Arabian Gulf University - Kingdom of Bahrain **Year 5 – Gynecology and Obstetrics – 8th Week**

Salmanya Medical Complex – Dr. Wafa – Tumor of Endometrium



- Age group: 60's but nowadays endometrial cancer can even occur in younger age groups.
- 75% of cases present with stage-I of the disease.
- Pathogenesis: unopposed estrogen.
- **Risk factors:**
 - Advanced age (as mentioned above).
 - External estrogen intake (Hormone Replacement Therapy), tamoxifen or high doses of steroids.
 - Chronic anovulation state (such as Polycystic Ovarian Syndrome).
 - Obesity (which is often associated with diabetes and hypertension).
 - Lynch syndrome.

The most common presentation of the patient:

- Abdomino-pelvic pain.
- Postemenopausal bleeding.
- Or intermenstrual bleeding.

Pre-operative evaluation:

• History, physical examination and then investigations which include:

- ✓ Endometrial biopsy (if the cervical os is open) or D&C (if the cervical os is closed).
- ✓ CBC and serum chemistry.
- ✓ CA-125 (although it is non-specific and mainly checked with ovarian cancer with greater benefit when used for follow-up and prognosis after surgery).
- ✓ Chest X-ray and ECG.
- ✓ CT-scan of the abdomen and pelvis: to detect any metastasis or involvement of lymph nodes. Nowadays, MRI is requested for the pelvis while CT-scan is requested for chest and abdomen.

Staging of endometrial cancer is surgical:

Stage-I	Uterus only:
	IA: only endometrium.
	• IB: < 50% of myometrium.
	• IC: > 50% of myometrium.
Stage-II	Invasion of the cervix.
Stage-III	Invasion outside uterus but still confined to true pelvis.
Stage-IV	Invasion of bladder/rectum
Stage-V	Distant metastasis

Management:

- TAH-BSO.
- Peritoneal fluid cytology.
- Radiation (with > 50% involvement of myometrium or involvement of lymph nodes).
- Abdominal exploration and biopsy.
- Lymph node sampling.
- Risk of recurrence is increased within first 1-3 years thus following the patient with ultrasound and pap smear.

