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**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2528513>Available online at: <http://www.iajps.com>**A Case Report****MESONEPHRIC ADENOCARCINOMA OF UTERINE CERVIX
TUMOR ORIGINATING FROM FRAGMENTS OF THE
MESONEPHRIC DUCTS****Dr. Muhammad Sadiq, Dr. Muhammad Shehroz Sarwar, Dr. Hafiz u Rehman**
Muhammad Medical College Mir Pur Khas**Abstract:**

The reports related to mesonephric adenocarcinoma are very unfrequented. It is carcinoma of uterine cervix. Mesonephric hyperplasia area or mesonephric ductus remnant is the origin of this disorder. In our study, the patient included was of 64 years of age. The patient was found with the tumor. The size of tumor was 5cm and it was extended to the endocervical wall exclusively. For progression, paraaortic lymph nodes and bilateral pelvic were found negative.

Keywords: *Uterine cervix, Mesonephric adenocarcinoma.*

Corresponding author:**Dr. Muhammad Sadiq,**
Muhammad Medical College Mir Pur Khas

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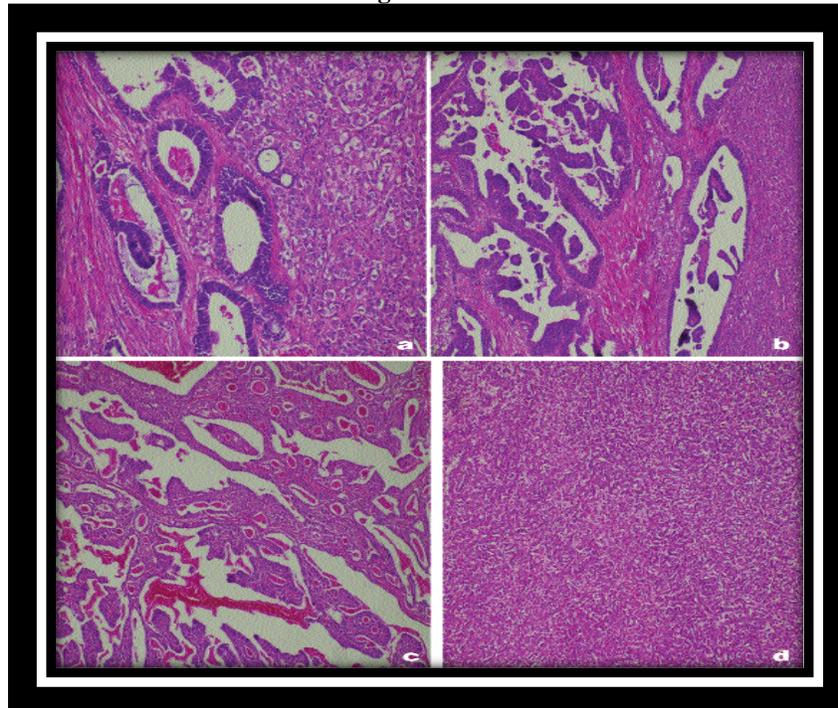
INTRODUCTION:

There are un-frequent cases regarding hyperplasia of mesonephric residue. Hyperplasia is difficult to manage [1]. Mesonephric residue lead to mesonephric adenocarcinoma [2]. Human papilloma virus (HPV) infection has no association with this tumor, contradictory to endocervical type adenocarcinoma [3, 4]. There is a necessity of immunohistochemical evaluation as its detection can be incorrect. As compare with Mullerian counterparts, it is more easily predictable [5]. In this research study, the patient was female with age 64 years. The patient was found with tumor. The size of tumor was 5cm and it was extended to the endocervical wall exclusively.

