



Uterine Adenomyoma- A Case Report

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ABSTRACT: Adenomyoma of the uterus is a benign tumour composed of benign endometrial glands and endometrial stroma bordered by leiomyomatus smooth muscle. It is classified as a mixed epithelial and mesenchymal tumour of uterine corpus. It may be located within the myometrium, or it may involve or originate in th endometrium and grow as a polyp. We report a case of uterine adenomyoma that occurred in 32 year old women. The patient presented with menorrhagia and irregular periods and she underwent a hysterectomy with bilateral salphingo-oophorectomy. Histologically, tumour was composed of nodular aggregate of irregular and cystically dilated endometrial glands surrounded by fibromyomatous stroma and were diagnosed as adenomyoma of uterus.

CASE REPORT

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BACKGROUND

Adenomyoma is tumour composed of benign epithelial (usually endometrial glands) and mesenchymal components in which mesenchymal component are fibromyomatous. Adenomyoma is commonly presented as a polypoid submucosal lesions, but may rarely be intramural or subserosal. Uterine adenomyomas are unusual benign tumours and can be misdiagnosed.

CASE HISTORY

A 32 year old woman was admitted to the hospital with the complaints of menometrorrhagia. Physical examination and pelvic ultrasound disclosed uterine enlargement, anterior wall fibroid along with bilateral ovarian cysts. She underwent Hysterectomy with bilateral salphing- oophorectomy. On gross examination, there was a small polypoid lesion protruding into the endometrial cavity. The lesion was well circumscribed, whitish and firm in consistency. Tissue samples were fixed in 10% buffered neutral formalin and embedded in paraffin. Sections were stained with haematoxylin and eosin. Histologically, lesion was composed of irregular and cystically dilated endometrial glands lined by single layer of columnar epithelium surrounded by fibromuscular stroma

(FIGURE 1&2). There was no architectural and nuclear atypia in both epithelial and stromal component and there was no evidence of desmoplasia. In tissue sections, lesion was diagnosed as Adenomyoma of uterus.



Fig-1: Benign endometrial glands surrounded by fibromyomatous stroma (100X)



Fig-2: Irregular and cystically dilated endometrial glands lined by single layer of columnar epithelium and endometrial stroma surrounded by leiomyomatous smooth muscle component (200X)

RESULT AND DISCUSSION

Adenomyoma is a circumscribed nodular aggregate of benign endometrial glands surrounded by endometrial stroma, bordered by leiomyomatous smooth muscle [1]. Abnormal vaginal bleeding is the most common presenting feature. In case of young women it can manifest with infertility. They grossly resembles endometrial polyp [2, 3]. Both typical and atypical variants of adenomyomas are present. Histologically, tumour is composed of benign endometrial glands without architectural abnormality, surrounded by smooth muscle component. Whereas in the atypical adenomyoma, glands show both architectural complexity and cytological atypia [2]. Our case findings were consistent with the typical adenomyoma definition.

Adenomyomas have to be distinguished from other lesions like adenomyosis, leiomyoma with entrapped glands, atypical polypoid adenomyoma, endometrial polyps, adenofibroma, adenocarcinoma and adenosarcoma. Many simple endometrial polyps have minor smooth muscle component in the stroma, but it is not sufficient for adenomyoma diagnosis. Adenomyosis

is a non-neoplastic lesion composed of endometrial glands and stroma deep in myometrium. Lack of cellular atypia and stromal desmoplastic response in adenomyoma would be against the diagnosis of Adenocarcinoma [1]. Adenosarcoma is distinguished from the adenomyoma by the stromal characteristics such as uniformly bland without significant mitotic activity and lack of leaf like pattern [2, 4].

CONCLUSION

We reported a case of adenomyoma of uterus with classical presentation. Adenomyoma is a benign tumour composed of benign epithelial and stromal components. It should be distinguished from other similar uterine lesions.

REFERENCES

1. Carcangiu, M. L., Kurman, R. J., Carcangiu, M. L., & Herrington, C. S. (2014). *WHO classification of tumours of female reproductive organs*. International Agency for Research on Cancer.
2. Gilks, C. B., Clement, P. B., Hart, W. R., & Young, R. H. (2000). Uterine adenomyomas excluding atypical polypoid adenomyomas and adenomyomas of endocervical type: a clinicopathologic study of 30 cases of an underemphasized lesion that may cause diagnostic problems with brief consideration of adenomyomas of other female genital tract sites. *International journal of gynecological pathology*, 19(3), 195-205.
3. Chhieng, D. C., Elgert, P. A., Cangiarella, J. F., & Cohen, J. M. (2000). Cytology of polypoid adenomyomas: a report of two cases. *Diagnostic cytopathology*, 22(3), 176-180.
4. Ota, S., Ushijima, K., Nishio, S., Fujiyoshi, N., Takemoto, S., Terada, A., & Kamura, T. (2007). Polypoid endocervical adenomyoma: a case report with clinicopathologic analyses. *Journal of Obstetrics and Gynaecology Research*, 33(3), 363-367.