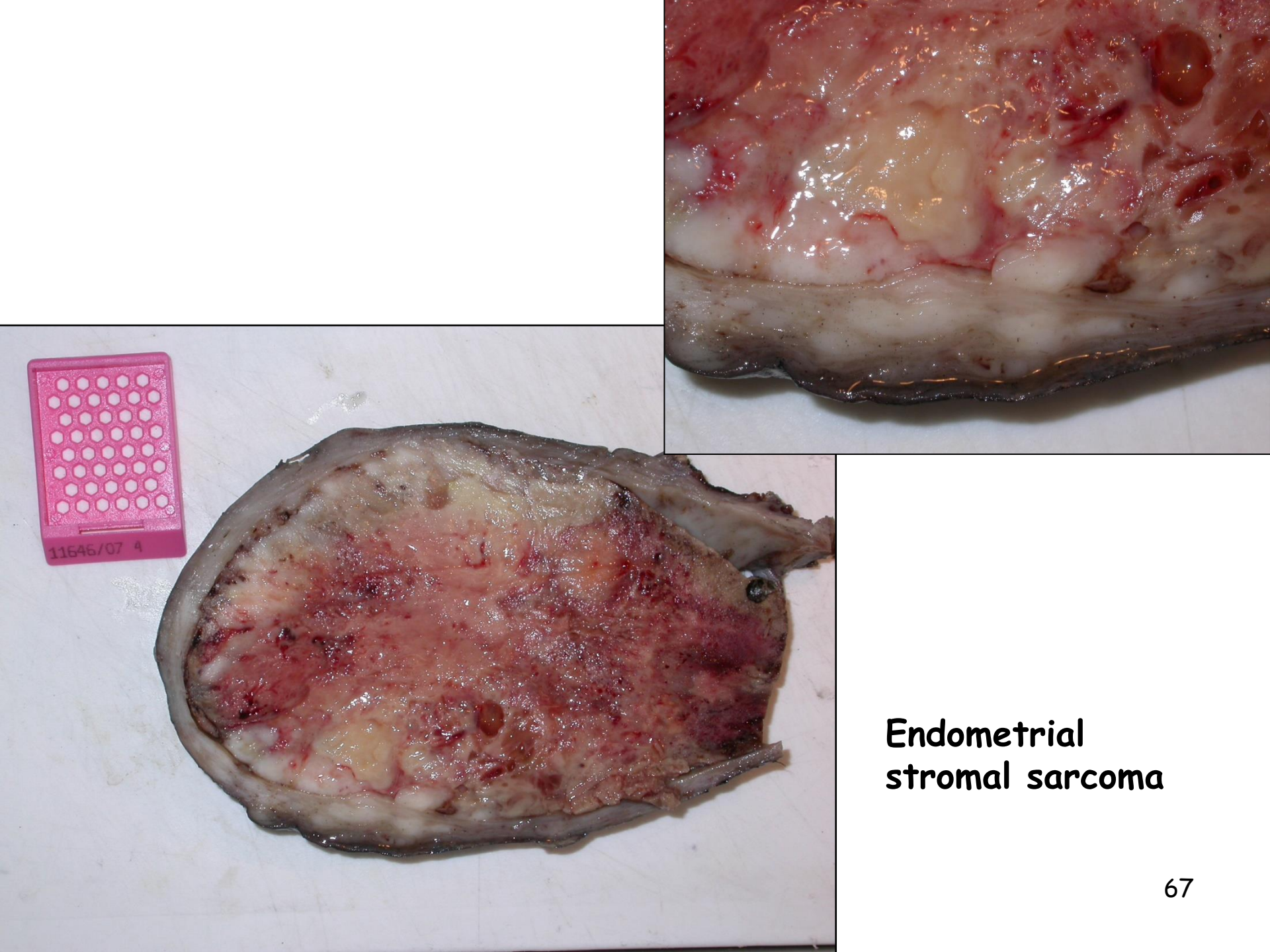
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WHO, 5th edition, 2020

