

## **Endometrial Cancer Case Presentation**

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# Disclosures

No potential conflicts of interest declared

# Clinical Case 1

***A 70-year-old woman seeks medical attention from her gynecologist for a 3 month history of vague pelvic discomfort and vaginal bleeding***

# History

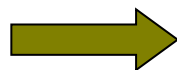
- No comorbidity
- No prior surgery
- Endoscopic removal of hyperplastic polyp of right colon two years ago
- One vaginal delivery without complications
- Last menstrual period 17 years ago
- No history of hormone replacement therapy or oral contraception
- Family history non-contributory

# General Examination

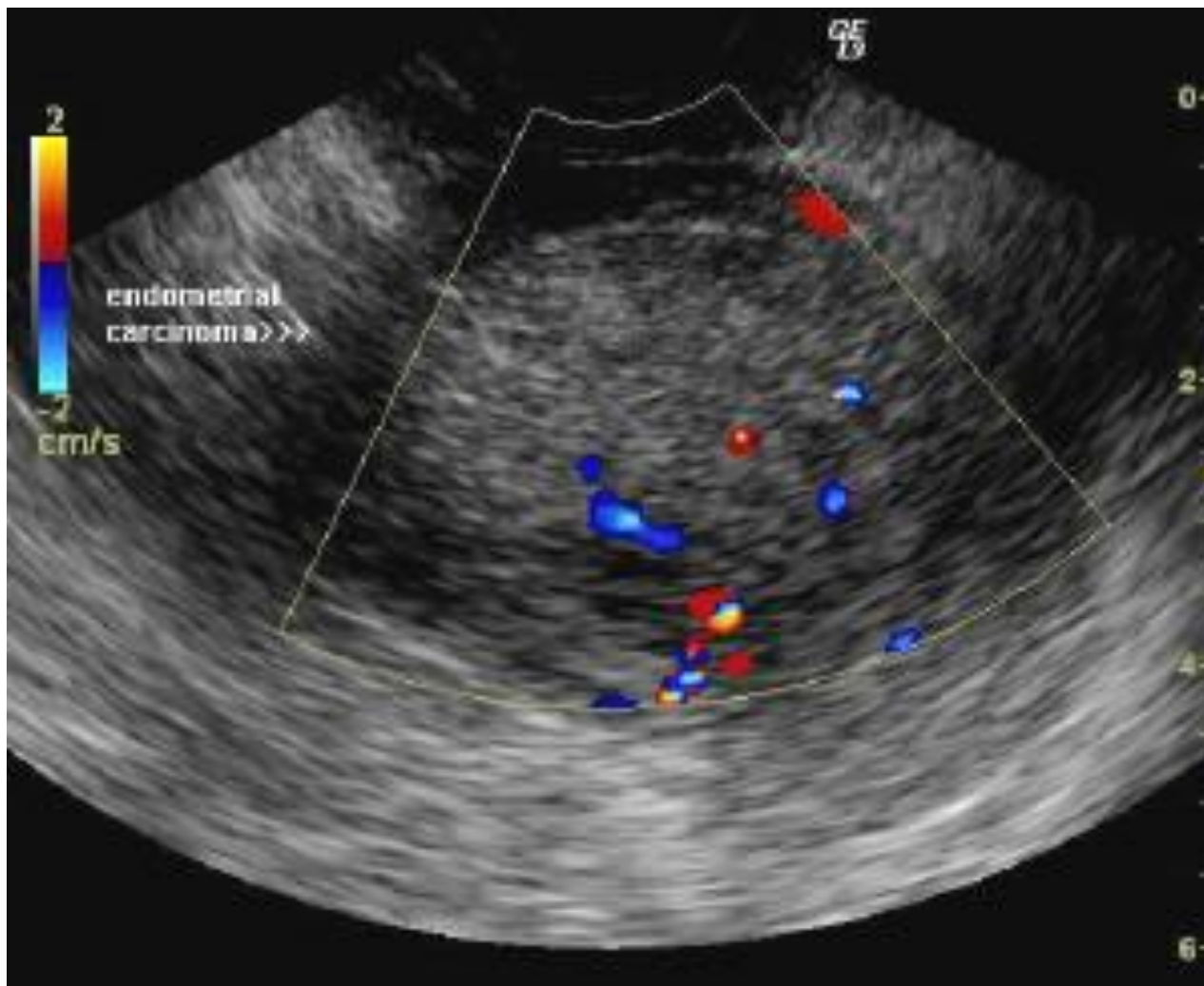
- PS WHO: 0
- Weight: 95 Kg; Height: 160 cm; BMI: 37
- Normal blood pressure and frequency
- Normal examination of heart, lung and abdomen
- No pathological lymph nodes
- Biochemical profile and CBC within normal limits
- CA 125 and CEA within normal limits

