



CASE REPORT OF ENDOMETRIAL CARCINOMA AT 33 YEARS OLD

Obstetrics & Gynaecology

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KEYWORDS

INTRODUCTION

Endometrial adenocarcinoma, a disease mostly of perimenopausal and postmenopausal women, it can also occur in young women. Though the literature shows incidence of endometrial adenocarcinoma in young women between 2-14%, there has been a steady increase in incidence below 45 years owing to the increased incidence of Polycystic ovarian syndrome, obesity, diabetes, dyslipidemia.

The treatment of endometrial adenocarcinoma consists of Total abdominal hysterectomy with bilateral salphingo-oophorectomy. Removal of uterus and ovaries in young age group has its own physical and psychological sequelae.

Here we report a case of 33 years old women with obesity and PCOS since menarche diagnosed as Endometrial Adenocarcinoma stage I B.

CASE REPORT

A 33 year old female, married for 6 years, P1L1, came to Sree Balaji Medical College and Hospital with complaints of irregular cycle since menarche, cycles every 3-4 months, previously normal flow. She came with complaints of heavy menstrual bleeding for 1 year, changing 9-10 pads per day, cycles lasting for 15-20 days. History of intermenstrual bleeding +, No H/O post-coital bleeding. Patient had history of treatment for infertility and conceived with four cycles of ovulation induction treatment. She is a known case of Diabetes Mellitus and is on T. Metformin for past 2 years, no other co morbidities. No known family history of malignancies. On general examination -obese women with BMI of 33, On per abdomen examination uterus appears bulky. Per speculum examination cervix appears healthy, on Bi manual palpation cervix was firm, uterus anteverted, bulky, and no forniceal tenderness, all baseline blood investigations were done.

USG Abdomen revealed- Endometrial thickness -23 mm, Irregular

Endometrial biopsy was taken - Endometrial carcinoma

MRI Pelvis showed - Endometrial carcinoma with myometrium < 50 % involvement.

She underwent staging laparotomy with pelvic lymphadenectomy.

Total abdominal hysterectomy with bilateral salphingo-oophorectomy was done.

Postoperative period was uneventful and patient is under follow up.

DISCUSSION

Estrogen, being a stimulatory hormone induces proliferation of the uterine endometrium. If its action is unopposed by progesterone due to anovulatory cycles in PCOS, it can induce neoplastic changes in the endometrium.

Increase insulin and IGF1 due to insulin resistance in PCOS is also proposed as a reason for malignant transformation

A large cohort study in China has shown 17 fold higher risk of endometrial cancer in women with PCOS.

Another study by Zaina Haoule, has found that the lifetime risk of endometrial cancer for women with PCOS is 9%, whereas it is 3% for

women without PCOS.

Any carcinoma in young age should also alert the treating gynecologist to look into familial causes.

It has been postulated that 2-5% of endometrial carcinoma could be due to hereditary syndrome like Lynch HNPCC.

Careful family history in our patient did not reveal familial predisposition.

The important factors which help in predicting prognosis are grade and stage.

Endometrial carcinoma in young women are mostly identified in early stage (70%).

Studies by Evaian met caff et al and Fahri et al, has shown 90% of endometrial carcinoma in young women are Grade I.

Hence endometrial carcinoma in young women is generally associated with good prognosis.

Many experimental studies are going on in establishing conservative therapy for endometrial carcinoma.

Montzetal described Intrauterine progestins for conservative treatment.

Sardi-et-el studied the hormonal therapy in endometrial carcinoma in young women.

However the principal objective of conservative treatment is preservation of fertility. Since our patient was not willing for fertility preservation, Total Abdominal Hysterectomy with Bilateral salphingo-oophorectomy was proceeded.

CONCLUSION

This case is reported to increase the awareness regarding endometrial carcinoma in young women and its risk factors. As in any malignancy diagnosed at earlier stage improves the prognosis and increases the survival rate. Hence abnormal uterine bleeding in women with PCOS, obesity even if belonging to young age should be taken as a warning symptom and evaluated properly to diagnose endometrial carcinoma at earlier stage.

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