

THREE YEARS EXPERIENCE IN ENDOMETRIAL CANCER, ELSHATBY GYNEONCOLOGY UNIT, RETROSPECTIVE STUDY

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INTRODUCTION

Endometrial carcinoma is the sixth most common cancer in women worldwide, contributing to 4.5 % of the total number of new cases diagnosed in 2020. In USA, uterine cancer is the fourth cancer among women, representing 7% of all new cancer cases after breast, lung and colorectal cancers.

Risk factors are related to excessive unopposed exposure of the endometrium to estrogen, including unopposed estrogen therapy, early menarche, late menopause, tamoxifen therapy, nulliparity, failure to ovulate and polycystic ovary syndrome. Additional risk factors are increasing age, obesity, hypertension, diabetes mellitus, Lynch syndrome.

The most common presentation for endometrial cancer is postmenopausal bleeding. Most cases presented at early stage (I/II). Transvaginal ultrasonography and endometrial biopsy are recommended as the initial study. Further imaging method like CT plays an important role for advanced stages.

AIM OF THE WORK

The aim of the work was to evaluate and analyze the experience of the Gynecological Oncology Unit in El Shatby Maternity University Hospital with endometrial cancer patients as regard demographic data, clinical picture, modalities of diagnosis, management and pathology.

PATIENTS AND METHODS

PATIENTS

This retrospective study included cases with endometrial cancer. Data was collected from the gynecological oncology unit database of El Shatby University Maternity Hospital from 1st of January 2016 to the end of December 2018.

METHODS

The following data was collected from cancer registration data in El Shatby University Maternity Hospital:

- History
- Examination
- Imaging
- Surgical procedure
- histopathology

RESULTS

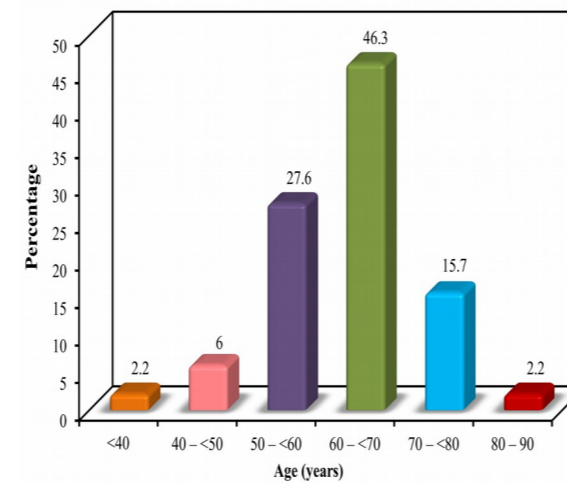


Figure 1: Distribution of the studied cases according to age

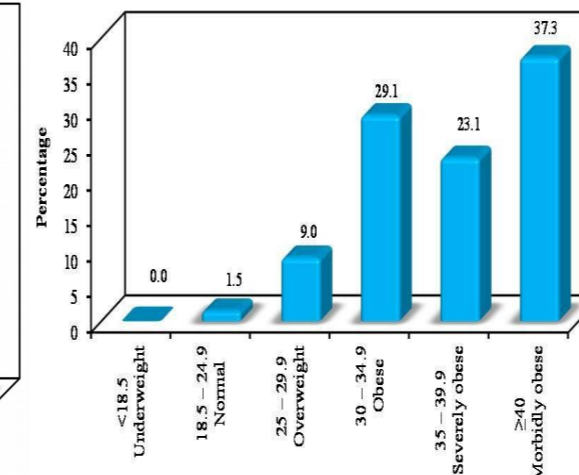


Figure 2: Distribution of the studied cases according to BMI

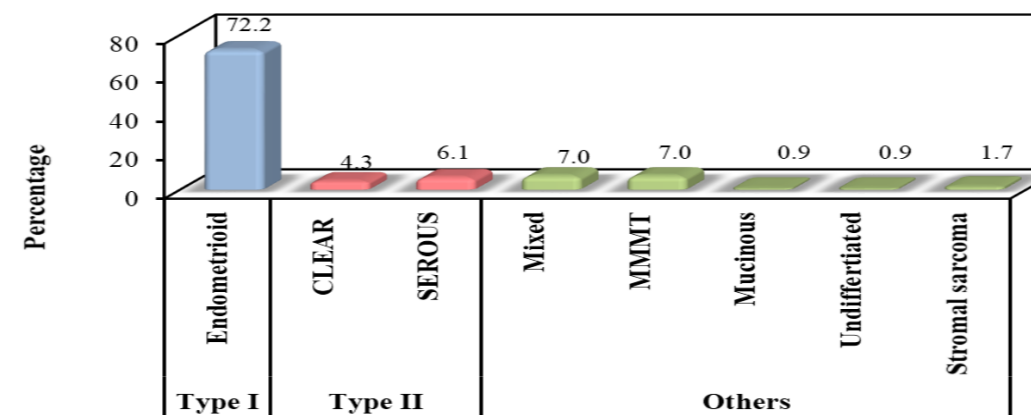


Figure 3: Distribution of the studied cases according to Pathological type

	Surgical staging by FIGO system				Sensitivity	Specificity
	I (n = 19)	II (n = 11)	III (n = 13)	IV (n = 3)		
CT staging						
I	17(89.5%)	5(45.5%)	2(15.4%)	1 (33.3%)	89.5	70.73
II	0(0.0%)	3(27.3%)	0 (0.0%)	0 (0.0%)	27.3	100.0
III	2(10.5%)	2(18.2%)	11(84.6%)	0 (0.0%)	84.6	87.9
IV	0(0.0%)	1(9.1%)	0 (0.0%)	2 (66.7%)	66.7	97.7
Accuracy	71.7					

Table 1: Agreement (sensitivity, specificity and accuracy) for CT staging

Table 2: Relation between LN pelvic metastasis and different parameters

	Lymph nodemetastasis				χ^2	P
	Negative (n = 36)		Positive (n = 6)			
	No.	%	No.	%		
Myometrial invasion						
<50%	19	52.8	0	0.0	5.783*	^{FE} p=0.024*
≥50%	17	47.2	6	100.0		
LVSI						
No invasion	25	69.4	1	16.7	6.075*	^{FE} p=0.023*
Invasion	11	30.6	5	83.3		
Size of tumor						
≤20	11	30.6	0	0.0	2.484	^{FE} p=0.172
>20	25	69.4	6	100.0		
Grade Pathology						
I	8	22.2	0	0.0	8.615*	^{MCp} =0.009*
II	17	47.2	0	0.0		
III	11	30.6	6	100.0		

CONCLUSION

The mean age of endometrial cancer cases at time of diagnosis was 61.4 with peak incidence between 60 and 70 years. Majority of cases (89.5) % had BMI above 30 which was strongly marked with mean BMI 38.88.1% of cases were post menopause.17.2% of cases were nulliparous. Bleeding was the most common complaint that represents 93.3% of cases. Majority of cases were type I endometrial cancer that represents 72.2%. Most of cases 53% presented in stage I, 20% were stage II, 21.7 % were stage III and 5.2 were stage IV. CT showed an overall accuracy 71.7 % in endometrial cancer staging with least sensitivity in stage II (27%).

By studying the postoperative pathology there was a significant relation between myometrial invasion, lymphovascular space invasion and tumor grade with risk of lymph node metastasis. On another hand large tumor size more than 2cm in maximal tumor diameter showed no significant risk on lymph node metastasis.