CASE REPORT:

In this research study include postmenopausal female. The age of female was 64 years. The study was conducted in March 2014 at Gynaecology unit. The patient was being treated for 10 years because of type 2 diabetes mellitus (T2DM). The other issues found in patient were vaginal bleeding and lower abdominal discomfort. Urgently, paraaortic lymphadenectomy, total hysterectomy and bilateral salpingo – oophorectomy was organized. Serous

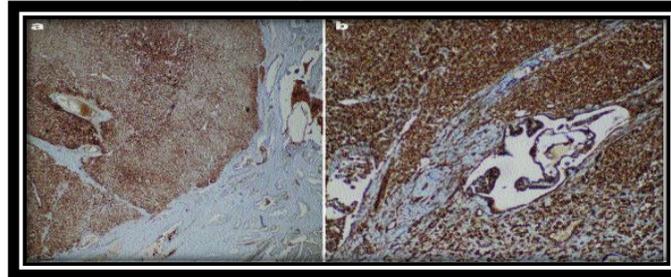
papillary adenocarcinoma was observed in pathological development. Large swelling was observed in cervix according to probe curettage. There was no interruption or union found with adjacent organ. The examination regarding HPV antigens, C – 10 antigens, Carcinoembryonic antigen (CEA), vimentin, calretinin antibodies, progesterone receptor (PR), estrogen receptor (ER) and endometrial adenocarcinoma (EMA) was made. By using an automated staining machine (Bench Mark GX, Ventana), immunostaining was carried out. The patient was examined macroscopically. According to this examination, on posterolateral walls, a mass was observed with size of $5 \times 5 \times 4$ cm. Similarly, in cervical and uterine channel, disparate tumor was seen. On pelvic side of cervix, mass of size $2 \times 2 \times 1.5$ cm was noticed. The patient was also checked microscopically. On this basis, tumor cells were observed with mitotic figures (15×10 high power fields [HPF]). Based on tubular structures, mesonephric hyperplasia area was observed. Secretions, colloidal in nature, were observed in this area. Moreover, EMA, wide firm structures and complicated papillary structures were also observed (Figure – 1).

Figure No 01

- a) Clear cell features and endometrioid glands.
- b) Solid and serous papillary appearance.
- c) Densely packed small tubular glands and containing eosinophilic secretions.
- d) Solid features.

For progression, paraaortic lymph nodes and bilateral pelvic lymph nodes were negative. Based on the IHC assessment, for vimentin, tumor cells were positive (Figure – 2a).

Figure No 02



a) Diffuse positivity for vimentin.

b) Strong focal immunoreactivity for CD10 antigen.

Similarly, for PR, HPV, ER and CEA, calretinin and ki-67 were negative. Furthermore, for CD – 10 EMA was powerfully positive.

DISCUSSION:

The reports related to mesonephric adenocarcinoma are very un-frequent. Mesonephric ductus of cervix is the origin this tumor. In one such study [6], mesonephric adenocarcinoma was observed in five unrelated arrangements. These include solid, tubular, retiform, sex- cord like design and ductal arrangement. Serous papillary frame work was noticed. Also, ductal, tubular, firm and obvious cell was noticed. This disorder can be distinguished from the Mullerian counterpart. This could be done through IHC evaluation. Calretinin is demonstrated by mesonephric adenocarcinoma. According to another study [7], vimentin discriminating detection and CEA can also be helpful in distinguishing it from Mullerian counterpart. In mesonephric cervical adenocarcinoma, this study observed Vimentin (+) and CEA (-). The emergence of mesonephros was verified by CD 10 (uminal positivity [8].

In cervical adenocarcinoma and cervical squamous carcinoma, it is usually coupled with HPV infection. However, in mesonephric adenocarcinoma, no association with HPV infection was found. According to outcomes of same studies, mesonephric adenocarcinomas were found negative for PR and ER. Likewise, for PR and ER cervical adenocarcinomas were found positive [9,10]. Oncologist handled this case in which detection is done by the help of pathologists. As the patient was not detected completely. So, we could not make further investigations. In our study, we didn't find sarcomatous component.

CONCLUSION:

In small biopsy model, the main problem in authentic detection is conflicting morphology. The tumor that has many different frameworks should be surveyed by the pathologists.

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