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Rare complication of a common disease: Case report of malignant transformation of endometriosis post surgical menopause presented as challenging presacral mass

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ABSTRACT

Introduction: Malignant transformation is an infrequent but reported complication of endometriosis. Extragonadal endometriosis account for only 20% of cases. Among the malignant transformation, endometrioid carcinoma is the commonest and had been reported to arise from colonic, parametrial, rectovaginal are, but presacral mass as a primary site for those transformation is extremely rare, and its diagnosis remain a challenge. **Case Description:** We report a case of presacral adenocarcinoma, which is a possible malignant transformation of an endometriotic lesion, several years after hysterectomy and bilateral salpingo-oophorectomy. The patient underwent surgical resection of the presacral mass and histopathological examination revealed adenocarcinoma with immunohistopathological staining suggestive of genital tract origin. In view of previous TAHBSO specimen containing endometriotic tissue, we treated her as having malignant transformation of endometriosis. Adjuvant chemotherapy with carboplatin and paclitaxel regime was given for 6 cycles and she has remained well throughout. Tumour marker & radiological assessment showed she is responding to the treatment. We are following her up currently. **Discussion:** We want to discuss the challenges in making the diagnosis based on the radiological imaging and histopathological examination after reviewing literature review of the previous reported cases. With only few reported cases to date, there is opportunity for further research and detailed evaluation of mechanism of malignant transformation, biomarkers, radiological features and developing a guide to treatment options for such rare cases.

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An atypical presentation of congenital pulmonary airway malformation (CPAM) subtype

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ABSTRACT

Introduction: Congenital pulmonary airway malformation (CPAM) is a rare congenital lung anomaly with a wide range of ultrasound features. Antenatal ultrasound is safe and indispensable in the prenatal diagnosis of CPAM. **Case Description:** A 33-year-old, gravida-2 at 22 weeks gestation was referred for a cystic lesion in the fetal chest. Ultrasound scan showed a huge, isolated, anechoic mass measuring 32 x 23 x 40 mm within the right hemithorax with minimal lung tissue. There was a mediastinal shift to the left with no features suggestive of hydrops fetalis or other abnormalities. The mass increased in size to 56 x 35 x 40 mm with subsequent development of polyhydramnios at 36 weeks gestation. Fetal thoracocentesis was not feasible due to unfavourable fetal position. The patient had a successful vaginal delivery after induction of labour at 37 weeks gestation. A baby girl weighed 2.94 kg, developed acute respiratory distress at 15 minutes of life required high ventilation setting. Computed tomography scan of the thorax showed huge multiseptated air and fluid right lung cystic lesion causing significant mass effect. Emergency right thoracotomy and right middle lobectomy were done. The baby recovered well and was discharged home on post-operation day-10. The histopathological report showed a dominant large cyst and surrounding multiple cystic spaces with an absence of mucous secreting cells – Type II CPAM. **Discussion:** CPAM is hamartomatous lesions with cystic and adenomatous components. It is divided into 5 types histologically and Type II CPAM typically appeared as multiple small cysts of 0.5-2.0 cm which is in contrast with the findings of this case. Asymptomatic neonates can be managed conservatively while surgical resection is shown to increase survival rates and curative.