

Quiz

WHAT IS YOUR DIAGNOSIS?

A 70-year-old postmenopausal woman presented with unexplained vaginal bleeding. Serum CA125 was mildly elevated (64 U/ml). Transvaginal ultrasound and pelvic magnetic resonance imaging showed a heterogeneous intracavitary uterine mass. Gross inspection identified an exophytic, friable mass at the right uterine fundus with focal necrosis (Figure 1).

The hysteroscopic curettage specimen showed infiltrative solid nests comprised of short spindled cells exhibiting vesicular chromatin, conspicuous nucleoli, abundant cytoplasm, readily identifiable mitotic figures, and focal necrosis, favoring high-grade endometrial stromal sarcoma. Total hysterectomy with bilateral adnexectomy was performed.

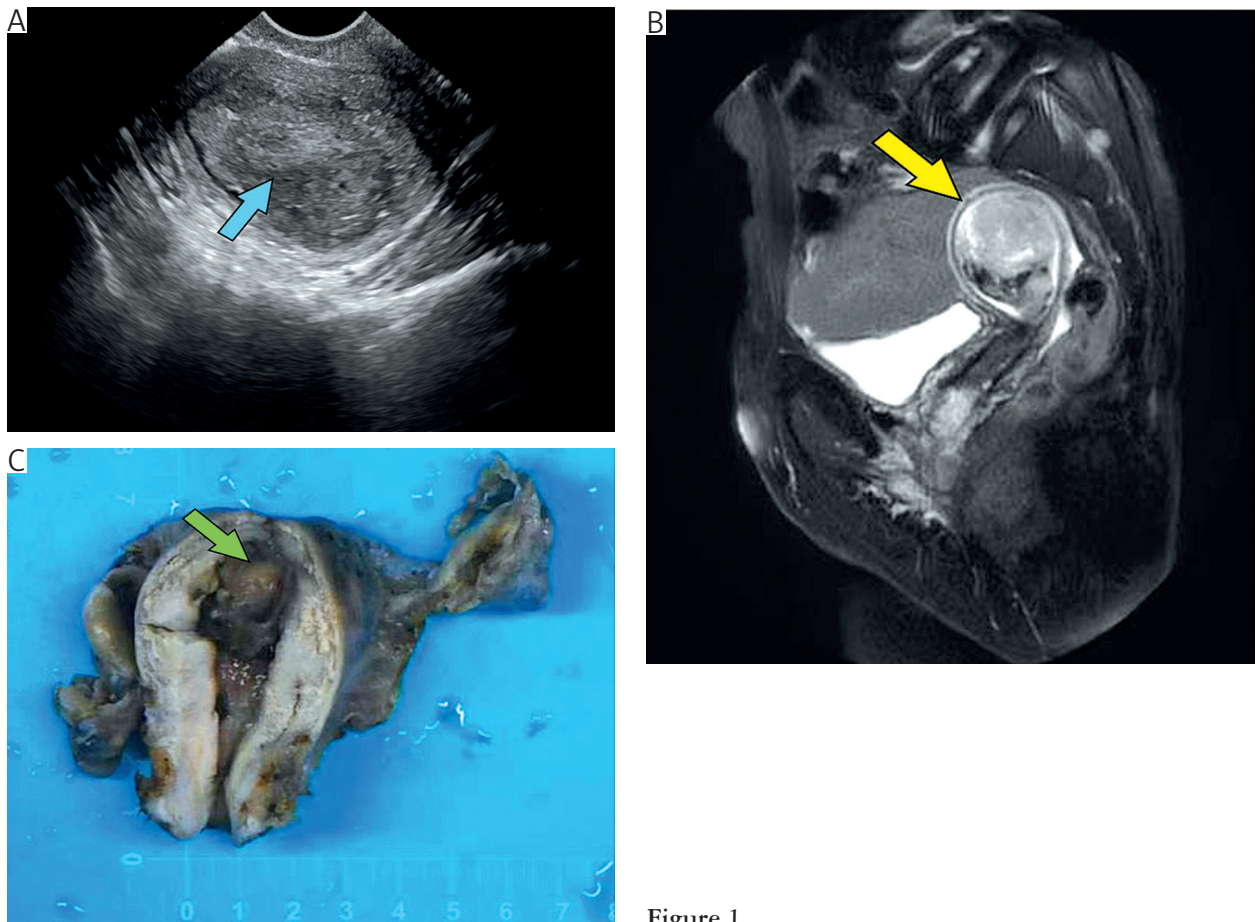


Figure 1.

