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Low Grade Endometrial Carcinoma

Laparoscopic radical hysterectomy with pelvic lymphadenectomy

A case study by
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Introduction

Endometrial cancer is a cancer that arises from endometrium and is a result of abnormal growth of cells that have ability to invade or spread to other parts/organs of the body.

The most common symptom is post-menopausal bleeding per vaginum. High risk factors, associated with almost 40% cases, are obesity, excessive estrogen exposure, high B.P and diabetes.

Diagnosis is by physical exam, TVS scan.

Hysteroscopy with endometrial biopsy is confirmatory, while other imaging modalities like CT scan, MRI and PET scan are used to determine the pelvic and extra pelvic spread.

Case Description

Case report described the patient as 38 year old female. A Canadian citizen, she visited me at Apollo Cradle OPD on 23/03/2018 with chief complaint of excessive and irregular bleeding P/V for last six months and continuous bleeding P/V for three months.

In Canada, she was put on oral contraceptive pills by GP. No investigation was done. She kept on bleeding P/V, despite taking OCPs.

In Amritsar too, she visited two other doctors before she came to me. Thorough physical exam, done in my OPD, she was detected to have enlarged uterus around 12 weeks size, firm mobile and fornices were free with suspicious growth on cervix too.

Immediate ultrasonography was done which reported big fibroid polyp in uterine cavity, approximately 6cm in size. Patient was posted for diagnostic hysteroscopy and endometrial biopsy next morning. All other blood investigation, X- ray chest and ECG were within normal limits.

Hysteroscopy could not be done as uterine cavity was large with wide open cervix. Curettage was done and abundant fleshy growth like curettings were obtained and sent for HPE.

HPE endometrial curettings reported serous /clear cells carcinoma of endometrium mod differentiated.

MRI scan of whole abdomen was done, which showed growth cervix involving uterine corpus with enlarged paracervical lymph nodes. No metastasis was seen. Patient went back next day after endometrial biopsy. She revisited our hospital after a fortnight, as she didn't get immediate appointment for surgery in Canada.

PET scan was done which showed growth from corpus going towards cervix with bilateral external, internal iliac and obturator lymph nodes involvement. No distant metastasis was seen.

Patient was taken up for surgery and we performed laparoscopic radical hysterectomy with BSO with pelvic lymphadenectomy and specimen was sent for HPE.

Patient did very well, post-operatively, without any complication.

Histopathology report of specimen confirmed serous low grade adenocarcinoma.

Oncology opinion was taken for patient and radiotherapy advised post-operative, but patient went back to Canada.

Conclusion

This case concludes that there is no age bar for any carcinoma. Every case of abnormal vaginal bleeding should be managed seriously and should undergo set pattern of investigations.

Endometrial carcinoma if diagnosed in early stage, improves the prognosis of disease.





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