ORIGINAL RESEARCH PAPER

Obstetrics And Gynaecology

CARCINOMA IN A POSTMENOPAUSAL ENDOMETRIAL POLYP

KEY WORDS:
Polyp,endometrial carcinoma, postmenopausal bleeding

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ABSTRACT

Introduction: Endometrial polyp is a common pathology found in gynaecological practice.The incidence of premalignant and malignant findings in endometrial polyps range from 0.5 to 4.8% in the general population and 2 to 10% in postmenopausal women.

case report: A 55yr old P2L2 postmenopausal women came with complaint of vaginal bleeding on and off for 3 months. On Per vaginal examination uterus retroverted, parous size, fornices free. Ultrasound revealed well defined hypoechoic lesion of 16.8×14.4 mm in the fundal region of the endometrial cavity Fractional curretage done showed cystic dilatation of endometrial glands and chronic nonspecific cervicitis. Non descent vaginal hysterectomy + B/L salpingo-oophorectomy was done and sent for HPE. Gross examination showed endometrial cavity with a small polyp of 1×0.5cm. Microscopy showed non secretory cystic dilatation of endometrial glands with no evidence of hyperplasia/malignancy but the polyp showed features suggestive of a well differentiated endometroid carcinoma villoglandular variant (Grade 1).

Discussion: Villoglandular carcinoma is characterized by papillary architecture with delicate fibro vascular stalks. It is lined by cuboidal or columnar cells with minimal cellular stratification and mild nuclear pleomorphism . It only invades the superficial layers of the myometrium, and is usually diagnosed at an early stage. Thus it has a better prognosis than typical endometrioid carcinoma.

Conclusion: Large symptomatic endometrial polyps, especially those which develop in post menopausal women, have a tendency to show malignant changes. Careful histological examination of endometrial biopsy to find premalignant and malignant lesions should be emphasized

INTRODUCTION: Endometrial polyp is a common pathology found in gynaecological practice1-2.It is defined as a benign nodular protrusion from the endometrial surface, consisting of endometrial glands and stroma3. Usually benign, it may be associated with hyperplasia and carcinogenesis. The incidence of pre-malignant and malignant lesions ranges from 0.8 to 4.8% in the general population and 2 to 10% in postmenopausal women4-7 .

CASE REPORT: A 55yr old postmenopausal woman came to NRIGH OPD with complaints of vaginal bleeding on and off for 3 months. She attained menopause 4yrs back. Obstetric H/O: P2L2, previous normal deliveries, tubectomised. Past History: She is a known diabetic on oral hypoglycemic drugs. Family and Personal history: nil significant. O/E: Moderately built and nourished. BMI:26Kg/m2. Vitals stable. Per abdomen: Minilap scar present. Per speculum: Cervix and vagina healthy. Per Vaginum: Cervix pointing upwards, uterus retroverted, parous size, fornices free.

Investigations:
Hb-12.7g%,TSH-1.01uIu/ml,FBS-122mg/dl,PPBS -221mg/dl, HbA1C:6.8%

Ultrasound Abdomen: Uterus retroverted. Normal in size, shape and echotexture, measuring 7.9×3.6×4.5cm. Endometrial thickness 4mm. A well defined hypoechoic lesion of 16.8×14.4 mm noted in fundal region of endometrial cavity. Both ovaries are normal in size and echo texture. No free fluid in pouch and captilize d No other abnormality visualized

HISTOPATHOLOGY REPORT OF FRACTIONAL CURETTAGE: Cystic dilatation of endometrial glands and chronic nonspecific cervicitis.

Management: Non descent vaginal hysterectomy + B/L salpingo-oophorectomy done under SA + EA.
Intraop findings: Uterus 8×4×3cm size, ovaries atrophied, bilateral tubes normal. No other abnormality seen. Specimen sent for HPE.

Gross findings: Uterus measuring 8.5×4×3cm. Cut section cervix -NAD Endometrial cavity with a small polyp of 1×0.5cm, cut section of myometrium-trabeculated. Bilateral tubes normal and ovaries atrophied.

Microscopic examination: Chronic nonspecific cervicitis with reactive basal hyperplasia. Endometrium showed nonsecretory cystic dilatation of endometrial glands with no evidence of hyperplasia/malignancy, but the polyp showed features suggestive of a well differentiated endometroid carcinoma villoglandular variant (Grade 1).

Myometrium showed foci of adenomyosis. There is no evidence of extension of malignancy into myometrium

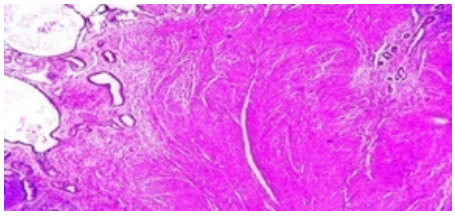

FIGURE 1: endometrium with dilated glands and adenomyosis (x40,Hematoxylin and eosin stain)

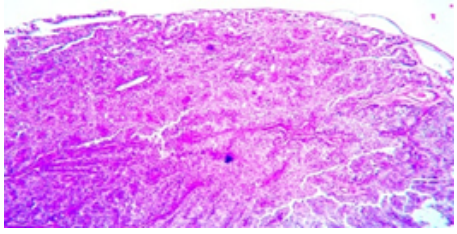

Figure 2 : low power (x100) of polyp, papillary pattern of arrangement

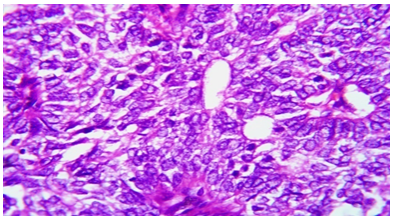

FIGURE 3 : high power (x400) of polyp well differentiated glands in back to back fashion and fusion.

DISCUSSION: Endometrial cancer is the third most common gynaecological cancer in the developing world. It is primarily a disease of the postmenopausal women, usually occurring in 5th and 6th decades of life

Histopathologic Subtypes of Endometrial Carcinoma

A. Endometrioid adenocarcinoma
   Villoglandular (papillary)
   Secretory
   Ciliated cell
   Adenocarcinoma with squamous differentiation
B. Mucinous carcinoma
C. Serous carcinoma
D. Clear cell carcinoma
E. Squamous cell carcinoma
F. Undifferentiated carcinoma
G. Mixed carcinoma
H. Metastatic carcinoma

Villoglandular variant of endometrioid adenocarcinoma is characterized by a papillary architecture with delicate fibro vascular stalks. It is lined by cuboidal or columnar cells with minimal cellular stratification and mild nuclear pleomorphism. It only invades the superficial layers of the myometrium and is usually diagnosed at an early stage. Thus it has a better prognosis than typical endometrioid carcinoma.
In a study by Ben-Arie A, et al8 on the malignant potential of endometrial polyps concluded that older age, menopause status and polyps > 1.5cm were associated with significant premalignant or malignant changes.

CONCLUSION:

In centres with hysteroscopy facility, biopsy under hysteroscopic guidance is the investigative modality of choice to diagnose endometrial polyp carcinoma rather than blind curettage. In this case the malignancy was confined to endometrial polyp while the remaining endometrium was normal. It should be emphasized that endometrial polyps, especially the symptomatic, larger ones, and the polyps developed in postmenopausal patients have a tendency to show malignant change. Therefore, careful histological examination of these lesions to find premalignant and malignant lesions should be emphasized.

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