

# 由子宮內膜異位症衍生之腹壁透明細胞癌：一病例報告

## Abdominal Wall Clear Cell Carcinoma Arising from Endometriosis : A Case Report

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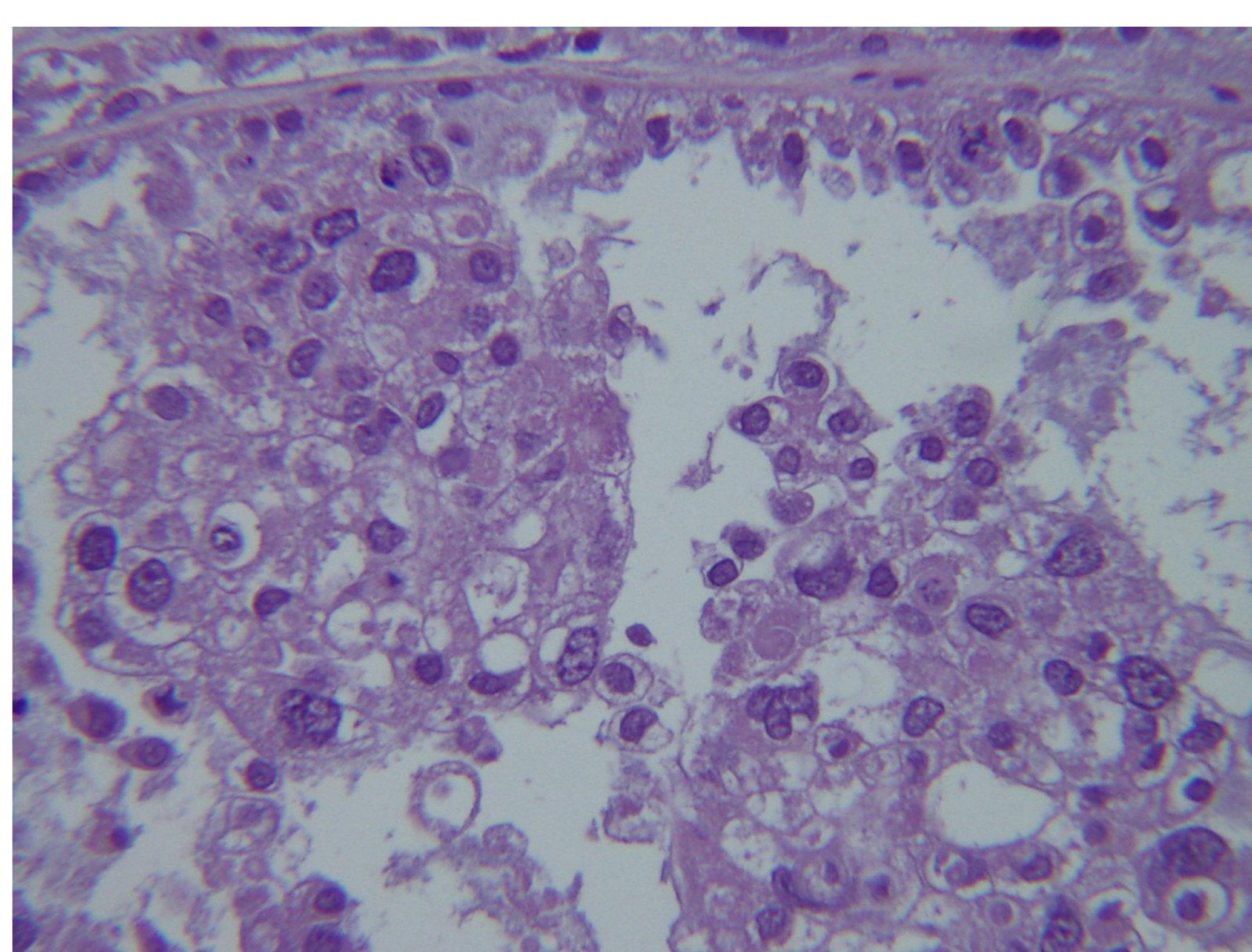
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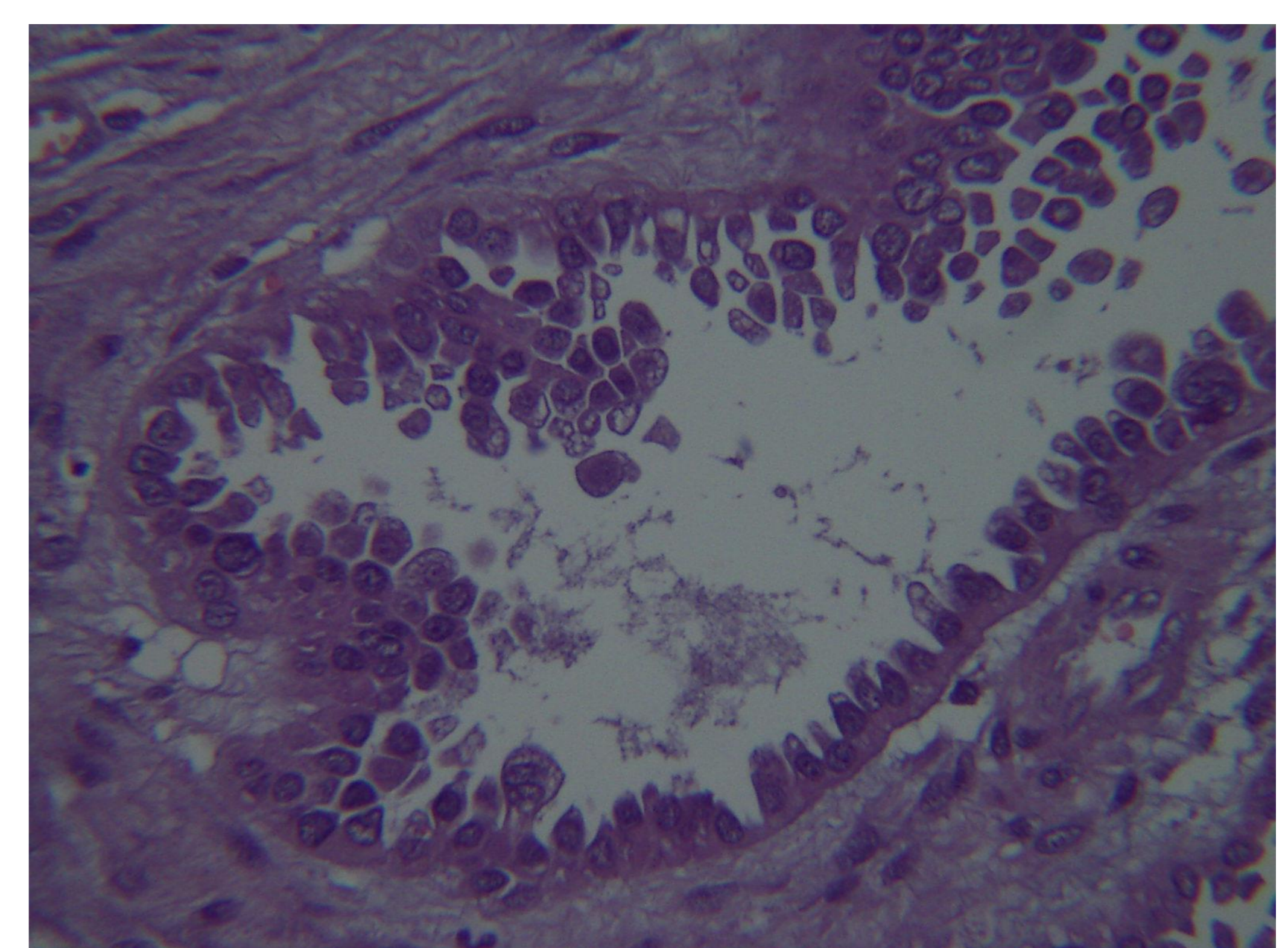
**Objective:**To report a case of abdominal wall clear cell adenocarcinoma arising from endometriosis.

