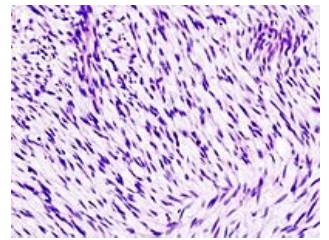


Uterine Cancer (pathology)

Uterine cancers include: '*leiomyosarcoma, stromal sarcoma, uterine carcinoma, 'carcinosarcoma'*'.

Leiomyosarcoma

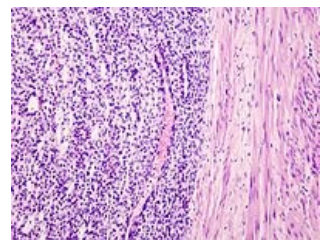
It is a *malignant tumor* arising from smooth muscle cells. It is rarer than its benign variant - leiomyoma. Macroscopically, it's a *solid knot of bright color and soft consistency*. Sometimes it is sharply demarcated, other times it infiltrates the surroundings. We often see necrosis and other regressive changes in it. In the microscope, we see higher cellularity, nuclear polymorphism and mitotic activity in this tumor. After removal, 'often relapses' and may even 'hematogenously metastasize' The prognosis depends on the degree of tumor differentiation, with approximately 40% of patients surviving 5 years.



 For more information see *Leiomyosarcoma*.

Stromal sarcoma

The Endometrium during the Menstrual Cycle undergoes many changes and has tremendous proliferative activity. Tumors that originate in the endometrium can be benign, borderline, or malignant. Stromal sarcoma is the *most important* of endometrial tumors.



This tumor is dangerous because it grows '*diffusely*', '*infiltrates between the bundles myometria*', penetrates both the lymphatic and blood vessels. In addition, it passes into the uterine cavity just like Uterine polyp. All of these properties suggest that this tumor is '*highly invasive*' and therefore is being prevented [hysterectomy]]. However, recurrences occur, with hematogenous and lymphatic metastases appearing in approximately 15% of cases. According to proliferative activity we divide:

- low-grade - low malignant,
- high-grade - highly malignant.

Adenocarcinoma

 For more information see *Uterine cancer*.

Tumor arising from 'glandular epithelium' endometrium. It is the *most common malignant tumor* of the female genitalia in developed countries and the United States. It most commonly occurs in women *between the ages of 55 and 65*'. It is rare in women under 40.



Risk factors

All risk factors have in common: long-term therapy estrogens, which increases the risk of developing cancer. This includes estrogen-producing tumors (eg granulomatous tumor). Includes:

- factors influencing the development of '*atherosclerosis*' - DM, arterial hypertension, obesity (obesity is associated with increased synthesis of estrogens from fat);
- '*infertility and infertility*' - lack of protective effect of hormones during pregnancy;
- '*early menarche*' and '*late menopause*' - the endometrium is under the influence of hormones for a long time.

Clinical signs

Most often, a woman is brought to the gynecologist's *vaginal discharge and menopausal abnormal bleeding associated with ulceration on the surface of the tumor*. With the gradual enlargement of the tumor, the uterus may enlarge and fix to the surrounding structures as the tumor grows outside the uterine body.

Microscopic image

The microscopic image is related to how the tumor is formed. If the tumor is Endocervical adenocarcinoma - biopsy caused by long-term estrogen exposure, then the adenocarcinoma mimics the original architecture of the mucosa, let's call it endometrioid carcinoma. This type of tumor can be further differentiated:

- acinous,
- squamous cell,
- adenosquamous,
- tubular with cilia.

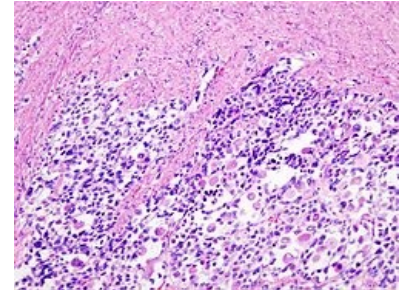
However, in 20% the development of adenocarcinoma is not associated with excessive estrogen effects or malignant reversal of mucosal hyperplasia. These tumors occur '*at an older age*', are less differentiated and '*significantly more aggressive*'. They have the same microscopic appearance as ovarian tumors. They arise from '*p53 gene mutations*'. Includes:

- serous papillary carcinoma,
- clear cell adenocarcinoma.

⚠ '*Regardless of the microscopic type of tumor, they always grow*' '*exophytically or infiltratively*'. In later stages, they grow into the myometrium and blood vessels. '*They metastasize*' '*to the regional pelvic lymph nodes* Node.

Carcinosarcoma

A group of tumors arising from the Müllerian epithelium. It is composed of *epithelial and mesenchymal* components. They occur in postmenopausal women. They grow very fast and are *extremely aggressive*. They pass into the uterine body and grow into the myometria. '*They can transmit lymphatic and blood metastases*. Five-year survival is no more than 30%.



- '*Macroscopic image*': we often see Necrosis and bleeding in them.
- '*Microscopic image*': the epithelial component is a low-differentiated endometrial ca. According to the differentiation of the mesenchymal component, we divide into:** '*Homologous mixed tumor*' - carcinosarcoma: mesenchymal component has the character of primitive undifferentiated spindle tissue of sarcomatous character
 - '*Heterogeneous mixed tumor*' - mixed Müllerian mesodermal tumor: the mesenchyme is further differentiated. Mesenchym can be differentiated into striated muscle (*rhabdomyosarcomatous*), cartilage (*chondrosarcomatous*), bone and (*osteosarcomatous*) and adipose tissue ("liposarcomatous").

Links

Source

- ws:Zhoubné nádory děložního těla (patologie)

Related Articles

- Womb
- Uterine curettage
- Uterine mucosal polyp
- Mixed tumors
- Precancerous diseases in gynecology
- Gynecological malignancies

Used literature

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