

Indirect Hysterosalpingographic Findings Related to Endometriosis

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A clustering of radiologic signs are associated with the presence of ovarian and/or peritoneal endometriosis: some indicate fibrosis of uterosacral ligaments (isthmic desaxation of the uterus, fixed retroversion), others are linked to dysfunction of the tube (ampullar retention of dye after evacuation, sometimes inducing false aspects of hydrosalpinx), the last ones suggesting peritoneal adhesions (incomplete peritoneal diffusion). All these signs have been systematically studied, independently of the diagnosis, on 154 hysterosalpingograms of infertile patients known to have patent tubes at laparoscopy; in 107 out of these cases endometriosis was diagnosed at laparoscopy; the 47 last cases constituted the control group. The results confirm that all the signs described are significantly more frequent in case of endometriosis, although nonspecific of this condition. On the contrary, neither adenomyosis, tubal diverticulosis, nor intramural polyps are significantly linked to external endometriosis.

Endometriosis and Cancer Extruterine Müllerian Adenosarcoma of the Ovary

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The authors studied a case of müllerian adenosarcoma of the ovary. A 54-year-old woman presented a thrombophlebitis of the lower leg. Physical examination showed a large pelvic mass. Laparotomy revealed a left ovarian tumor with numerous peritoneal implants. Hysterectomy with bilateral oophorectomy was performed. After pelvic administration of 5,000 rad and chemotherapy, an abdominal mass was palpated 24 months later. The patient died 2 days after the second resection of this tumor.

The initial specimen of tumor consisted of a mass weighing 220 g and measuring 12/9/5.4 cm. Its surface was regular, the cut surfaces were friable, and white to yellow. The uterus contained leiomyomas and adenomyosis. The tumor was composed of an admixture of benign neoplastic glands and a sarcomatous stroma. The glands were generally lined by a single layer of endometrial-type cells which were occasionally ciliated. The sarcomatous stromal component resembled endometrial stromal sarcoma. The histogenesis of this tumor was discussed but extruterine and intramural müllerian adenosarcoma seems to have developed in islands of endometrial tissue (endometriosis and adenomyosis).