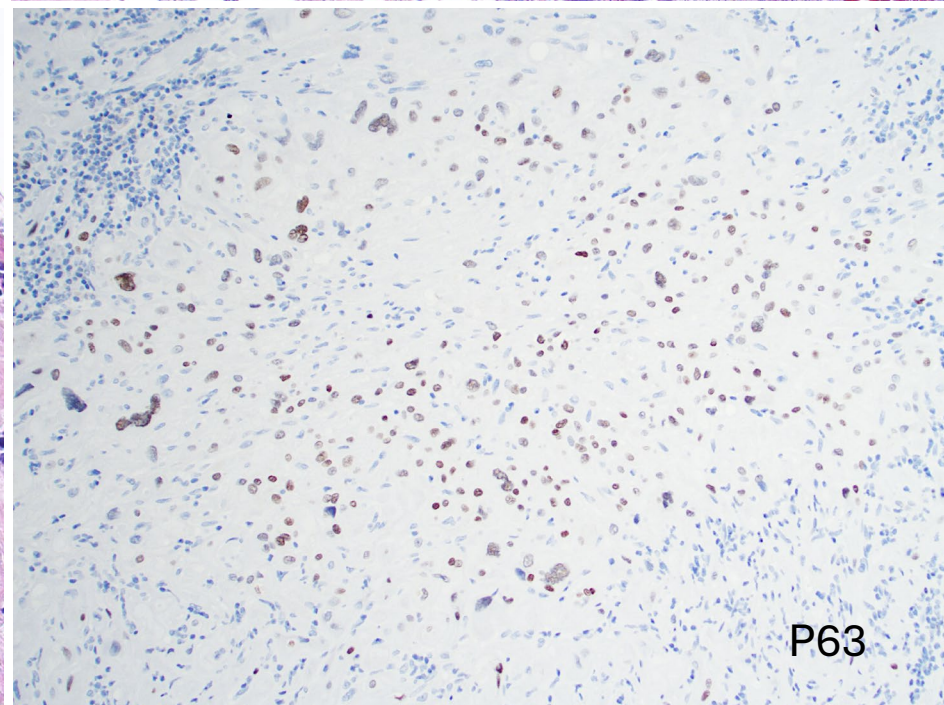
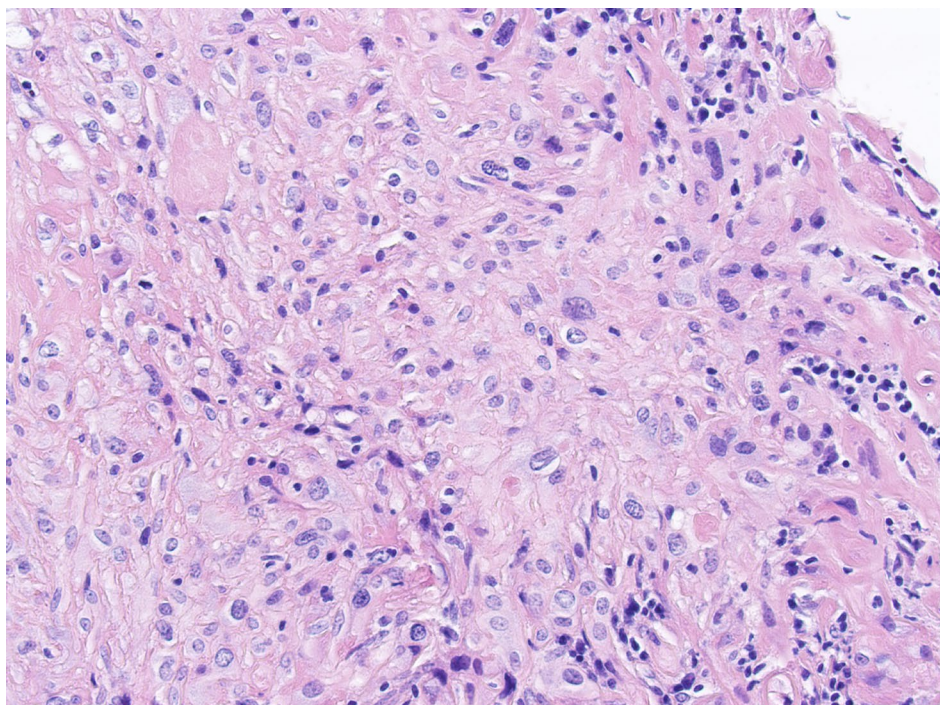
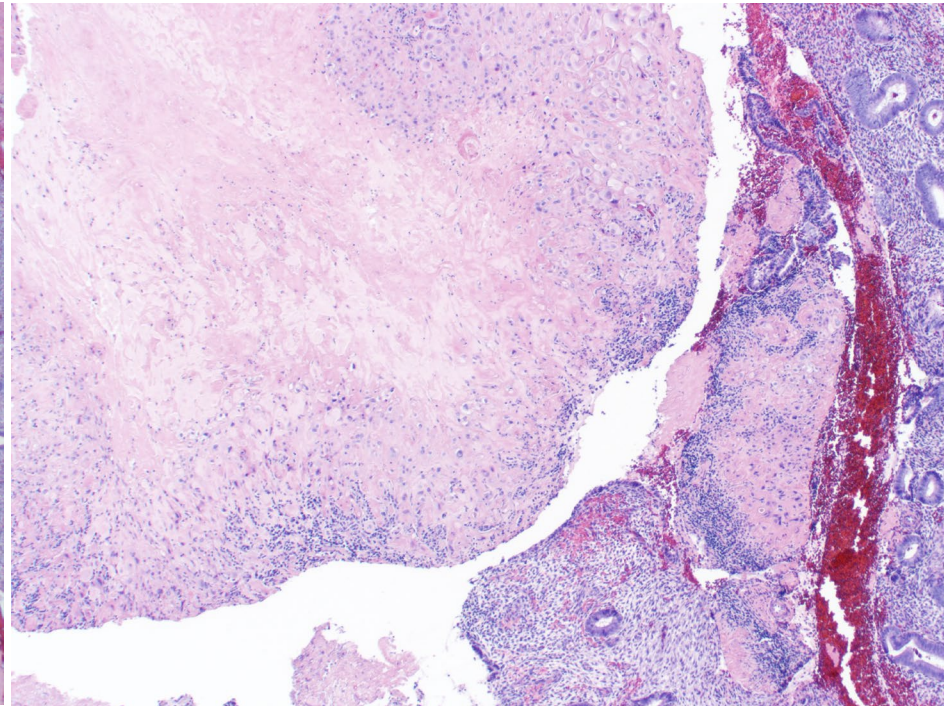
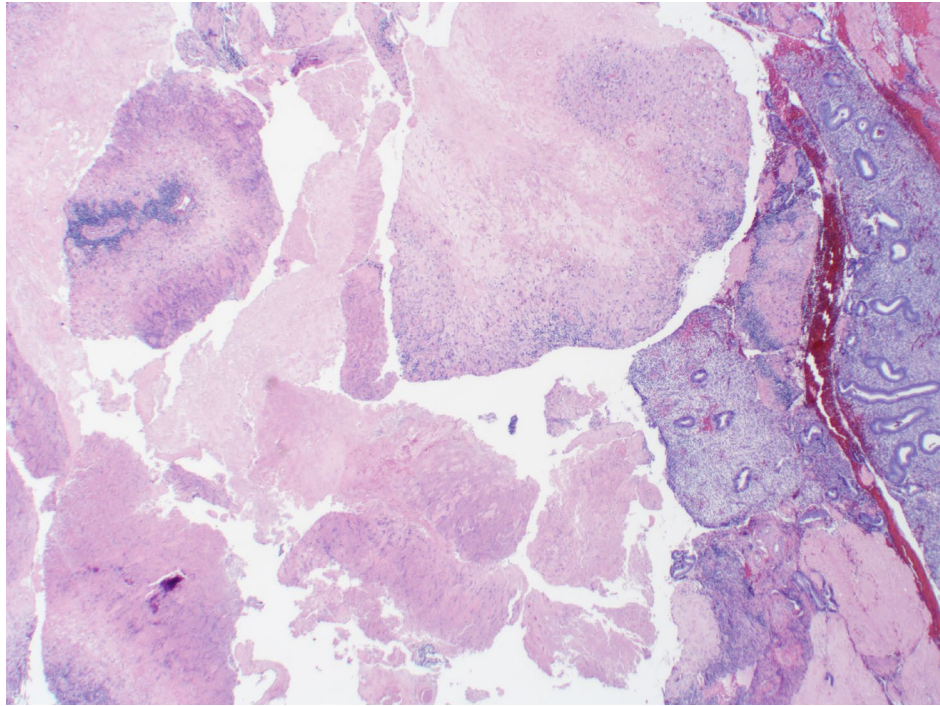


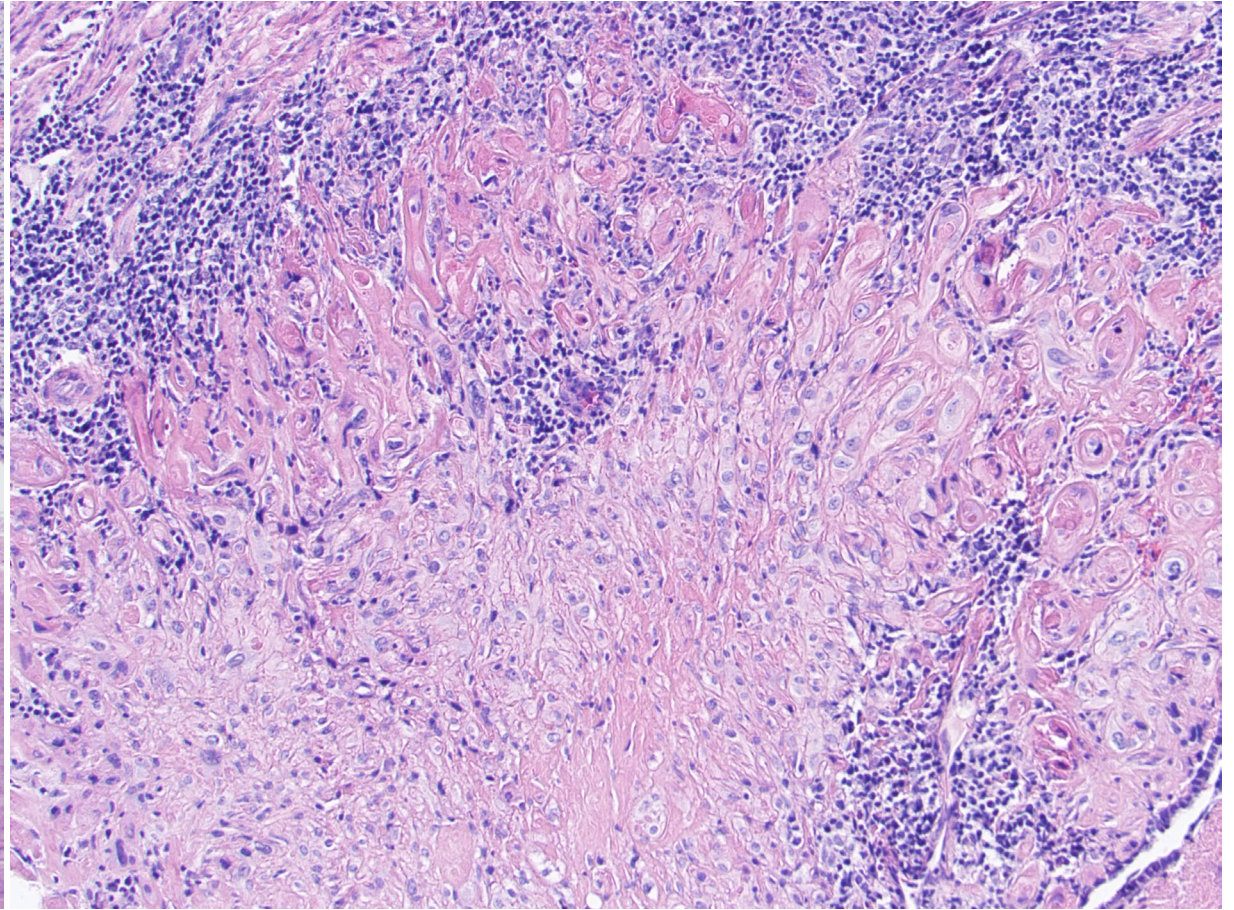
