

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 cm × 2.2 cm × 2.2 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

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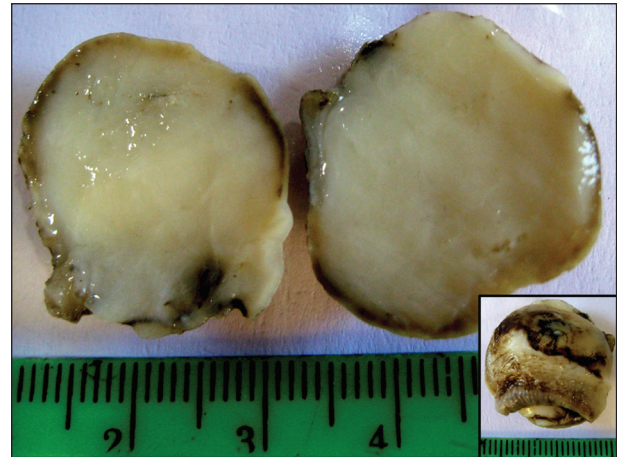


Figure 1: Adenomatoid tumor of cervix: Grossly, small globular mass with smooth glistening exterior surface (inset); cut surface is homogeneous, white and well-delineated from surface epithelium

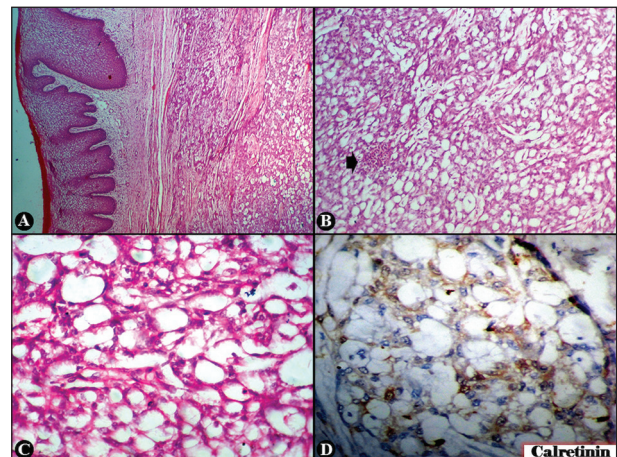


Figure 2: Adenomatoid tumor of cervix: Well-circumscribed mass separated from mucosa by a rim of fibroconnective tissue (H and E, ×40) (a). Neoplastic cells in sheets, tubules, microcysts, with focal (arrow) lymphocytic infiltration (H and E, ×100) (b); contain fine nuclear chromatin, inconspicuous nucleoli,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

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