

Carcinoma of the uterine body

The most common gynecological *malignancy* is *endometrial cancer* (*tumor of the uterine body, cancer of the uterine body*). The incidence has a slightly **increasing tendency** in the Czech Republic , mainly due to the increasing life expectancy, the active hormonal period of women and the diseases of civilization, which contribute to the risk factors of the disease (for example, diabetes mellitus , hypertension , obesity). The incidence of cancer in the Czech Republic is approximately 35 cases per 100,000 women. Mortality is relatively low, around 7 per 100,000 women per year, mainly thanks to the detection of the early stages of the disease.

Division

Carcinomas of the uterine body most often have the character of adenocarcinomas. We divide them into:

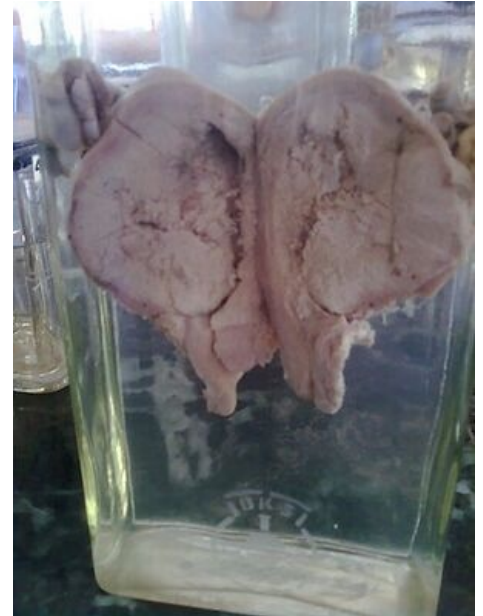
- endometrioid - make up about 60-70%
- adenocarcinomas with a squamous component
- clear cell carcinomas
- serous papillary adenocarcinomas

Carcinoma of the uterine body TYPE 1

It typically occurs in patients aged 55–65 years, with evidence of increased uninterrupted estrogen stimulation in the anamnesis. It is often preceded by atypical hyperplasia of the endometrium. The most common histological type is well-differentiated endometrioid carcinoma. Diagnosis often at the stage of small invasion. Earlier diagnosis promises a better prognosis.

Carcinoma of the uterine body TYPE 2

Occurrence in patients aged 65–75 years, arising in the field of atrophic endometrium, histologically it is clear cell carcinoma, mixed carcinoma or serous carcinoma. Tumors are typically less differentiated, more aggressive, diagnosed only at a higher degree of invasion.



Endometrial carcinoma

Risk and protective factors

Risk factors include therapy with unopposed estrogens, obesity of the upper half of the body or functional ovarian tumors. These factors have a common factor, an excess of estrogens.

Other risk factors are age, obesity, high intake of animal proteins and fats, early menarche, late menopause, nulliparity, ovarian disorders, diabetes mellitus, hormonally active ovarian tumors, immunodeficiency, ovarian disorders, tamoxifen treatment, etc.

Protective factors include the administration of progestins , combined hormonal contraception or smoking, which, however, increases the risk of other malignancies, especially lung malignancies.

Symptoms

Disorders of the menstrual cycle are usually the first symptoms of a tumor. As a rule, there is irregular bleeding, spotting (staining) or excessive bleeding. About 20% of tumors are asymptomatic.

Diagnostics

Diagnosis is often difficult, affected women are asymptomatic for a long time, later irregular abnormal bleeding, spotting, watery to sanguineous discharge or pyometra appear.

Standard diagnostic methods include ultrasound, curettage and biopsy. An ultrasound finding of an endometrium larger than 7 mm should raise the suspicion of a tumor process.

Indications for fractional curettage in postmenopausal women are primarily bleeding and sanguineous discharge, heavy irregular bleeding in women over 40, a history of sterility or infertility, abnormal cytology in glandular cells during normal colposcopy and suspicious findings on USG.

After confirmation of the diagnosis, an X-ray of the lungs, cystoscopy , intravenous excretory urography, CT of the retroperitoneum and lymphography are performed.

Therapy

The results of therapy depend on many circumstances. In general, it can be said that the lower the cancer stage is detected, the higher the curability.

Surgical

Hysterectomy with bilateral adnexectomy. If it is a more advanced stage (which can already be verified by perioperative biopsy and immediate histological processing), we proceed to pelvic and para-aortic lymphadenectomy.

Radiotherapy

In indicated cases, we supplement the treatment with brachytherapy and teleradiotherapy postoperatively. Radiotherapy can be used primarily for the treatment of high-risk patients, where the benefit of surgical treatment exceeds the possible benefits.

Hormone therapy

It is rarely used in patients with advanced stages (III and IV). Good results can only be achieved in well-differentiated tumors with hormone receptors. Another use is in patients with recurrences. Progestogens are used in high doses.

Links

Related articles

- Malignant tumors of the uterine body
- Tumors of the cervix
- Precancerous conditions in gynecology
- Prevention of gynecological tumors

References

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