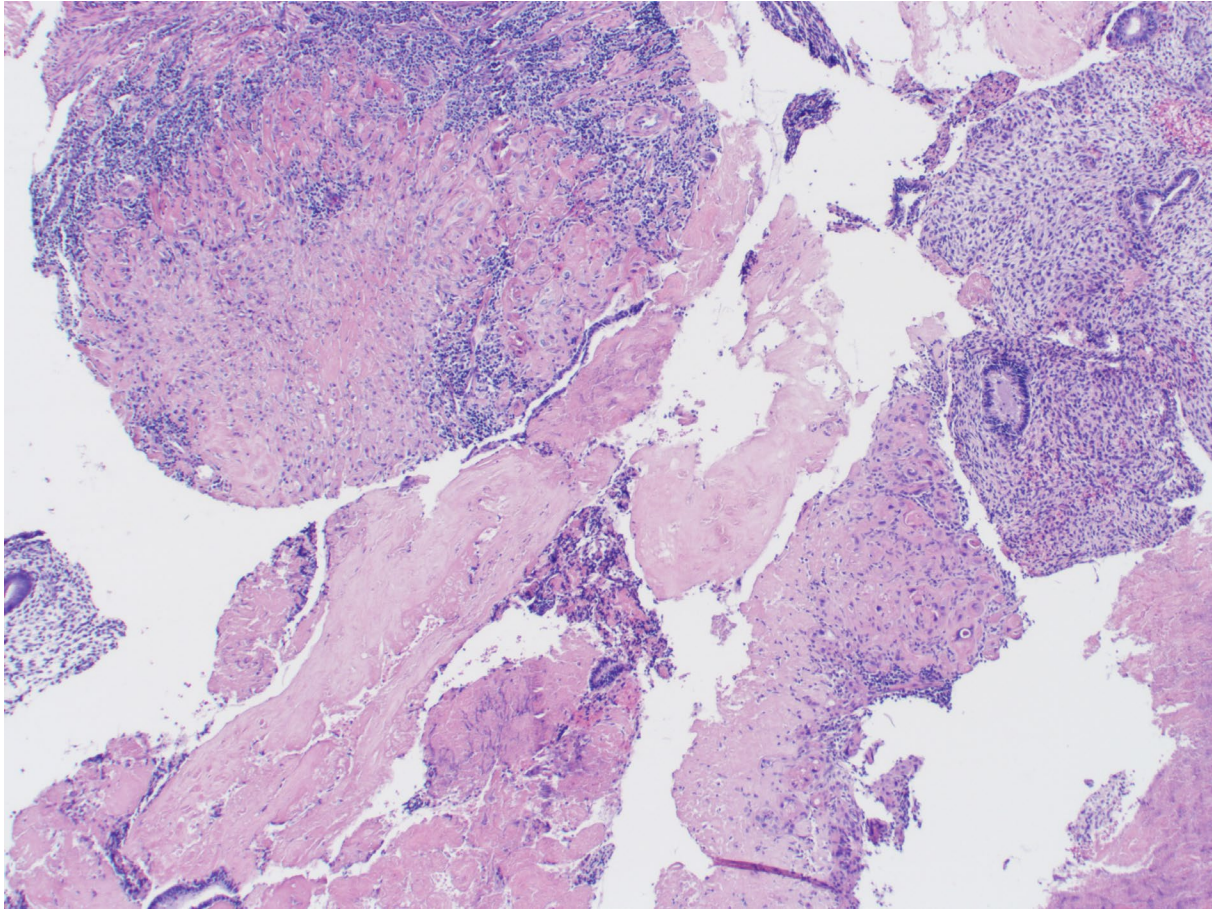
32-year-old presenting with infertility and uterine mass
by ultrasound undergoing curettage

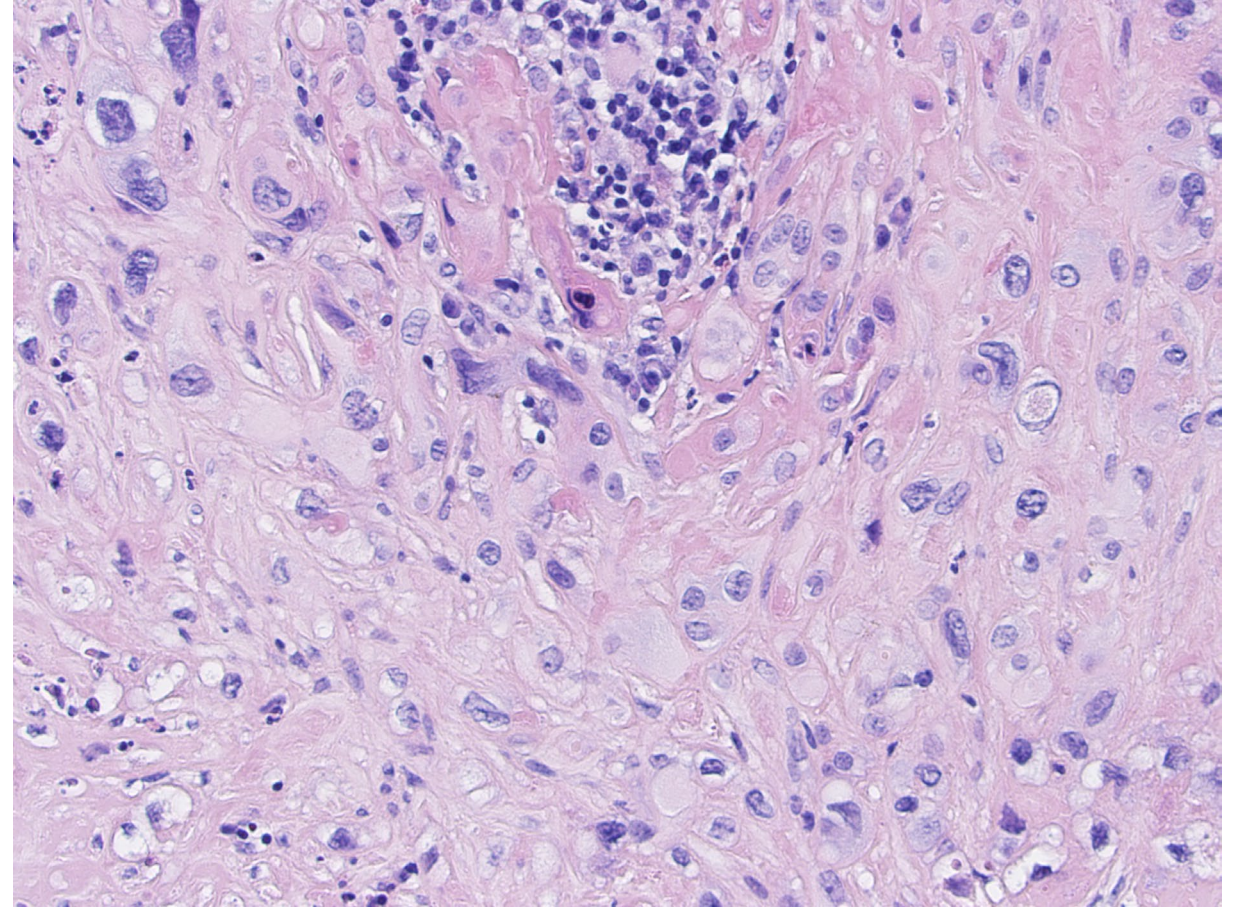
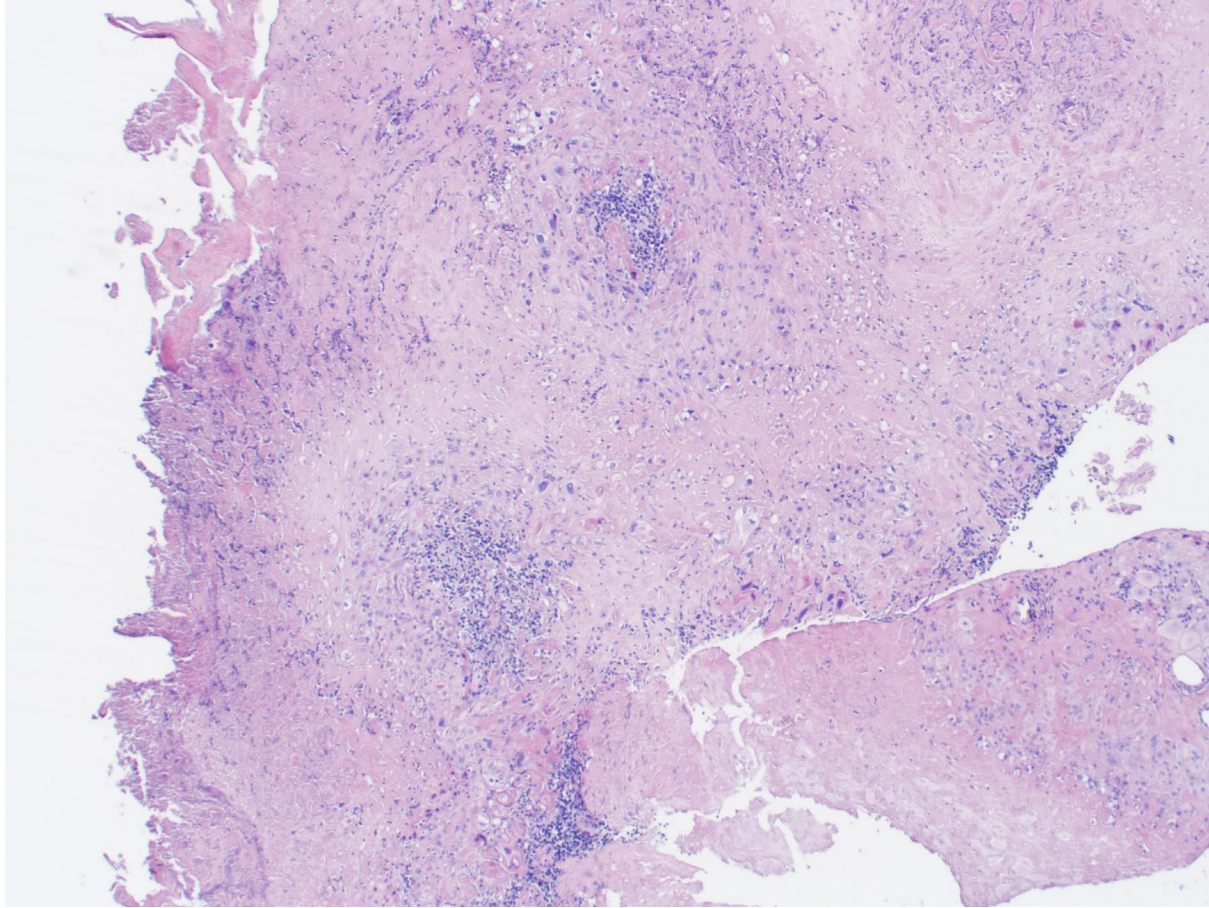


