

Malignant mesenchymal tumors of the uterus occur in 2-5%, but the incidence varies from 1-3/100 000 women. Characteristic of uterine sarcomas are aggressive growth and early metastasis blood and lymphatic route, low-grade leiomyosarkom (LMS), endometrial stromal sarcoma (ESS) and adenosarkom may be long intervals when a woman does not have any problems. Most commonly occurring sarcoma is carcinosarcoma, which represents 47-60% of cases. It occurs mainly in postmenopausal women. Clinically, abnormal uterine bleeding, abdominal pain, stinking discharge. Carcinosarcoma rapidly metastasizing, at the time of primary surgery is now often extended beyond the uterus and has the worst prognosis. Five-year survival is between 2-9%. Another is in the order Leiomyosarcoma (LMS), which occurs in about 30-38% of cases. Usually arises de novo and is solitary, rarely arises transform in benign myoma. His prognosis is better. In a classic example of clinical manifestation of the states rapidly growing fibroid. However, it was shown that only 1% of hysterectomies, as indicated by the rapidly growing fibroid is histologically proven LMS and only 2.6%. LMS is diagnosed on the basis of hysterectomy, indicated for suspected (fast growing) myoma. Endometrial stromal sarcoma (ESS) are approximately 10-25% of cases and is usually diagnosed like carcinosarcoma by curettage for abnormal uterine bleeding.

The total set of patients from the years 1993-1997 FNKV 2003-2006 and included 466 women who were treated with a diagnosis of a malignant tumor on the uterine body. Of that total only 19 women met the criterion for a malignant mezenchymal tumor of the uterus. Mostly in 47.37% in the group of patients occurred mixed tumor of epithelial and mesenchymal components - carcinosarcoma. The tumor most frequently occurred in the age group of postmenopausal women. 31.6% of women living with no evidence of tumor recurrence 15.8% of women living with generalized tumor. Given the small number of patients in this file, you can not draw a clear statistical results. There is, however, suggested benefit in preventing adjuvant radiotherapy locoregional tumor recurrence in the pelvis. Still need to carry out further research on larger cohorts of women and explore the deeper meaning of radiotherapy in relation to the malignant mezenchymal tumor of the uterus.