## Pelvic Examination

- Normal external genitalia, vagina and cervix
- Bimanual exam difficult for the patient's habitus
- Uterus of about 7 cm in length and 5 cm wide
- No pathologic findings in the adnexa, pouch of Douglas or ligaments



**Vaginal ultrasound**



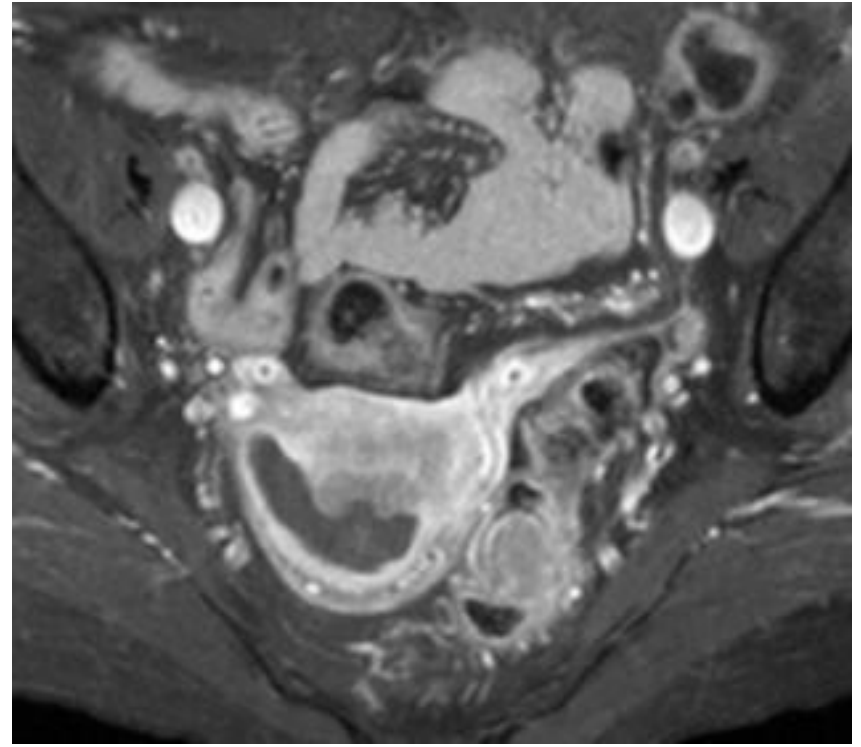
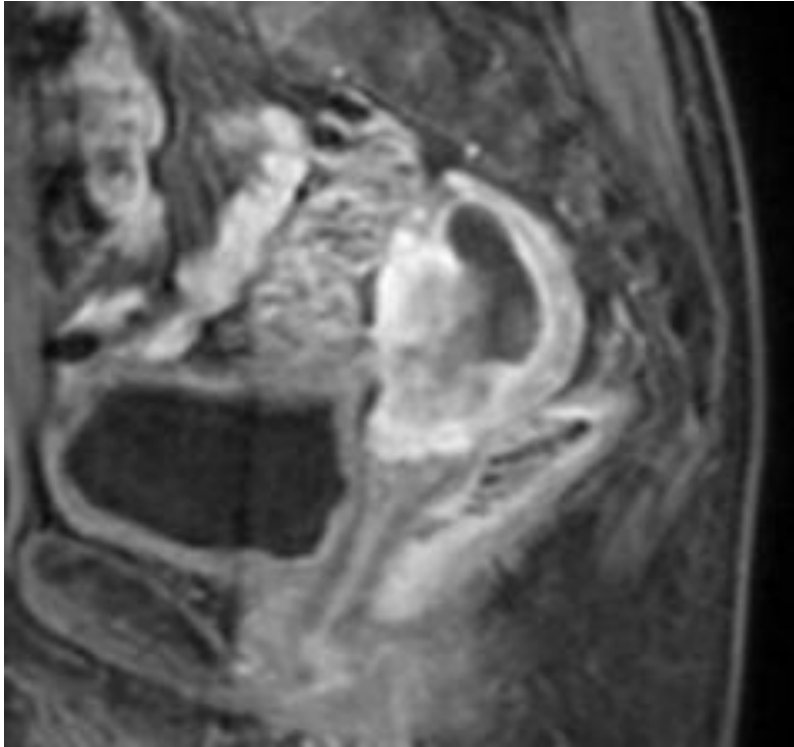
# Imaging

MRI revealed a uterine mass of 3.5 cm with a focal myometrial invasion of more than 50%

