Objective: To review our experience with uterine sarcomas, analyze their clinical and histopathological features, discuss about diagnostic and therapeutic difficulties, discuss about their prognosis factors and compare our findings with previously published data.

Patients and methods: a retrospective study, from January 1997 to December 2010, including 40 cases of uterine sarcomas diagnosed and treated in the department of obstetric and gynecology Farhat Hached hospital, Tunisia. Clinical and paraclinical data, tumor stage according to the FIGO classification 1988, types of treatment and patients outcomes were recorded and analyzed using SPSS 18.0 program.

Results: from 1997 to 2010, 40 cases of uterine sarcomas have been diagnosed and treated in our department. The most common histological types were leiomyosarcoma (n=26; 65%) and carcinosarcoma (n=8; 20%). Patients' mean age at the time of diagnosis was 53 years (range: 35-82 years). Vaginal bleeding and pelvic pain were the most common presenting symptoms, being present in 72.5% and 45% of cases, respectively. The mean time between onset of symptomatology and pathological diagnosis of sarcoma was 16 weeks (range: 0 to 96 weeks). Clinical and ultrasonographic data were non-specific. Definitive diagnosis of sarcoma was achieved usually after surgical specimen analysis (62.5%) and the most common histological type was leiomyosarcoma. Thirty-six patients underwent surgery: total hysterectomy with bilateral salpingo-oophorectomy in all of them and pelvic lymphadenectomy in four of them. Thirty patients (75%) were stage I in FIGO. Eleven patients had pelvic external radiotherapy and chemotherapy in three cases. At the time of analysis, the mean follow up was 30.9 months (range: 0 to 120 months). The 5-year global survival and free survival were 17.5% and 15%, respectively. Tumor stage was shown in multivariate analysis as the strongest prognostic factor for all uterine sarcoma: the mean survival was 71 months in FIGO stage I; 13.4 months in FIGO stage II; 10 months in FIGO stage III and 4.8 months in FIGO stage IV; p<0.001.

Discussion and conclusion: uterine sarcomas are rare cancers with poor prognosis. Their symptomatology is non-specific and they are characterized by histopathological diversity. Their diagnosis is difficult and it's usually achieved after surgery and patients' survival is correlated with tumor stage.

Key words: uterine sarcoma, leiomyosarcoma, carcinosarcoma, radiotherapy, tamoxifen.