

# Metastatic recurrence after a pT1a grade 1 endometrioid endometrial adenocarcinoma

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## Summary

Development of metastasis in grade 1 endometrioid cancer is unusual. The author reports the case of a 71-year-old patient who presented with liver metastasis, peritoneal mets, and pulmonary lymphangitis. Two years before, she had been diagnosed with a pT1a Stage 1 endometrioid adenocarcinoma of the uterus. She underwent surgery: total hysterectomy and bilateral salpingo-oophorectomy. Histologically it was a Stage 1, grade 1, pT1a endometrioid-type endometrial cancer. There was no myometrial invasion, no lymphovascular space involvement, and peritoneal cytology was negative. No adjuvant treatment was required and the patient was followed up every six months. Two years after the surgery, the patient was admitted to hospital for anorexia, loss of weight, asthenia, and severe cough. Computed tomography scan showed disseminated metastasis in the liver, peritoneum, and pulmonary lymphangitis. Ca 125 levels were high at 432 kU/l. Biopsy cores of peritoneum were in favour of metastasis of the previous adenocarcinoma. The patient was referred to the oncology center to initiate chemotherapy with carboplatin + paclitaxel.

**Key words:** Endometrioid carcinoma; Gynaecological malignancy; Peritoneal met; Endometrial cancer.

## Introduction

Endometrial cancer has become the most common malignancy of the female genital tract [1]. The most common histologic type of endometrial cancer is endometrioid-type adenocarcinoma [2, 3]. The prognosis factors are histologic grade, depth of myometrial invasion, and lymphovascular involvement.

The author reports an original case of diffuse metastatic recurrence of early Stage 1 endometrioid endometrial cancer, without any poor risk factors, occurring two years after surgery.

## Case Report

The author reports the case of a 71-year-old Caucasian woman, gravida 3 para 3, referred to the present cancer center for a recurrence of an endometrioid endometrial adenocarcinoma. She had no medical past and no familial cancer story. She underwent surgery for a grade 1 T1a endometrioid adenocarcinoma and radical hysterectomy associated with bilateral salpingo-oophorectomy.

Peritoneal cytology did not find any atypic cells. The portion of hysterectomy and oophorectomy weighed 60 grams. Uterus measured 63×40×25 mm. Right tube measured 45 mm long; left tube was 50 mm long and the right and left ovary were benign. Endometrial cavity was tortuous and hemorrhagic with irregular whitish tumoral tissue. Cervix was the seat of endocervicitis lesions, without any dysplasia lesion. Endometrial mucous showed differentiated grade 1 endometrioid adenocarcinoma with some polyadenoid clusters lined cylindrical dedifferentiated basophil cells with moderate nuclear atypia. The tumor was intra-mucosal altered by wide necrosis areas. There was no infringement of the

myometrium and no peritumoral intravascular invasion. Margins were negative.

Immunohistochemical findings included a Ki67 score that was 70%. On the basis of these findings, the diagnosis of grade 1, Stage 1, pT1a endometrioid endometrial adenocarcinoma was made.

Two years later, the patient was hospitalized for anorexia, asthenia, weight loss, severe cough, and abdominal pain. Computed tomography scan showed liver and peritoneal metastasis and pulmonary lymphangitis.

Peritoneal biopsies revealed an adenocarcinomatous proliferation made of cylindrical eosinophilic cells, organized in packed glands, determining cribriform, and papillary aspects.

Immunohistochemical findings revealed positive cells for CK7; CK20; estrogen and progesterone receptors, vimentin, and p53. CDX2 was negative and PAX 8 was positive. The biopsy cores were in favour of peritoneal metastasis of endometrial adenocarcinoma. Ca125 levels were at 432 kU/L (normal range < 35 kU/l) and ACE was 3.9 µg/L (normal range < 5 µg/L).

In multidisciplinary round it was decided to deliver chemotherapy with the association of carboplatin + paclitaxel for every three weeks.

## Discussion

Carcinoma of the endometrium remains the most common gynaecologic malignancy. Powell *et al.* reported that Ca125 levels > 35U/mL strongly predicted extra-uterine disease and were shown to be a strong predictor of poor prognosis in patients with endometrial cancers [4].

The most important prognostic factors for endometrioid-type adenocarcinoma are histologic grade, depth of my-

ometrial invasion, and lymphovascular involvement.

There is currently little evidence regarding adjuvant systemic therapy in early-stage endometrioid endometrial cancers. Recent research has shown fewer recurrences in 55 early-stage high-risk endometrioid endometrial cancer patients receiving chemoradiation than in a cohort that had not received such treatment [5].

Endometrioid tumors are considered to be less aggressive and have a more favourable outcome. The present case is uncommon because metastases appeared in such type of tumors. The patient had no poor prognostic factor at initial presentation. The only Ki67 marker was high at 70%.

### Conclusion

The present case shows distant recurrence even in early-stage and low grade disease. The role of adjuvant chemotherapy should be investigated in ongoing and future trials. Perhaps some new prognostic factors have to be determined to improve the management of such malignancies.

### References

- [1] Jemal A., Siegel R., Ward E., Murray T., Xu J, Smigal C., Thun M.J.: "Cancer statistics". *CA Cancer J. Clin.*, 2006, 56, 106.
- [2] Parkin D.M., Bray F., Ferlay J., Pisani P.: "Global cancer statistics, 2002". *CA Cancer J. Clin.*, 2005, 55, 74.
- [3] Siegel R., Ma J., Zou Z., Jemal A.: "Cancer statistics, 2014". *CA Cancer J. Clin.*, 2014, 64, 9.
- [4] Powell J.L., Hill K.A., Shiro B.C., Diehl S.J., Gajewski W.H.: "Preoperative serum CA125 levels in treating endometrial cancer". *J. Reprod. Med.*, 2005, 50, 585.
- [5] Jutzi L., Hoskins P., Lim P., Aquino-Parsons C., Tinker A., Kwon J.S.: "The importance of adjuvant chemotherapy and pelvic radiotherapy in high-risk early stage endometrial carcinoma". *Gynecol. Oncol.*, 2013, 131, 581.

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