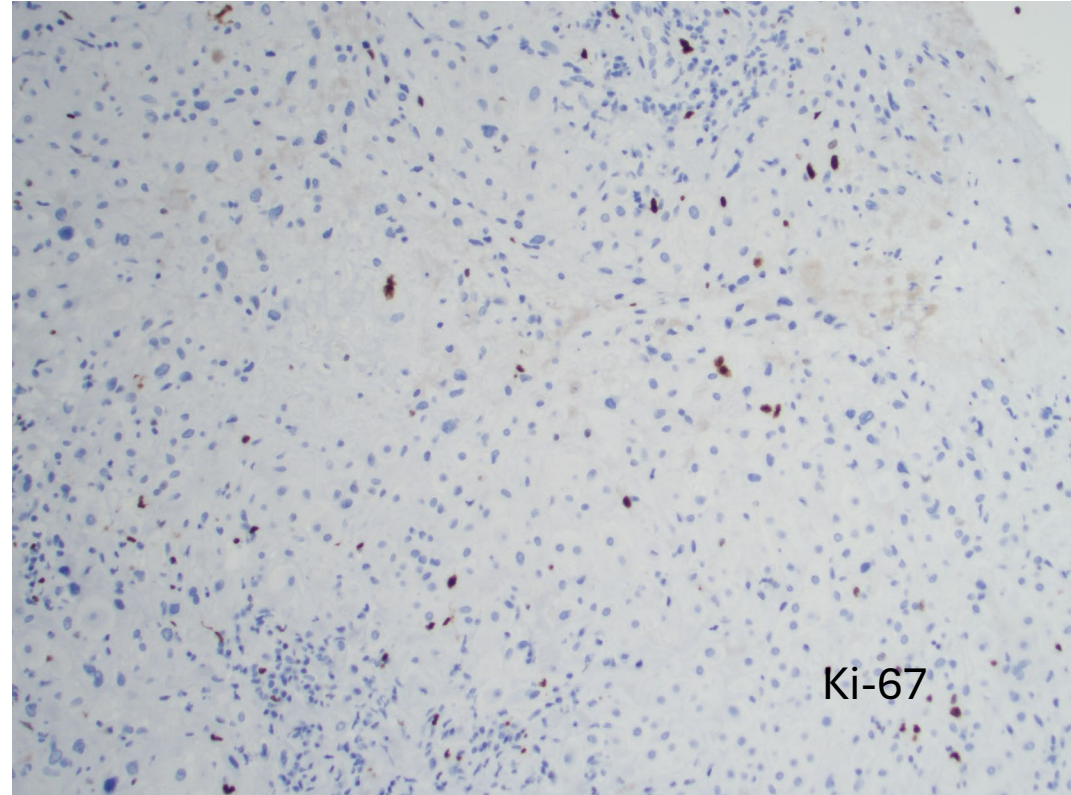
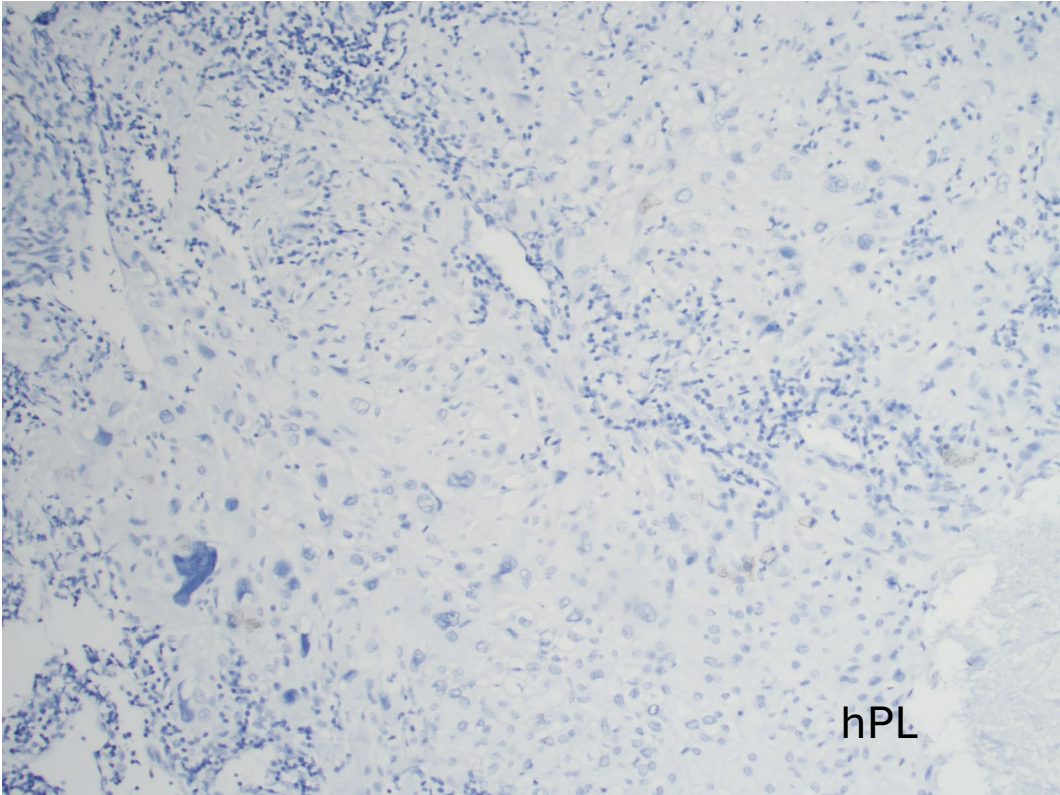
P63

Diagnostic Options

- PSTT
- ETT
- Epithelioid leiomyosarcoma







Diagnosis of epithelioid trophoblastic tumor (ETT) on curettage specimens can be more challenging than on hysterectomy specimens. In this case, the curettage specimen shows multiple well-circumscribed, nodular lesions composed of relatively uniform, medium to large atypical chorionic-type trophoblasts arranged in nests, cords, or broad sheets. Geographic necrosis with calcification is present, along with invasion of the superficial endomyometrium. The tumor cells are diffusely positive for p63 but negative for hPL. A low Ki-67 index (approximately 5%) is an exceptional finding in this case. One of the main differential diagnoses is placental site trophoblastic tumor (PSTT). Features such as a nodular lesion with well-circumscribed borders, chorionic-type trophoblasts, diffuse p63 positivity, and negative or focal hPL expression help distinguish ETT from PSTT.

Final Diagnosis: Epithelioid Trophoblastic Tumor (ETT)