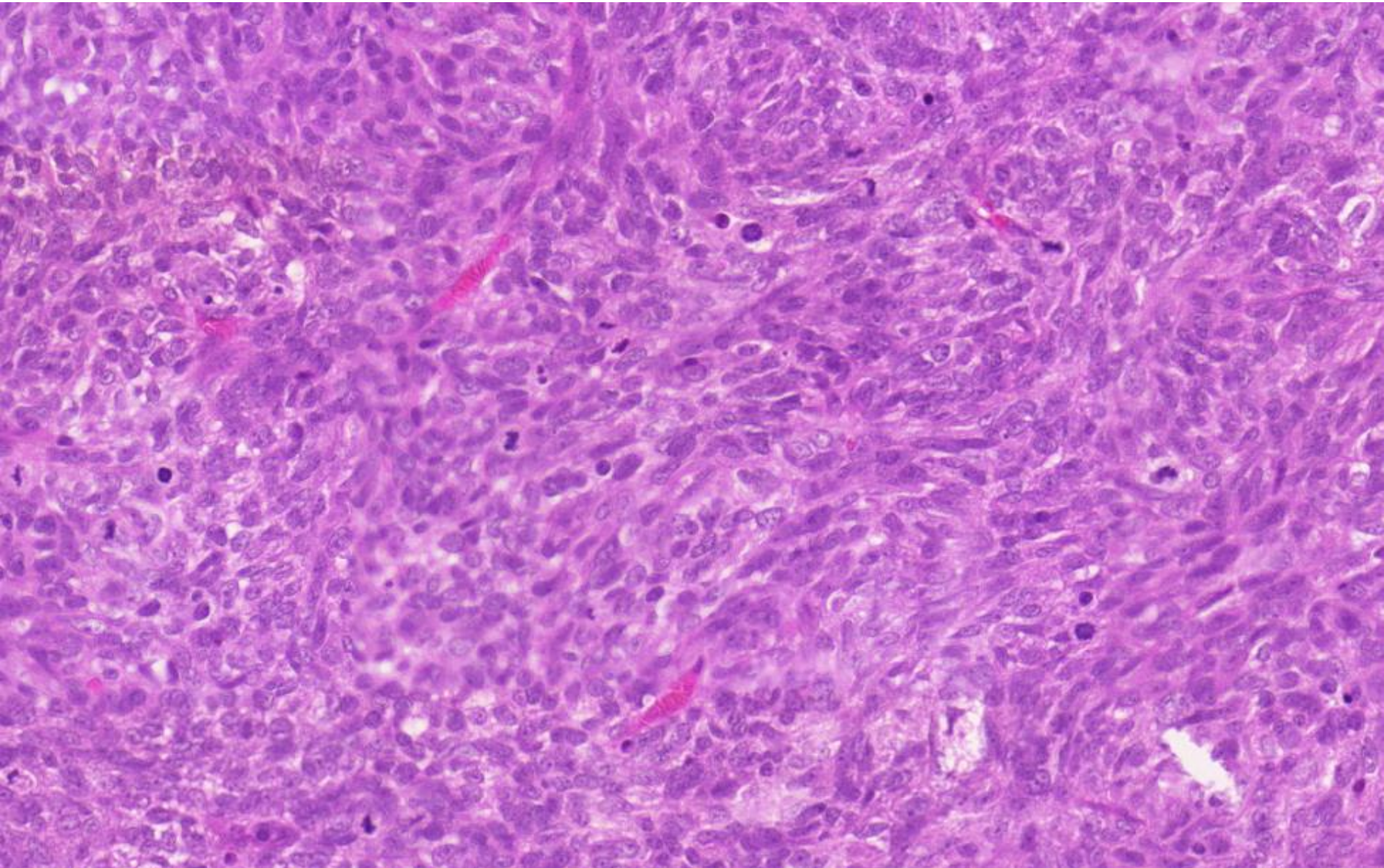
# Endometrial stromal tumors

- middle- aged (average 45 y) women
- tumor cells mimicking endometrial stromal cells
- **Endometrial stromal nodule**
- **Endometrial stromal sarcomas**
  - low and high grade group





**Endometrial  
stromal sarcoma**



Endometrial stromal sarcoma



# Tumors of the uterine corpus

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WHO, 5th edition, 2020

# Mixed epithelial and mesenchymal tumors

- Adenomyoma
- Atypical polypoid adenomyoma
- Adenofibroma
- Adenosarcoma
- Carcinosarcoma (formerly malignant mixed müllerian tumor, now it is considered epithelial in origin with EMT)





# Carcinosarcoma

- postmenopausal patients
- uterine enlargement and bleeding
- MA: large, soft, polypoid masses
- MI: admixture of carcinoma and sarcoma-like elements
  - carcinoma: high grade, undifferentiated, necrosis, hemorrhage
  - sarcoma: homologous or heterologous (skeletal muscle, cartilage, bone or fat)
- now it is considered epithelial in origin with EMT



