Quiz what is your diagnosis?

A 67-year-old woman, gravida 2, para 2, with an endometriotic cyst had previously undergone a right salpingo-oophorectomy. She presented to our hospital with a history of pain in the lower abdomen for about 3 months. An ultrasound showed a 40–45-mm mass with multiple cysts in the left side of the uterine corpus. Magnetic resonance imaging revealed a 36-mm intramural hyperintense cystic lesion in the uterine fundus (Fig. 1A). Degenerated leiomyoma was suspected clinically, and the patient underwent total hysterectomy.

The resected specimen consisted of an atrophic uterus with attached fallopian tubes and left ovary. Macroscopically, a cut section revealed a 30×25 -mm multicystic, whitish mass in the myometrium of the fundus (Fig. 1B, C). Multiple leiomyomas with a maximum size of 1.0 cm were also present in the uterine corpus.

Histological examinations showed multiple cysts that were lined with a single layer of ciliated columnar cells (Fig. 1D, E). The lack of cellular stratification and especially of any mitotic activity, and the slight nuclear atypia, displayed no evidence of malignancy.

Immunohistochemical analysis revealed that the epithelial cells were positive for estrogen receptor (ER) (Fig. 2A), progesterone receptor (PgR) (Fig. 2B) and paired box gene 8 (PAX8) (Fig. 2C), and negative for calretinin. Mucin was present in the apical cytoplasm and was retained within the glandular lumens (Fig. 2D).

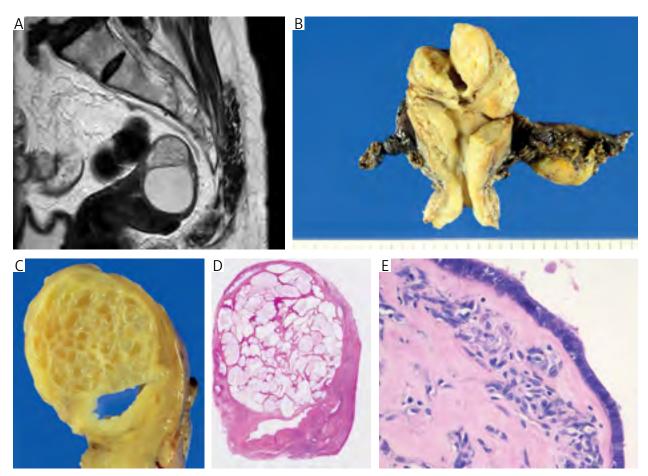


Fig. 1

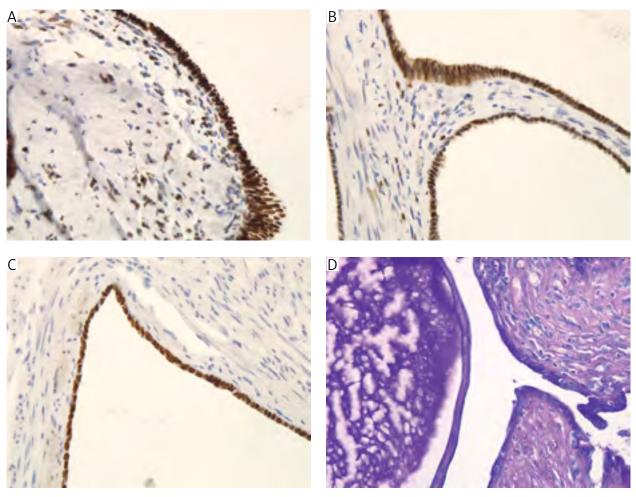


Fig. 2

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Answers should be sent to the Editorial Office by 31.07.2018. The correct answer will be announced in the next issue of the *Polish Journal of Pathology*. All participants with the highest number of correct answers to the quizzes published in vol. 69 (4 issues) will be entered into the prize draw for a book.