

Malignant tumors in gynecology

Malignant gynecological tumors ^{[1] [2] [3]} can be anatomically divided into malignant tumors vulva, vagina, cervix, uterine body (most commonly endometrium), fallopian tubes and ovaries. Gynecological tumors are sometimes classified as Breast Cancer and in some classifications they also include rectal cancers (within **neoplastic syndrome of the lower genital tract**).

Epidemiology

Gynecological malignancies in the Czech Republic are ranked according to incidence as follows ^[1]:

- breast cancer - the most common cancer in women, annual incidence 121/100 000 women ^[4];
- **endometrial cancer** - typical of developed countries (risk factors obesity, DM, hypertension), 4th most common in women at all (after breast cancer, colorectal cancer and lung cancer), annual incidence of about 35 / 100,000 women per year ^[5];
- **ovarian cancer**, annual incidence of approximately 21 / 100,000 women ^[6];
- **cervical cancer** - still high annual incidence of 18.5 / 100,000 women ^[7], reports on shortcomings and possibilities for improvement cervical cancer screening (for countries with good screening 10/100 000 ^[2]);
- vulvar malignancies - annual incidence 4/100 000 women ^[8];
- vaginal cancers - annual incidence 0.9 / 100,000 women ^[9],*
- placental malignancies - annual incidence 0.04 / 100,000 women ^[10].



Squamous cell carcinoma of the cervix

Risk factors

Cancer risk factors correspond to the risk factors precancerous lesions (if defined for a given type), from which they develop ^[11].

Vulva, vagina, cervix

Infections of the lower genital tract (**vulva, vagina, cervix**, anus) are mainly infections with oncogenic types HPV (especially HPV-16 and HPV-18), which are mostly the cause of the tumor. Related to this are risk factors that point to a risky sex lifestyle: **Sexually Transmitted Diseases** (especially Chlamydia and HSV-2)), **promiscuity** (more than 6 partners in a lifetime), early coitarché. Hormonal contraception is also statistically a risk factor, but only because women using hormonal contraception have a statistically higher tendency to change sexual partners. The immune system must be affected in order for HPV infection to develop in the tumor itself, so risk factors include **smoking, immunosuppression, immunocompetence**.

 For more information see *Vulvar and vaginal cancers , Cervical cancers*.

Endometrium

In **endometrial cancer** there are identical risk factors for metabolic syndrome: **obesity, diabetes mellitus, hypertension** ^[1]. This is also the reason why it is typically a cancer in developed countries.

 For more information see *Uterine cancer (pathology)*.

Ovaries

In **ovarian cancer** the cause is closely related to **hyperestrinism**. This can be either absolute (normal [estrogen] levels, elevated [estrogens]) or relative (normal estrogen levels, elevated progestogens). The "hypothesis of continuous ovulation" is stated. Protective factors include **hormonal contraception, high pregnancy , lactation**, st. p. ligation of fallopian tubes (it is not known why), st. p. bilateral oophorectomy "(protective factor, but despite the absence of ovarian tissue, does not rule out the development of primary peritoneal carcinoma) ^[1].

 For more information see *Ovarian Malignancies*.

Prs

The major risk factor for **breast cancer** is related to first-line breast cancer (mother, sister, daughter), which increases the risk 2-3 times. Relative in the second line then 1.5 x. With the simultaneous occurrence of mother and sister up to 14 x. Other risk factors include *age* and the long-term effects of progesterone on immature breast tissue. The mammary gland only matures during pregnancy and lactation, so risk factors include *late first pregnancy*, '*nulliparity*', '*early menarche*' (or more precisely early first ovulation), '*late menopause*' (and much less substitution hormone therapy). The Pecn's mathematical model [1] (<http://www.koc.cz>) is used to estimate the risk of breast cancer in the Czech Republic. [3]

Malignant neoplasms of the fallopian tubes

They are rare and often cannot be determined to be an ingrowth or metastasis of primary endometrial or ovarian cancer.

Choriocarcinoma

 For more information see *Gestational trophoblastic disease*.

Hereditary syndromes

Hereditary syndromes include hereditary breast cancer (BRCA1 and BRCA2 gene mutations) and Lynch syndrome [12].

Prevention

Prevention of '*primary*' (prevention of tumors) in the form of vaccination against HPV infections and prevention of secondary '*early diagnosis*' in the form of regular examination by a registrar gynecologist with cytological and colposcopic examination (and possibly ultrasound examination) and in the form of a regular mammography.

 For more information see *Prevention of gynecological tumors*.

Therapy

Therapy depends on the type and stage of the tumor (*grading* , *staging* , *typing*), according to the woman's age and takes into account her desire to maintain the ability to conceive ('*fertility-preserving performance*'). According to the type of tumor, '*surgical treatment*' , '*radiotherapy*' (brachyradiotherapy and teloradiotherapy), '*chemotherapy*' i *hormonal therapy* are combined. .

 For more information see *Surgical treatment of gynecological malignancies* , *Non-surgical treatment of gynecological malignancies*.

Links

source

- ws:Zhoubné nádory v gynekologii

Related Articles

- Precancerous diseases in gynecology
- Prevention of gynecological tumors
- Surgical treatment of gynecological malignancies
- Non-surgical treatment of gynecological malignancies
- Vulvar and vaginal cancers
- Cervical cancer
- Ovarian cancer
- Gestational trophoblastic disease

External links

- www.onkogyn.cz (<http://www.onkogyn.cz/>) (eg current '*TNM classification*' , this is the *Oncogynecological Center of the General Hospital* website)

Reference

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