Carcinosarcoma-uterus

# 5560

# Adenosarcoma

- generally regarded as low grade
- MA: large polypoid growth filling the uterine cavity
- MI: abnormally shaped glands (but no cytologic atypia!) and malignant stroma (the whole resembling phyllodes tumor of the breast)

# Myometrium

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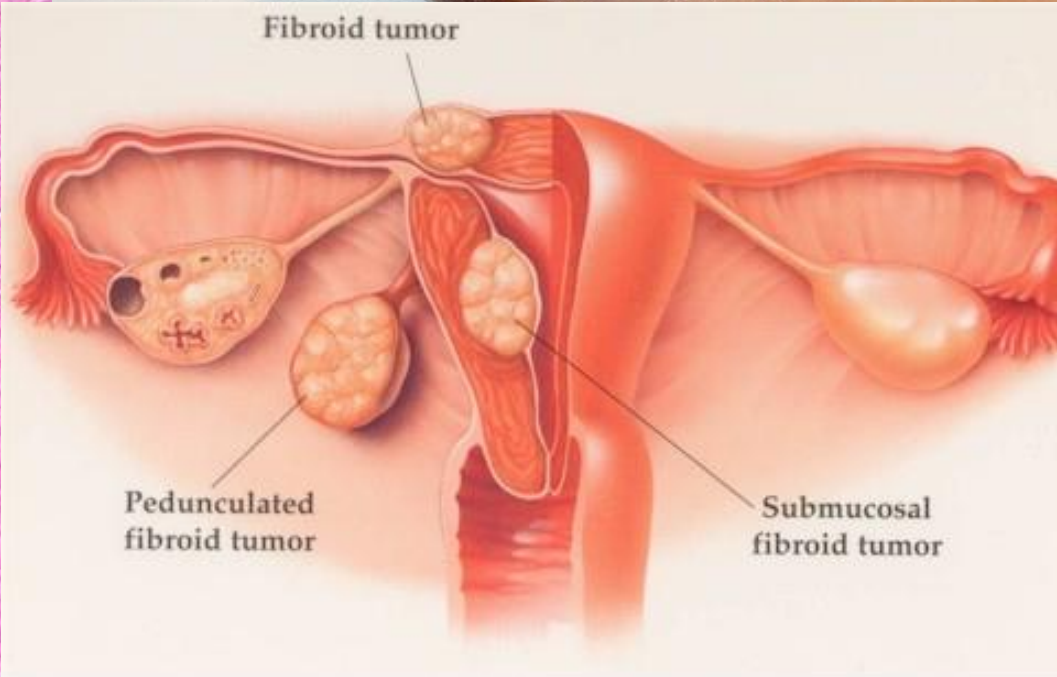
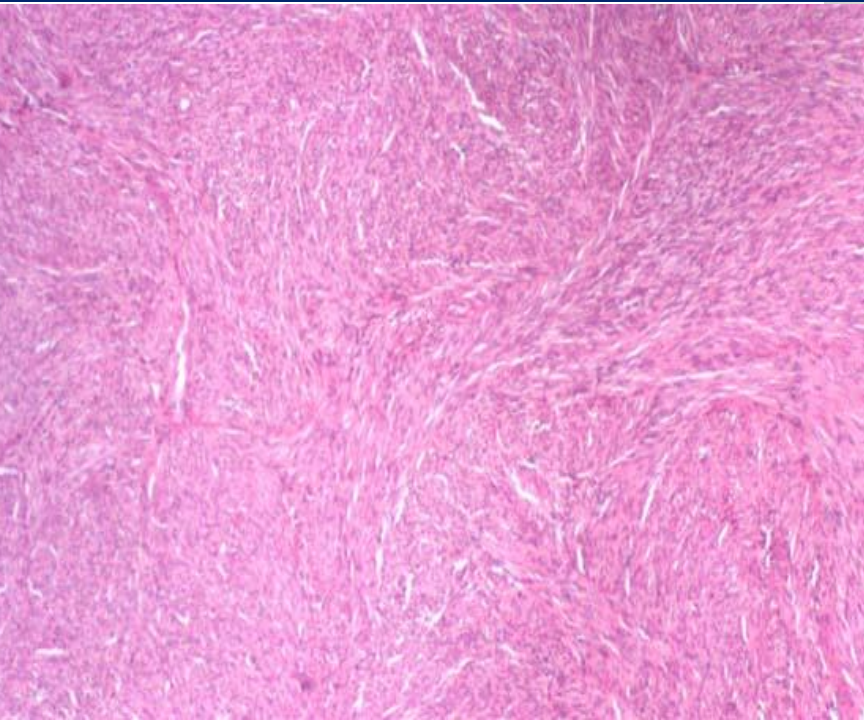
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# Tumors of the Myometrium

