In 2013, a 38 years-old woman, suffering from myomatous uterus, underwent a subtotal hysterectomy with a diagnosis of a dissecting leiomyoma with features of degeneration, including extensive areas of fibrosis and sclerosis. However, in 2015, the patient started suffering from weight loss and chronic pelvic and abdominal pain. A computed tomography scan of the abdomen revealed multisite abdominal masses localized mainly in the adnexes and a clinical suspicion of a metastatic ovarian tumor was made. In December 2015, the patient underwent a debulking surgery with excision of adnexes, the remaining part of cervix, greater omentum, appendix and visible tumor masses and the specimen from the second surgery (2015) was sent for consultation at our Department. Microscopically, the neoplasm presented multiple...
foci of sclerosis and collagen formation and the tumor cells had an epithelioid look with very low rate of atypia and scarce mitoses, but the neoplastic areas invaded and dissected the adjacent tissue (Fig. 1A-D). Because of the unusual histopathological texture and disease progression, we requested the specimens from the first surgery (2013). The histopathological view of the primary tumor, which dissected the uterine corpus, was indistinguishable from the tumors removed in the second surgery (Fig. 1E-F).

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Answers should be sent to the Editorial Office by 26.02.2019. 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.