Clinical Image

Recurrent Low-grade Endometrial Stromal Sarcoma Presenting as Isolated Pedunculated Vaginal Cuff Polyp

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A 53-year-old female presented with a history of abnormal vaginal bleeding. She had a total laparoscopic hysterectomy and bilateral salpingectomy for preoperative diagnosis of myoma uteri. All specimens were removed through the vagina without bag by manual morcellation. Postoperative diagnosis was low-grade endometrial stromal sarcoma (LGESS). Thus, she underwent bilateral oophorectomy and pelvic and para-aortic lymphadenectomy. Final diagnosis showed LGESS spread to the left ovary and left adnexa, which was consistent with FIGO Stage IIA. The patient was treated with 6 courses of Adriamycin and ifosfamide. Six years later, the pelvic examination found a polypoid mass at the left angle of a vaginal stump that proved to be LGESS metastasis after the biopsy [Figure 1]. The magnetic resonance imaging (MRI) revealed no evidence of recurrence in the pelvic cavity, distant metastasis, or lymph node enlargement. Laparoscopic wide local resection was performed and confirmed recurrent LGESS over the left vaginal cuff. The treatment response is evaluated by a pelvic examination and a Pap smear of the vaginal cuff every 3 months and magnetic resonance (MRI) every 6 months. She is currently disease free 1 year after surgery.

Recurrence of low-grade endometrial stromal sarcomas is rare. The interval before recurrence varies from 3 months to 23 years, with a median interval of 34 months.[1,2] The recurrence rate was 16%–43% among patients who had bilateral salpingo-oophorectomy at initial treatment.[1] The disease mainly spreads to the pelvis, followed by vagina

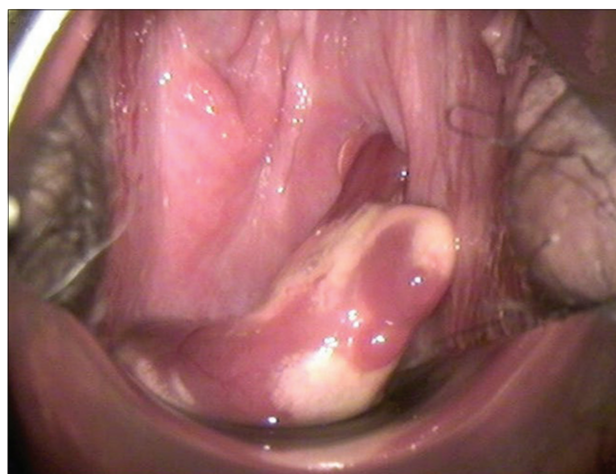

Figure 1: Large polypoid mass at the left angle of the vaginal stump

and lung. Prolonged survival and even cure are common after surgical resection of recurrent or metastatic lesions.[3,4] Long-term follow is essential to ensure early detection of recurrence with intent to improve survival. One study reported four cases of vault recurrence in early-stage uterine and ovarian malignancy after laparoscopic surgery. One patient underwent laparoscopic hysterectomy for fibroids, which later turned out to be a uterine sarcoma. All these specimens were removed through the vagina, which led to implantation of malignant cells.[5] In this case, the method of specimen retrieval may be a significant risk of vault recurrence. We need to emphasize the importance of preoperative evaluation

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of patients with high-risk uterine sarcoma and specimen retrieval in the bag should be strictly adhere.

Ethical approval

This study was approved by Institutional Review Board of Chang Gung Medical Foundation (IRB number: 202000863B0). Waiver of informed consent was approved by the IRB.

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Conflicts of interest

There are no conflicts of interest.

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