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# SIMULTANEOUSLY DEVELOPED UTERINE CARCINOSARCOMA AND ENDOMETRIOD OVARIAN CARCINOMA IN A 21-YEAR-OLD WOMAN

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#### Keywords

Endometriosis; uterine carcinosarcoma; endometroid carcinoma

#### Aim:

To present a clinical case of primary multiple malignant neoplasms of the female reproductive system at a young age

#### Methods:

Retrospective analysis of clinical documentation and review of literature.

#### Presentation

The patient presented with cramping pains in the lower abdomen and bloody vaginal discharge. A diagnosis of a giant necrotic endometrial polyp was made at polypectomy. Histologically signs of malignancy were found.

#### Case History

She started menstruation from 12 years, which was irregular. She was given a diagnosis of endometriosis. In 2015 she had a missed abortion and between 2015-2017 she took an oral contraceptive. A week later she was admitted to hospital and a hysteroscopy was performed, and the contents of the uterine cavity were aspirated. Results of histological examination confirmed a malignant tumour of the endometrium.

She had a laparotomy 4 weeks later and her uterus and ovaries were removed along with iliac lymph node dissection on the left plus a subtotal resection of large omentum.

#### Histological examination:

showed a uterine carcino-sarcoma spreading to external orifice. Metastasis was confirmed in the omentum, iliac

lymph nodes on the left side and the right ovary. Staged at T3N1M0.

Over the next 5 months, she received 4 courses of chemotherapy (Paclitaxel, Carboplatin) and 2 courses of radiotherapy.

At her 3 month, post therapy staging PET / CT she was found to have metastases to the right lung, liver, and mesenteric tissue. She was then switched to second line therapy. She received 2 further courses with Docetaxel and Gemcitabine. A further staging CT showed metastasis to the liver, peritoneum, abdominal lymph nodes, lungs, and bones. She received chemotherapy with Pazopanib.

Immunohistochemical examination of ovaries confirmed highly aggressive endometrioid carcinoma of the right

ovary.

**Diagnosis:**

Uterus carcinosarcoma, endometrioid carcinoma of the right ovary

The patient did not continue further therapy due to her clinical and performance status, developed progressive malignant ascites requiring laparocentesis. She passed away 6 months from initial presentation and no post-mortem was performed.

Conflict of Interest

No conflict of interest declared