

# A Case Report of Uterine Carcinosarcoma, a Rare Malignancy

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**INTRODUCTION:** Uterine cancer is the fourth most common cancer among North American women and its incidence has been steadily increasing since 1999. A majority of these malignancies invade the innermost layer of the uterus, with a smaller percentage invading the muscular layer. In very rare malignancies, both layers are involved, and the prognosis is significantly worsened. Such cases are uterine carcinosarcomas (UCS) and they constitute only 3% of all uterine cancers.

**PURPOSE:** The purpose of this case report is to describe a unique patient presentation, diagnostic workup and outcome of a women with UCS.

**CASE REPORT:** A 56-year-old African American woman presented to the emergency department with rapidly increasing abdominal girth and discomfort. Abdominal and pelvic computed tomography (CT) revealed ascites. Drainage of fluid provided significant symptom relief. Analysis of the abdominal fluid indicated a malignancy of unknown origin that was eventually diagnosed as UCS. Her case was deemed inoperable and she was unable to undergo the standard treatment of a total hysterectomy. She chose to receive palliative care before dying twelve days after diagnosis.

**DISCUSSION:** The patient did not present with classic UCS symptoms, such as postmenopausal bleeding, uterine swelling or pelvic pain and she lacked the typical associated risk factors including, tamoxifen (Soltamox®) or exogenous estrogen use, null parity or prior pelvic radiation. At diagnosis, her UCS had progressed to the point that palliative care was most appropriate. She did not receive radiation or chemotherapy.

**CONCLUSION:** This report describes the unique patient presentation, diagnostic workup and outcome of a woman with atypically presenting UCS.