**Case Report:** Abdominal wall clear cell adenocarcinoma arising from endometriosis is rare but highly malignant neoplasm. We describe a case of abdominal wall clear cell carcinoma arising from endometriosis. This 54 year old female patient accepted abdominal total hysterectomy and local excision of abdominal mass operation due to adenomyosis and myoma with menorrhagia and dysmenorrhea and mass of abdominal wall in 2010. Pathology showed adenomyosis and uterine myoma of uterus and clear cell carcinoma of abdominal wall. Six months after operation, she noted recurrent abdominal mass of right internal oblique muscle so she accepted local excision of the mass and pathology showed invasive clear cell carcinoma arising in the background of clear cell cystadenoma arising from endometriosis. CA-125, CEA, CA-199 level were checked and was 8.6IU/mL, 2.97 ng/ml, 24.5 U/ml respectively. Whole body CT and chest X ray showed no disseminated disease. Six courses of chemotherapy ( carboplatin: AUC:6 plus paclitaxel: 175 mg/m<sup>2</sup>) and radiation ( 6000 cGy/30 Fr) were performed. Patient's condition was stable until one year after adjuvant chemotherapy and radiation treatment. Patient had recurrent abdominal wall mass and MRI showed 5.7\*3cm cystic lesion with marginal enhancement of the lower anterior abdominal wall, enlarged lymph node at bilateral inguinal regions and pelvic lymph node and tumor invasion in the superior ramus of bilateral pubic bones. PET/CT showed the same result of MRI and intensely increased FDG radioactivity in the subcarinal and left pulmonary hilar lymph node. So, patient accepted salvage chemotherapy (weekly carboplatin and gemcitabine) and condition was stable now.

**Conclusion:**There was few case of abdominal wall clear cell carcinoma arising from endometriosis. Patient with history of endometriosis had rapid growth of abdominal mass should be considered and warrant detailed examination and aggressive treatment.



H&E x400:Clear cell carcinoma with tubulocystic Architecture.



H&E x400: Clear cell carcinoma with polyhedral shapes and variability in the size and shape..