



Correspondence

Primary peritoneal carcinosarcoma (malignant mixed mullerian tumors)



Dear Editor,

We read two articles published in the March issue of the *Taiwanese Journal of Obstetrics and Gynecology* with interest. Two different groups simultaneously reported an extremely rare clinical cases-primary peritoneal carcinosarcoma (primary peritoneal malignant mixed mullerian tumors [PPMMMT]) [1,2]. Dr. Fu and colleagues reported two cases of PPMMMT occurred within three months [1], and Dr. Huang and colleague reported the successful treatment of woman with shock due to tumor rupture from the PPMMMT [2]. These three patients were managed with standard treatment similar to the management of primary epithelial ovarian cancer, fallopian tube cancer and primary peritoneal serous carcinoma [3,4], including complete cytoreductive surgery following with the combination of paclitaxel and platinum chemotherapy, and two were successful and one had a longer survival [1,2]. We congratulated the successful publication by both groups. However, it is interesting to know how to diagnose the primary peritoneal carcinosarcoma in these patients.

As shown by authors [1], the Figure 1 demonstrated a big pelvic mass lesion in the film of computed tomography, and it may be very difficult to have any evidence to support their diagnosis, without gross features of removal specimen from patients. In addition, Figure 3 only show both carcinoma and sarcoma components in the resected material, and it also failed to demonstrate what tissue they presented. The similar question is also raised in the Figure 4 and this feature also showed a pelvic mass (origin might be derived from ovary). It is very much extremely rare to find an intraperitoneal carcinomatosis without invasion or involvement of the ovary. To diagnose the tumor originated from the peritoneum, it needs many criteria. For example, to diagnose primary peritoneal serous carcinoma (PPSC), at least the following criteria should be made, such as a physiologically normal or enlarged ovary, greater involvement of outside of the ovary, superficial invasion of the ovary without cortical invasion, ovarian tumor size less than 5×5 mm and others [5], because the occurrence of serous carcinoma of the ovary is much more frequent than that of the peritoneum. Therefore, the diagnosis of PPMMMT should be much more concerned, although the treatment and possible future outcomes cannot be distinguished from the ovarian MMT.

The same question is also raised to Dr. Huang [2], no gross features were available in their report and the film of the computed tomography did not give any convince to the audience to accept their diagnosis of primary peritoneal MMT.

The above questions did not argue their successful publications and we are looking forward to learning much discussion for these unusual diagnoses-primary serous carcinosarcoma.

Competing interests

The authors declare that they have no competing interests.

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