Adenomyoma of Endocervical Type in a First-Trimester Gravid Uterine Corpus
- A Brief Report -

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Uterine adenomyoma is a neoplasm that is composed of endometrial glands and smooth muscle, and this is found in the uterine corpus; however, the glandular component is occasionally of mucin-secreting endocervical type. We describe here a case of uterine adenomyoma of the endocervical type, and this presented in a 38-year-old pregnant woman.

CASE REPORT

A 38-year-old woman (gravida 5, para 2) was referred to the Department of Gynecology of Korea University Medical Center; she was at a gestational age of 6 weeks. Ultrasound examination showed enlargement of her uterus with numerous large masses within the uterine corpus. Total hysterectomy was performed because her pregnancy could not be maintained. The removed uterus showed numerous intramural leiomyomas, and the largest measured 6.5 cm in diameter. There was an implantation site in the fundic portion of the endometrium. Additionally, a relatively well demarcated lesion, 1.8 cm in size and consisting of small cystic spaces was found in the myometrium of the uterine corpus, and it protruded into the endometrial cavity like an endometrial polyp (Fig. 1). Histologically, the cystic mass was composed of variable-sized glandular components with intervening myomatous smooth muscle bundles (Fig. 2A, C). The lining epithelium of the glandular components was mucin-secreting tall columnar epithelium of the endocervical type and it showed a positive reaction for periodic acid Schiff stain (Fig. 2B). The epithelial cells showed neither cytological atypia nor increased mitotic figures. Adenomyosis was observed in the adjacent myometrium.

DISCUSSION

Uterine adenomyoma is not rare, but it is uncommon benign lesion of the uterine corpus and cervix. The histogenesis of uterine adenomyoma is not yet clearly understood; however, the rela-
The relationship between adenomyoma and adenomyosis has been suggested in the medical literature. It is not definite if they are neoplasms or circumscribed variants of adenomyosis. Adenomyoma is composed of endometrial glands and neoplastic changed smooth muscle, in contrast to the endometrial glands and stroma that are separated by normal myometrium in adenomyosis. These tumors may occur in submucosal, intramural and subserosal locations, and they macroscopically appear as solid, solid and cystic, or cystic tumors.

One recent study reported that 7 and 9 cases of 26 uterine adenomyomas had concomitant adenomyosis and leiomyomas, respectively. Although there has been no documented relationship between adenomyoma and pregnancy, the hormonal change of pregnancy might exaggerate this lesion. Ten cases of adenomyoma of the endocervical type have been described in the uterine cervix by Gilks et al. and there has been one additional case by Kuwabara et al. Minor foci of the endocervical type glands were found in 2 of the 30 uterine adenomyomas reported by Gilks et al. The tumor of our case was centered within the myometrium with a portion of it protruding into the endometrial cavity in a polyp-like manner, and it showed a predominantly cystic configuration. Because mucinous change of the endometrium is not an uncommon metaplastic process, adenomyomas of the endocervical type in the uterine corpus may be the possible result of the metaplastic change of adenomyomas with endometrial type gland.

Adenomyomas are sometimes overlooked by the pathologists, but they can show variable changes in their appearances. This case is one of the various examples of adenomyoma, and we feel it is interesting enough to be shared by this report.

REFERENCES