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# MESENCHYMAL AND EPITELIAL UTERINE TUMORS

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Mesenchymal and epithelial uterine tumors are considered benign and malignant neoplasms in which there are mixtures of epithelium and connective tissues.

Endometrial carcinoma is the most common invasive neoplasm of the female genital tract and the fourth most frequently diagnosed cancer. Worldwide, approximately 150,000 cases are diagnosed each year, making endometrial carcinoma the fifth most common cancer in women . Proper pathologic study of a mesenchymal tumor of the uterus is predicated on careful gross examination and adequate sectioning. The tumor should be examined thoroughly, and one block of tissue should be taken for each centimeter of tumor diameter, except from grossly typical leiomyomas; even the latter may have to be examined extensively if the microscopic appearance is unusual.

Three major goals of pathologic examination of potentially malignant mesenchymal tumors are to determine the type of tumor margin (expansile or infiltrating), to evaluate the depth of myometrial invasion, and to determine whether the tumor involves the serosa or extends beyond the uterus. Malignant mesenchymal tumors comprise less than 3% of uterine malignancies. The tumor stage is the single most important prognostic factor. In the past, uterine sarcomas were staged using a staging system developed for endometrial carcinoma. This has not proven entirely satisfactory, and a new staging system has been developed for uterine sarcomas. The new staging system has two compartments, one for leiomyosarcoma and one for endometrial stromal sarcoma (ESS) and adenosarcoma. Carcinosarcoma, or malignant mixed Mullerian tumor, endometrial carcinoma, is a mixed epithelial–mesenchymal neoplasm in which both elements are malignant; it has much in common with endometrial carcinoma and is staged using the endometrial carcinoma staging system.

The most effective way of distinguishing clinically benign from clinically malignant uterine smooth muscle neoplasms is through the use of multivariate criteria; that is, criteria that involve considering several microscopic features as an ensemble. These features include differentiated cell type within the smooth muscle group, the presence and type of tumor necrosis, the degree of cytologic atypia, the mitotic index, and the relationship of the process to surrounding normal structures, including extrauterine sites.