- **Leiomyoma**
  - in 40% of women over the age of 50 years
  - **location:** submucosal, intramural, subserosal
  - **symptoms:** abnormal bleeding, pain, spontaneous abortion, impaired fertility, compression of the urinary bladder ( frequency)
  - **MA:** well circumscribed, round, grayish-whitish nodule(s) with a whorling pattern
  - **MA:** uniform spindle shaped cells, no atypia, scanty mitoses

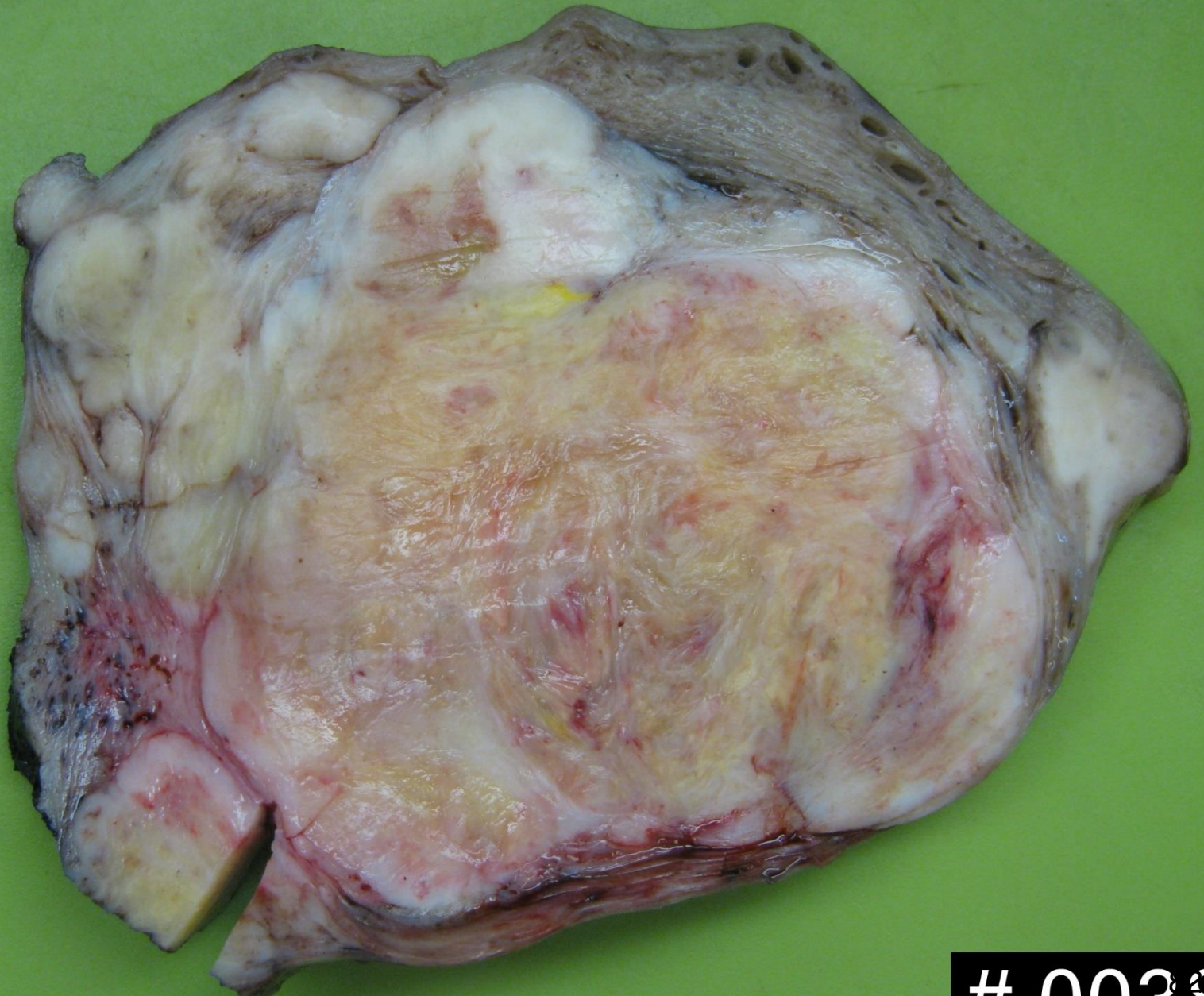




