



Pathology Page

## Adenomatoid tumor of the uterus

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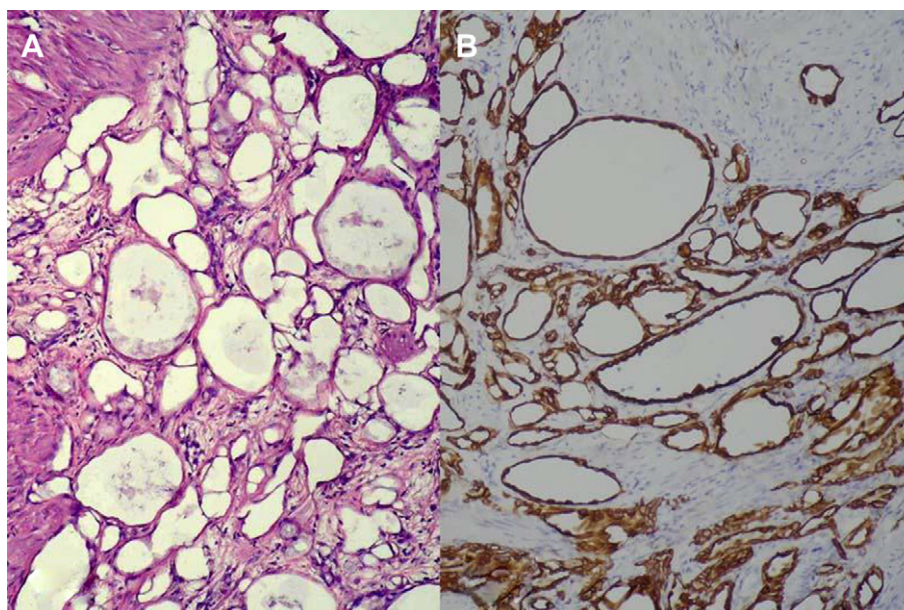
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A 43-year-old woman had dysmenorrhea for more than 6 months. The patient had a total hysterectomy with diagnosis of adenomyosis. Grossly, one grayish-white well-defined tumor nodule 1.5 cm in diameter was seen in the corpus. Histopathology showed

the tumor was composed of numerous cystic spaces mimicking lymphangioma (Fig. 1A). Immunohistochemistry showed strongly positive staining for cytokeratin in the cystic lining diagnostic of adenomatoid tumor (Fig. 1B). Adenomatoid tumors are commonly



**Fig. 1.** (A) Histopathology shows numerous cystic spaces in this tumor (hematoxylin and eosin 100 $\times$ ) and (B) Immunohistochemistry shows strongly positive staining for cytokeratin in the epithelium lining the cystic spaces (DAB 100 $\times$ ).

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seen in the fallopian tubes. These tumors are sometimes found in the uterine wall, usually beneath the serosa and close to the cornua.

These tumors are usually small (mean diameter, 2 cm) and characterized microscopically by adenoid, angiomatoid, solid, and cystic patterns occurring singly or combination. The most cystic examples can simulate lymphangiomas such as in our patient. The mesothelial cell origin has been established on the basis of an immunohistochemistry stain using calretinin.

#### **Further reading**

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