The other abdominal organs are lesion-free

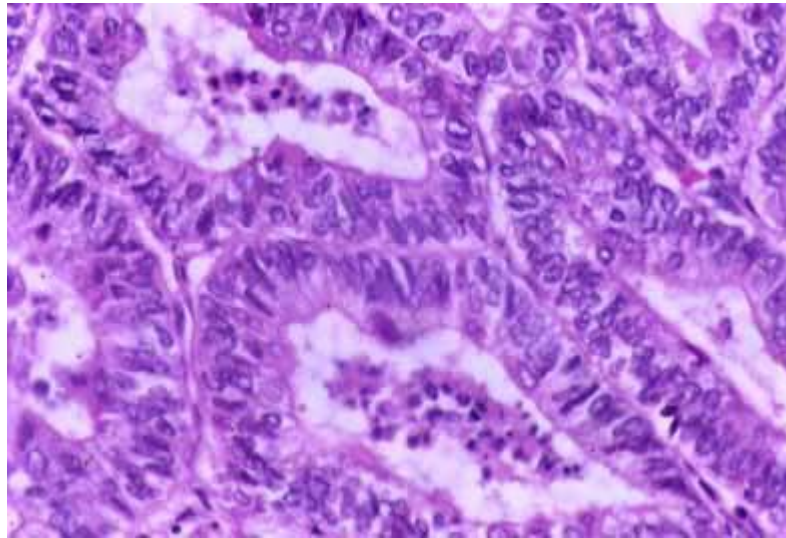
Chest X-ray: normal





**T1w fatsat post Gd**

# Hysteroscopy with Dilatation and Curettage

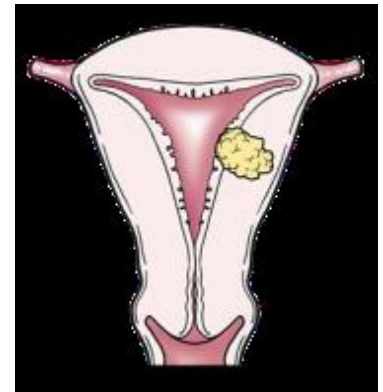


adenocarcinoma of endometrioid type G2

# Laparoscopic Total Hysterectomy with BSO and Pelvic Lymphadenectomy



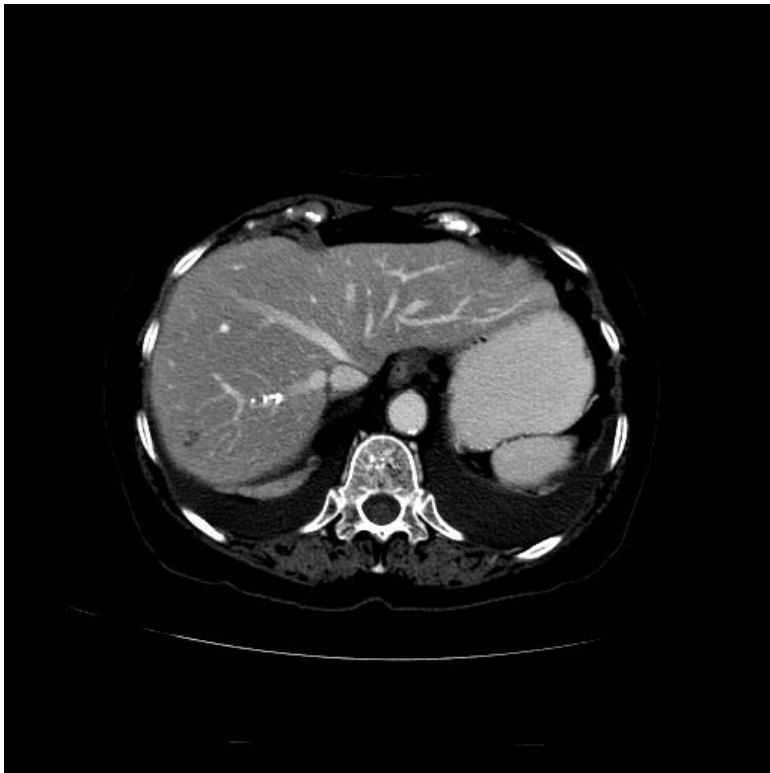
Poorly differentiated endometrioid endometrial carcinoma infiltrating of 1.3 cm in the outer half of the myometrium (1.9 cm) with lymphovascular invasion. 13 pelvic lymph nodes were removed and showed no metastases;  
FIGO IB (2009)



## **Q 1: In addition to the surgery, how would you treat the patient? Which would you recommend?**

1. External radiotherapy
2. External radiotherapy plus brachytherapy
3. Brachytherapy
4. Chemotherapy
5. Chemotherapy plus radiotherapy (external radiotherapy and/or brachytherapy)

***The surgery was followed by pelvic external radiotherapy and vaginal brachytherapy***



**First recurrence:**

**Cisplatin/Doxorubicin/Paclitaxel x4 → PR**  
**followed by hormonal therapy with progestin**



**Second recurrence:  
radiotherapy of supraclavicular region (40Gy) ➡ SD  
followed by Caelyx x3**



**Third recurrence:  
chemical pleurodesis and Gemcitabine x 4 courses**



# ***Death from Respiratory Insufficiency***