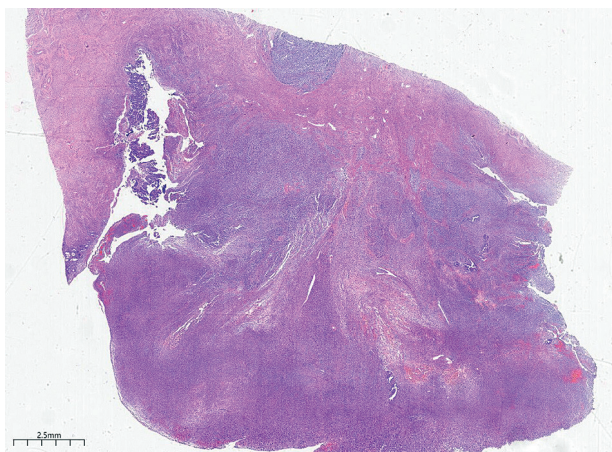


Figure 2.

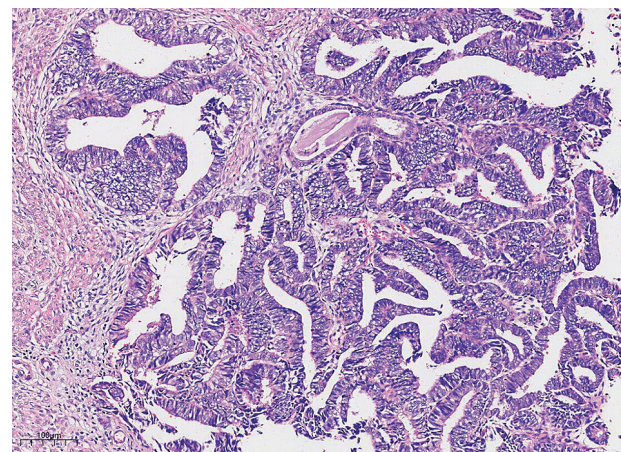


Figure 3.

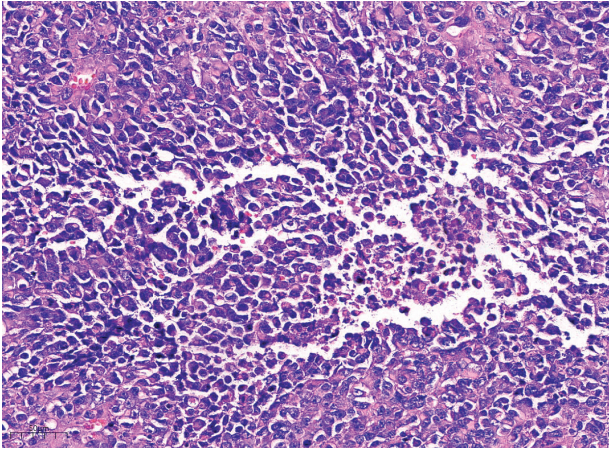


Figure 4.

Histopathology revealed a biphasic uterine tumour with abrupt transition (Figure 2): a minor glandular component (~10%) (Figure 3) and a major undifferentiated component (~90%) (Figure 4) with rhabdoid features, marked atypia, necrosis, and high mitotic activity. However, estrogen receptor and progesterone receptor were uniformly negative in the glandular component, whereas GATA3 showed strong diffuse positivity; the undifferentiated component exhibited focal weak expression of epithelial markers, retained BRG1, and demonstrated loss of INI1. The patient received adjuvant chemotherapy but developed lung metastases and died four months postoperatively.

What is the final diagnosis? Which additional immunophenotypic and molecular tests may facilitate confirmation of this entity?

Yu Fu, Zeyang Lin, Yuhan Ye

Department of Pathology, Zhongshan Hospital of Xiamen University, School of Medicine, Xiamen University, Xiamen, China

Answers should be sent to the Editorial Office until 31st August 2026. The correct answer will be announced in the next issue of the *Polish Journal of Pathology*.