

Cervical cancer

The most common gynecological *malignancy* is *endometrial* tumor (*uterine tumor, uterine cancer*). The incidence in the Czech Republic has a slightly **increasing tendency**, mainly due to the increasing life expectancy, active hormonal period of women and diseases of civilization, which contribute to the risk factors of the disease (eg 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 due to the detection of early stages of the disease.

Distribution

Uterine carcinomas most often have the character of adenocarcinomas. We divide them into:

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

Uterine carcinoma TYPE 1

It typically occurs in patients aged 55-65 years, with a history of increased uninterrupted estrogen stimulation. Atypical endometrial hyperplasia often precedes. The most common histological type is endometrioid carcinoma, which is well differentiated. Diagnosis often at the stage of small invasion. Earlier diagnosis promises a better prognosis.

TYPE 2 uterine cancer

Occurrence in patients aged 65-75 years, formation 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 at a higher degree of invasion.

Risk and protective factors

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

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, treatment with tamoxifen, etc.

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

Symptoms

Menstrual disorders are usually the first symptoms of a tumor. Irregular bleeding, spotting or excessive bleeding usually occurs. About 20% of tumors are asymptomatic.

Diagnostics

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

Diagnostic methods include ultrasound, curettage and biopsy as standard. A suspected ultrasound finding of the endometrium should be greater than 7 mm.

Indications of fractional curettage in postmenopausal women are mainly bleeding and sanguine-induced discharge, in women over 40 years of age irregular bleeding, history of sterility or infertility, abnormal cytology in gland cells during normal colposcopy and suspected finding of USG.

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

Therapy



Endometrial cancer.

The results of therapy depend on many circumstances. In general, the lower the stage of the cancer, the higher the curability.

Surgical

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

Radiotherapy

In indicated cases, we supplement the treatment of brachytherapy and teleradiotherapy postoperatively. Radiotherapy can be used primarily to treat high-risk patients where the benefits of surgical treatment outweigh the potential 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 relapses. Progestogens are used in high doses.

Links

Related Articles

- Malignant tumors of the uterine body
- Cervical tumors
- Precancerous lesions in gynecology
- Prevention of gynecological tumors

References

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