

creased gradually showing significant difference between each borderline lesions. PII showed same tendency, but significant difference was noted only between cancer and the other lesions. PIII and PIV also increased the more, the severer the lesions became. There were no significant differences in cellular parameters (PV, PVI, PVII) among borderline lesions, but large N/C ratio and larger nuclear and cellular horizontal and vertical axis ratio were noted in cancer. Present data suggested the possibility of differential diagnosis of endometrial cancer and its borderline lesions by these 7 parameters.

### 125. Endometrial Carcinoma and its Precancerous Lesions Related with Glandular Cystic Hyperplasia

Y. TSUKAHARA

*Dept. Obst. & Gynec.,  
Shinshu Univ. Sch. Med., Matsumoto*

J. KATO

*Dept. Obst. & Gynec.,  
Yamanashi Med. College, Yamanashi*

The process of development from glandular cystic hyperplasia (GCH) to endometrial carcinoma (CEA) has not been fully clarified yet. However, it has been occasionally reported that GCH developed into ECA after several years.

Atypical hyperplasia (ATH), which is thought to be a precursor of ECA, has also been reported to progress from GCH in some cases. In the present study, we have carried out pathomorphological investigations on adenomatous hyperplasia (ADH) and ATH which were related with GCH, and examined the significance of GCH and these precancerous lesions in carcinogenesis, and the following results were obtained:

1. Pure GCH was observed in 112 cases (60.9%), GCH with ADH was in 56 cases (30.4%), and GCH with ATH was in 11 cases (6.0%), ECA related with GCH was found in 5 cases (2.7%).

2. It was suggested that GCH can serve as a remote precursor of ECA. Namely, GCH in some cases was identified to develop to ECA apparently through the change from ADH to ATH.

3. It was morphologically observed that in GCH, both glandular epithelium and stromal cells were proliferated by being stimulated by estrogen, and such a proliferation was interrupted by an estrogen antagonist, progesterone. On the other hand, in the case of ADH and ATH, the growth of stroma was decreased,

and the proliferation of glandular epithelium became predominant. Moreover, the action of progesterone was minimum in ADH or ATH.

### 126. Clinical and Histological Study on the Mixed Mesodermal Tumor of the Uterine Body

S. INOUE, M. MUNEMURA, M. NAKAYAMA  
and M. MAEYAMA

*Dept. Obst. & Gynec.,  
Kumamoto Univ. Sch. Med., Kumamoto*

T. TOKUNAGA

*Dept. Obst. & Gynec.,  
Kumamoto National Hosp., Kumamoto*

During the 6-year period of 1976 to 1981, we experienced 6 cases of mixed mesodermal tumor of the uterus. The incidence of the tumor was 0.4% of all the gynecological in patients, 1.4% of all the uterine body malignancies, and was higher than those reported by others. The patients aged 49-75 years (mean 64 years), and 5 out of 6 patients were postmenopausal. Four patients had heterogeneous tumors (3 rhabdomyosarcomas and 1 chondrosarcoma). Two of the 6 patients are now living 39 and 20 months after treatment without clinical evidence of recurrence, respectively. Histologically, one of them showed only benign glandular structures as a component of epithelial elements, and the other one had no epithelial one. These findings suggest that the malignancy of the epithelial components may be one of the most important prognostic factors for the mixed mesodermal tumor of the uterus.

### 127. The New Approach to the Small Cell Carcinoma of Uterine Cervix

T. HIASA, T. CHIBA, N. TOMIOKA  
and H. MASAOKA

*Dept. Obst. & Gynec.,  
National Hosp. Shikoku Cancer Center, Ehime*

From 1966 to 1982, 1240 patients with invasive epidermoid carcinoma of the uterine cervix were treated at this hospital. The five-year survival of keratinizing or large cell non-keratinizing types (1097 cases, 88.5%) was 66.1%, and of small cell type (143 cases, 11.5%) was 73.6%. And 10 (0.8%) of the small cell type were diagnosed as small cell carcinoma defined