

ENDOMETRIAL CARCINOMA, MULTIPLE FIBROIDS AND PELVIC ENDOMETRIOSIS IN POST-MENOPAUSAL WOMEN

A Case Report

by

P. K. DAS GUPTA,* M.B.,B.S., D.G.O., M.S. (Cal.)

B. BANERJEE,** M.B.,B.S., D.G.O., M.D. (Cal.)

and

S. DUTTA,*** M.B.,B.S., D.G.O., M.O. (Cal.)

The carcinoma of the body of uterus is the second most common cancer in the female genital organs. As the adenocarcinoma of body of the uterus seems to be an oestrogen dependent tumour, the association of fibroid of uterus or endometriosis is not uncommon with it. Fibroids are found in 30 per cent uteri which harbour cancer of the corpus. Whether adenocarcinoma of the body of uterus is simply an association or as a result of fibroid or endometriosis or vice versa is not yet definitely proved. It has also been seen in the literature that endometrial glandular hyperplasia which is a precancerous lesion, is a common association of fibroid uterus.

As carcinoma of the body of uterus is often seen in nulliparous women, in vir-

gins and in the women who have had few pregnancies previously with long period of infertility, it may probably explain the possibility of the association of fibroid and endometriosis with adenocarcinoma of the body of uterus.

Persistence of fibroid and endometriosis is an uncommon observation after menopause. The interesting feature of the case which is presented here is the association of multiple fibroids and pelvic endometriosis in a case of endometrial carcinoma invading endocervix in a postmenopausal woman.

CASE REPORT

Mrs. L. G., aged 60 years, was admitted in S.S.K.M. Hospital, Calcutta on 22-6-75 with the complaints of white discharge per vaginum for the last 5 months, and irregular bleeding per vaginum for 4 months.

She was P₂ + 0, the last child birth was 40 years back. Her menopause started 15 years back. She was a widow for last 10 years and came from a family of good socio-economic status. The patient was hypertensive with a blood pressure of 180/110 mm of Hg. She was also diabetic with blood sugar of 333.3 mgm per 100 ml of blood. She was pale with Hb%—11.8 gm%. Her blood urea and N.P.N. were normal.

Abdominal Examination: A firm mass could be felt just above the symphysis pubis. On

*Ex-R.M.O.-cum-Clinical Tutor, Institute of Post-Graduate Medical Education & Research (Dept. of Obst. & Gynaecology), Calcutta-20.

**Clinical Tutor, Department of Obstetrics & Gynaecology, N.R.S. Medical College & Hospital, Calcutta.

***Assistant Professor, Department of Obstetrics & Gynaecology, Institute of Post-Graduate Medical Education & Research, Calcutta-20.

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deep palpation the mass felt to be firm, irregular and illdefined.

Speculum Examination: Cervix was apparently healthy. Slight blood stained vaginal discharge was present.

Vaginal Examination: Uterus was enlarged about the size of 14 weeks pregnancy, irregular in outline, firm in feel with restricted mobility. A separate fixed mass was felt on the left side of the uterus which was tender and cystic. Right fornix was free.

Rectal Examination: More or less confirmed the vaginal findings. Left parametrium was slightly thickened and tender. Rectal mucosa was free.

Cystoscopic examination and intravenous pyelography were done but there was no involvement of urinary bladder and ureter. X-ray chest was negative.

Fractional Curettage: Endometrial carcinoma with involvement of endocervix was found on histopathological examination.

Treatment: As the histopathological examination of fractional curettage showed infiltration of endocervix, radical abdominal hysterectomy was performed with difficulty due to endometriotic adhesions. The left obturator gland which was enlarged hard and densely adherent with the left external iliac vein could not be removed. As both objective and subjective remission can be achieved and dramatic morphological changes in areas of metastatic has been observed by use of progestational agents, Pro-lution Depot, 500 mg daily was injected until the healing of the wound, when the patient was subjected to radiotherapy as the surgical procedures were associated with a risk (because left obturator gland could not be removed). The patient is now doing well till the day of reporting.

Discussion

McBride (1955) from a study of post-mortem findings on a series of women over the age of 30 years gave the incidence of fibroid as 15 per cent. In most published series of carcinomata of endometrium, the incidence of associated fibroids has varied from 20-38 per cent. Sixty per cent of patients with carcinoma of endometrium also had adenomyosis as compared with 39 per cent of the control

group. The evidence is suggestive that there is an increased incidence of both fibroid and adenomyosis in patients with endometrial carcinoma.

The case which has been presented here has got some common etiological factors. The age of the patient was 60 years who had 2 children many years before. Her nutritional status was good. The hypothesis as stated by Gusberg (1975) may be predisposing factor for the development of adenocarcinoma in this case who came from a family of high income group with habit of taking high animal fat and protein diet. She was also hypertensive and diabetic. In the series of Way (1954), 29 per cent cases were diabetic and 43 per cent cases showed abnormal glucose tolerance curve. But Vander (1959) found incidence of carcinoma of body of uterus to be of 5.6 per cent amongst diabetic patients. So it seems that diabetes is just an association.

Association of fibroids and endometriosis very likely suggests a common oestrogenic etiologic background of these conditions and endometrial carcinoma. Stein-Leventhal Syndrome and feminizing tumours of the ovary may sometimes lead to adenocarcinoma of body of uterus due to prolonged action of oestrogen over the endometrium.

The source of oestrogen in postmenopausal women is, perhaps, mostly from adrenal cortex. The stromal cells of postmenopausal ovaries also are capable of synthesising small quantities of oestrogen independent of follicular apparatus especially from androgen precursors. McDonald (1969) demonstrated that the androstenedione from the adrenal cortex of postmenopausal women is changed to oestrone and this conversion from androstenedione to oestrone is two-fold as worked out by Longcope (1971). McDonald *et al* (1969)

again demonstrated that a women having postmenopausal bleeding has a higher conversion rate than control. Gusberg (1975), pointed out that postmenopausal women with endometrial carcinoma tend to excrete less total oestriol in urine as compared to oestronoe than do normal women. From these observations it may be inferred that the oestronoe which is derived from adrenal cortex, is a source other than the ovary that may act on the endometrium leading to postmenopausal hyperplasia resulting in adenocarcinoma.

Conclusion

It may be concluded that adenocarcinoma of the body of the uterus together with fibroid of uterus and pelvic endometriosis is a rare combination but may occur in postmenopausal women, as adenocarcinoma of the body of uterus,

fibroids and pelvic endometriosis are all oestrogen dependent. Their co-existence in postmenopausal women is possible where the source of oestrogen, besides the ovaries, is most likely from adrenal cortex.

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