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Malignant Uterine Tumor Resembling Ovarian Sex Cord Tumor: Report of a Fatal Case

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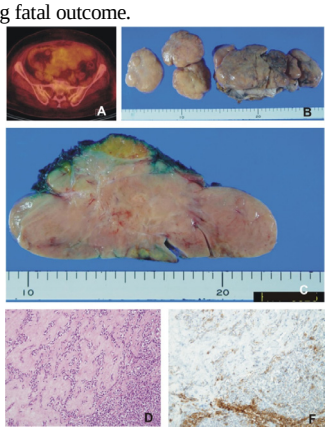
Uterine tumor resembling ovarian sex cord tumors (UTROSCT) are a rare group of mesenchymal neoplasm. In the absence of reliable clinicopathologic criteria that can predict the clinical behaviors of UTROSCT, this tumors are currently regarded as tumors of borderline malignancy in the 2014 WHO classification. The UTROSCTs are generally considered tumors of low malignant potential, although most of them showed in a benign fashion. These tumors recur in very few cases; however, no deaths have been reported. We describe the first fatal case of malignant UTROSCT with intractable peritoneal and mesenteric metastases after a 6-year disease-free interval after total hysterectomy. A 65-year-old women visited hospital for vaginal bleeding. Large solid mass in pelvic cavity was detected and total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed. UTROSCT was confirmed by demonstrating immunoreactivity for sex cord markers including ER, PR, calretinin, inhibin, CD99, CD55 and WT1. 6 years later, this patient was recurred as huge abdominal mass (16 cm size). Debulking operation was performed and pathologic analysis confirmed recurrent metastatic UTROSCT. She had received two additional debulking surgery and palliative chemotherapy. However palliative chemotherapy didn't control her cancer at all. Finally, this patient died due to intractable UTROSCT 10 years after the initial diagnosis. To the best of our knowledge, this is the first report of long term result of UTROSCT showing fatal outcome.



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Inflammatory myofibroblastic tumor of pleura with chest wall invasion that metastasized to the kidny

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Background: Inflammatory myofibroblastic tumor (IMT) is a rare benign neoplasm that frequently involves the lung, abdominopelvic region in mainly children and young adults. Pulmonary IMTs most commonly present solitary pulmonary nodules or well-circumscribed mass on chest radiography. IMT has a tendency to locally invasive, however, pleura is a rare arising site of IMT, furthermore, extreamly rare metastasizes. **Case:** presentation A 76-year-old male patients presented with history of pain in the upper back pain for 2 months, not related to respiration and motor weakness on both lower extremities for 2 days. A chest radiograph and computed tomography(CT) showed a pleural mass in the right upper lobe of the lung and a large homogenous opacity of right superior mediastinum. Contrast enhanced CT scanning of the chest showed a 7.3 cm × 4.4 cm× 7.7 cm enhancing pleural mass involving right fifth vertebral body and a mass infiltrating right renal hilum. spine CT and enhanced MRI scan showed a large sized extrapleural mass in right paravertebral area at level of T3 to T6. CT-guided percutaneous needle biopsy of pleural mass was performed. The histologic findings on H&E showed a proliferation of spindle cells with infiltration of lymphocytes, plasma cells and eosinophils. In the immunohistochemistry study, neoplastic cells were positive for CD 68, focal positive for smooth muscle actin and and Masson's trichrome, and negative for CD34 and desmin. Right renal hilum mass was done by percutaneous needle biopsy,and the result was almost same as pleura tissue. Base on the data, we diagnosed IMT of pleura with metastasis of renal hilum. Since the tumor could not be completely resected, treatment with glucocorticoids and radiotherapy was started. After 1 month, CT scanning of chest showed a reduction in the size of pleural mass and also abdominopelvic CT showed a decreased infiltration around the right renal pelvis, too. **Conclusion:** IMT is a rare neoplasm of intermediate malignant potential. Distant metastasis is extreamly rare. Complement resection of IMT is the primary treatment. However, unresectable and metastatic IMT can be treated with systemic therapy including glucocorticoids, radiotherapy, and/or chemotherapy.