Adenomatoid tumor of cervix: The first case report

A 32-year-old female presented with vague lower abdominal pain. Instant per speculum examination and pelvic ultrasound revealed a sessile polypoid mass projecting from the posterior cervical wall. No other clinico-radiologically distinguishable abdominopelvic pathology could be ratified. Polypectomy was performed soon after under regional anesthesia.

Grossly, the mass measured $2.3 \text{ cm} \times 2.2 \text{ cm} \times 2.2 \text{ cm}$. It was covered by glistening pearly white surface epithelium. Cut section exposed a well-defined, whitish, homogeneous mass. Its immaculate delineation from the surface was obvious, even at macroscopic inspection [Figure 1].

Microscopically, the neoplasm was well-circumscribed and separated from its surface by a rim of fibroconnective tissue. It exhibited an array of architectural patterns: Tubuloglandular structures, microcysts, and solid sheets with focal lymphocytic infiltrates. The flattened-to-cuboidal neoplastic cells featured fine nuclear chromatin, inconspicuous nucleoli, and abundant vacuolated cytoplasm [Figure 2A-C]. Nuclear pleomorphism or mitoses were absent. The overall histomorphology provisionally favored the diagnosis of "adenomatoid tumor" (AT), but differentials such as various endothelial/lipomatous neoplasms needed exclusion. The tumor cells expressed strong immunoreactivity for calretinin [Figure 2D]. Ultimately, it became the maiden case of cervical AT.

Owing to its extreme rarity, AT is a diagnosis of exclusion in the cervix. Comprehensive clinico-radiopathological evaluation aided by mesothelial immunohistochemistry satisfactorily estranges AT from its commoner cervical differentials.

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Conflicts of interest

There are no conflicts of interest.

Tarak Banik, Krishnendu Mondal¹, Rupali Mandal²



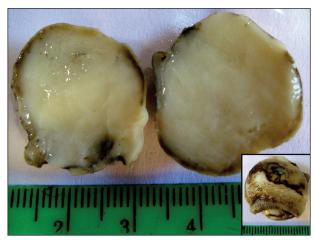


Figure 1: Adenomatoid tumor of cervix: Grossly, small globular mass with smooth glistening exterior surface (inset); cut surface is homogeneous, white and well-delineated from surface epithelium

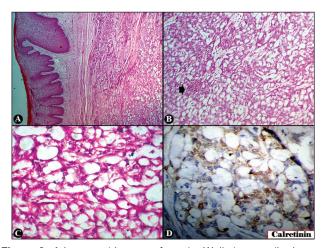


Figure 2: Adenomatoid tumor of cervix: Well-circumscribed mass separated from mucosa by a rim of fibroconnective tissue (H and E, \times 40) (a). Neoplastic cells in sheets, tubules, microcysts, with focal (arrow) lymphocytic infiltration (H and E, \times 100) (b); contain fine nuclear chromatin, inconspicuous nucleoli, and abundant vacuolated cytoplasm (H and E, \times 400) (c). Cells positive for calretinin (\times 400) (d)

Department of Pathology, Malda Medical College and Hospital, ¹Department of Pathology, Sonoscan Healthcare, ²Department of Pathology, Dishari Healthpoint, Malda, West Bengal, India

Address for correspondence:

Dr. Krishnendu Mondal,

c/o Barendra Nath Mondal, Vill-Fularhat, P.O. and P.S. Sonarpur, South 24 Parganas - 700 150, West Bengal, India. E-mail: krishnendu.kriss@gmail.com

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