# Tumors of the Myometrium

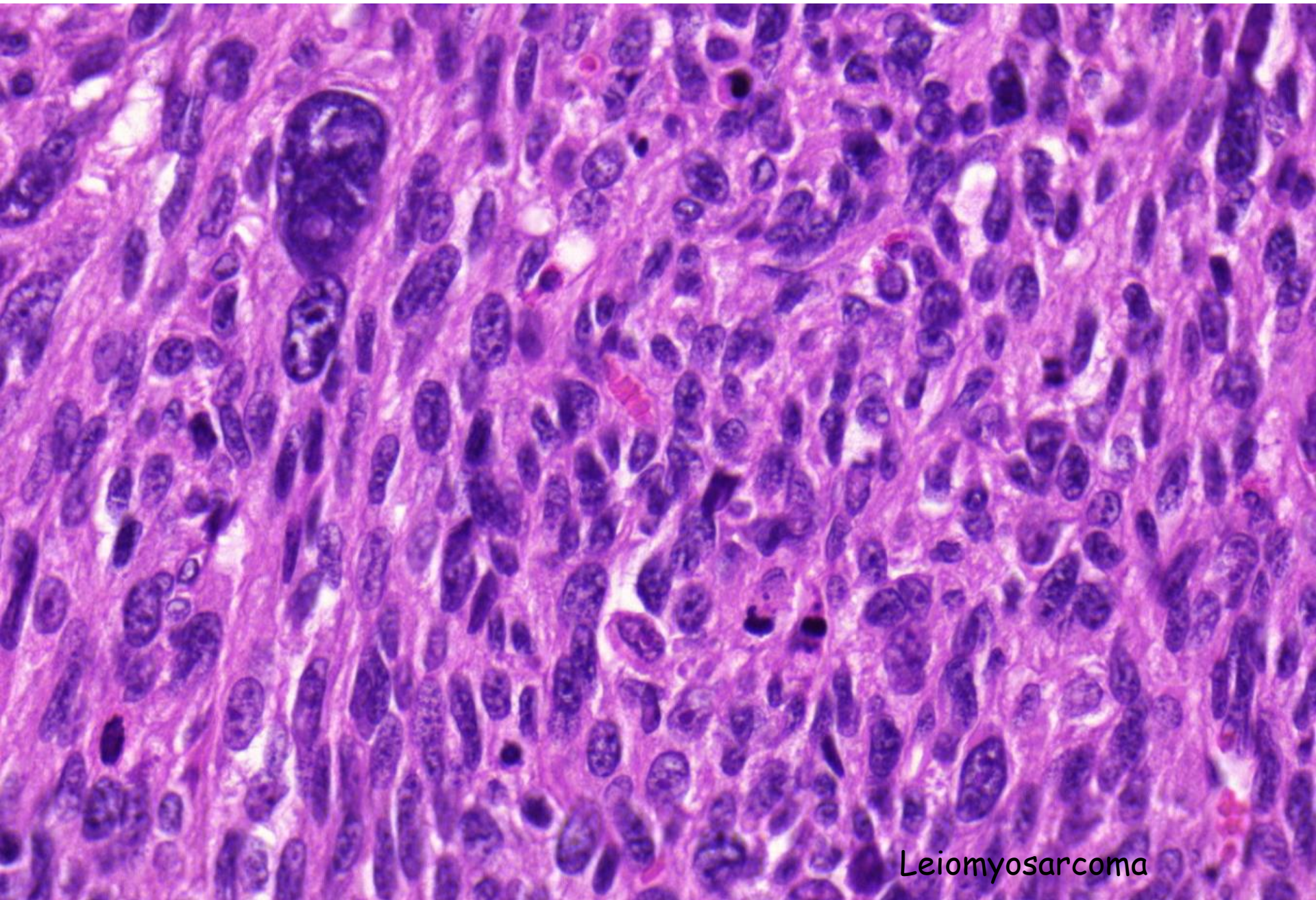
- **Leiomyosarcoma**

- in older patients (average 55 years)
- **MA**: fleshy with necrosis and hemorrhage
- **MI**: hypercellular, nuclear atypia, pleomorphism, increased mitotic index, atypical mitoses, necrosis
- **Metastases**: pelvis, lung, bone, brain but lymph node metastases exceptional!



Leiomyosarcoma-uterus

# 00381



Leiomyosarcoma