



# Endometrial Carcinoma

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# Endometrial Carcinoma

- Carcinoma of the endometrial lining of the uterus.
- Most common gynaecological malignancy in postmenopausal women.
- 4<sup>th</sup> most common malignancy in women (following breast, bowel, & lungs).
- Majority are adenocarcinoma.



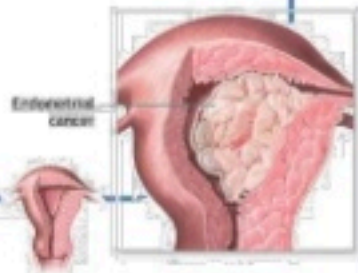
## Incidence of Malignant Gynecological Lesions

endometrium > ovary > cervix >  
vulva > vagina > fallopian tube



# Epidemiology

- Most common gynaecological malignancy.
- 8<sup>th</sup> leading site of cancer-related mortality.
- 2-3% of women develop it in lifetime.
- Disease of postmenopausal women.
- 15%-25% of postmenopausal women with bleeding have endometrial cancer.
- Mean age is 60 years.
- Uncommon before age of 40 years.



# Risk Factors



- Older age.
- Early menarche.
- Late menopause.
- Nulliparity.
- Unopposed estrogen (Obesity, PCOS, HRT).
- Chronic Tamoxifen use.
- Previous pelvic irradiation.
- Hypertension, Diabetes mellitus.

**Any agent/factor that rises the level or time of exposure to estrogen is a risk factor for endometrial carcinoma**

## Risk Factors Cont'd

- Hx of other estrogen-dependent neoplasm (breast, ovary).
- Family Hx of endometrial carcinoma.
- Estrogen-secreting ovarian cancer (e.g. granulosa cell tumor).
- Genetic: Lynch II \$ (HNPCC).



### Risk Factors for Endometrial Cancer

#### "COLD NUT"

Cancer, (ovarian, breast, colon)

Obesity

Late Menopause

Diabetes mellitus

Nulliparity

Unopposed estrogen: PCOS, anovulation, HRT

Tamoxifen, chronic use

# Protective Factors

- Multiparity.
- Smoking.
- COCP.
- Physical activity.

**Any agent/factor that lowers the level or time of exposure to estrogen is a protective factor against endometrial carcinoma**



# Clinical Presentation

## Patient Profile

- Postmenopausal
- Nullipara
- Hx of early menarche & delayed menopause
- Obese
- Hypertension
- Diabetes mellitus

## Clinical Presentation Cont'd

- Asymptomatic (< 5% of cases).
- **Abnormal bleeding:**
  - Postmenopausal bleeding \*
  - Menorrhagia
  - Post-coital spotting
  - Intermenstrual bleeding
- Blood-stained vaginal discharge.
- If + cervical stenosis: Hematometra, Pyometra, purulent vaginal discharge.
- Colicky abdominal pain.



Postmenopausal bleeding is endometrial cancer until proven otherwise.  
90% present with vaginal bleeding.





## Clinical Presentation Cont'd

### Signs:

- Patient's profile.
- Pallor (varying degree).
- **Pelvic examination:**
  - **Speculum Exam:** Normal looking cervix, blood or purulent discharge through external os.
  - **Bimanual exam:** Uterus either atrophic, normal, or enlarged. Uterus is mobile unless in late stage.
  - Per-rectal examination.
  - Regional lymph nodes & Breast examination.

# Diagnosis

- Majority are diagnosed early, when surgery alone may be adequate for cure.



- History + Physical examination.
- CBC
- Transvaginal Ultrasound (endometrial thickness).
- Endometrial biopsy.
- Hysteroscopy & endometrial biopsy (Gold standard).

# Treatment

- **Surgery**
- **Chemotherapy**
- **Radiotherapy**
- **Hormonal therapy**



# Surgical Treatment

- Exploration
- Simple hysterectomy
  - Radical if suspected cervical involvement
- Bilateral salpingo-oophorectomy
- Pelvic washings
- Lymphadenectomy
  - Pelvic
  - Para-aortic
- +/- Omentectomy



## Hormone Therapy

- **Appropriate in patients that desire fertility preservation**
  - Young patient
  - Well differentiated cancer
- **Approximately 75% response rate**
  - 25% recurrence at a median of 19 months
- **High dose progestins**
- **ONLY-G1 tumors!!**