

## Endometrial Cancer in Young lady; an Un-usual Presentation of Endometrial CA

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### Abstract

In cases of abnormal uterine bleeding in young women, usually endometrial cancer is not suspected.

Endometrial cancer (CA) is typically a disease of peri/post-menopausal women. Here we are presenting two cases of endometrial CA in young women. Mostly at the time of diagnosis the disease is very advanced, thereby depriving the women of the option for fertility sparing conservative approach. In young women with abnormal uterine bleeding, if bleeding doesn't respond to hormonal therapy.

### Introduction

Endometrial cancer is one of the commonest cancers of female genital tract. In the developed world Adenocarcinoma of the endometrium is the most common gynecological cancer; however in developing Countries it is much less common than the carcinoma of

cervix. The disease is rare in young women. Lack of clinical suspicion and reluctance to do an endometrial evaluation may cause a delay in the diagnosis of this cancer in young women.

### Literature Review

Endometrial cancer is the 4<sup>th</sup> most common cancer among the women. At the time of diagnosis most patients are between 50 – 59 years of age. Mortality of this cancer is higher in black women as compared to white women. The most common symptom is post-menopausal bleeding, as 75% of the women with endometrial cancer are post-menopausal.

Multiple epidemiological risk factors have been identified in patients who have endometrial cancer, including:

1. Obesity.
2. Nulliparity.
3. Late menopause (< 52 years).
4. Unopposed estrogen.
5. Tamoxifen.
6. Combination OCP.
7. Cigarette smoking.
8. Associated medical conditions including breast, colon and ovarian cancer.
9. Family history of ovarian cancer.
10. Classic phenotypes (obesity, nulliparity and anovulatory cycles).

Pathological diagnosis is a standard criteria for evaluation of endometrial cavity. A high index of

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suspicion must be maintained if endometrial carcinoma is being considered. Adenocarcinoma is the commonest subtype of endometrial carcinoma is being considered. Adenocarcinoma is the commonest subtype of endometrial carcinoma. A squamous component, either benign (adenocanthoma) or malignant (adenosquamous), does not affect prognosis, but the grade of adeno component does affect the prognosis. Once the diagnosis of endometrial cancer has been made, routine pre-surgical evaluation is performed to assess operability. CT scans or MRI are not routinely performed. Based on surgical findings staging is determined and then the subsequent therapy. Clinical, surgical and histopathological findings predict the prognosis.

### Case Report 1

A 35 years old female was being evaluated for off and on fever, lower abdominal pain and whitish vaginal discharge for the last 6 months. Her menstrual cycles were normal and there was 1 episode of abnormal per-vaginal (PV) bleeding during these 6 months. Her general and systemic examinations were normal. Ultrasound of pelvis suggested bulky uterus. She was treated with multiple courses of oral antibiotics during the last 6 months. At our tertiary care centre examination under anesthesia and endometrial curettage was carried out and it was reported as endometrial adenocarcinoma. surgical staging determined stage IB tumor:

### Case Report 2

A 26 years old unmarried obese female presented with 4 months history of lower abdominal pain and blood stained excessive vaginal discharge for the last 2 months, she had past history of irregular menstrual cycles. General, systemic abdominal were normal. Pelvic ultrasound suggested bulky uterus and carried out and it showed endometrial adenocarcinoma. Surgical staging determined stage II tumor.

Further management plan was outlined with collaboration of the oncology team.

### Discussion

Endometrial CA in young nulliparous women poses a diagnostic challenge. Diagnosis is often delayed and the conservation of uterus is not feasible. In young

women with low histological grade and early stage disease medroxyprogesterone acetate (600 mg/day) treatment with endometrial evaluation every 3 months to evaluate the effects of medication.<sup>1</sup> Whenever the response has not been satisfactory hysterectomy is advocated. GhRH agonists have also been described for the treatment of atypical endometrial hyperplasia and endometrial adenocarcinoma.<sup>2</sup> Nevertheless a close surveillance, planned pregnancy followed by definitive treatment with hysterectomy can be offered to these young women. Pregnancies have been reported in some patients following successful hormonal therapy in receptor positive tumors. Considering the prognosis, endometrial cancer in young women doesn't differ from that of the older (> 45 years) women when histopathology, grade, lymph node involvement and cervical extension are matched. Myometrial involvement and the stage are significantly lower in younger women.<sup>3</sup> There are reports of women with PCOS with endometrial cancer at young age.<sup>4</sup> The 2<sup>nd</sup> case reported had clinical evidence of PCOS. there is consistent association of well differentiated adenocarcinomas with benign squamous differentiation in young women with PCOS.<sup>5</sup>

### Conclusion

This highlights the need for endometrial sampling in young women with abnormal uterine bleeding so that hyperplasia can be diagnosed and treated before frank invasion. Carcinoma endometrium should be kept in mind while evaluating young women for abnormal uterine not responding to hormonal treatment.

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