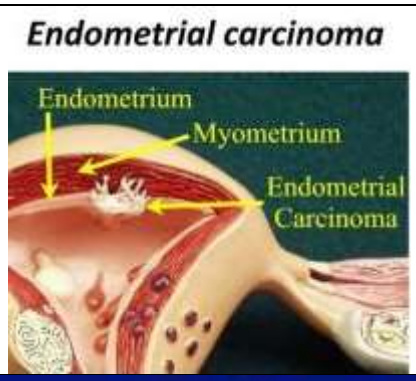
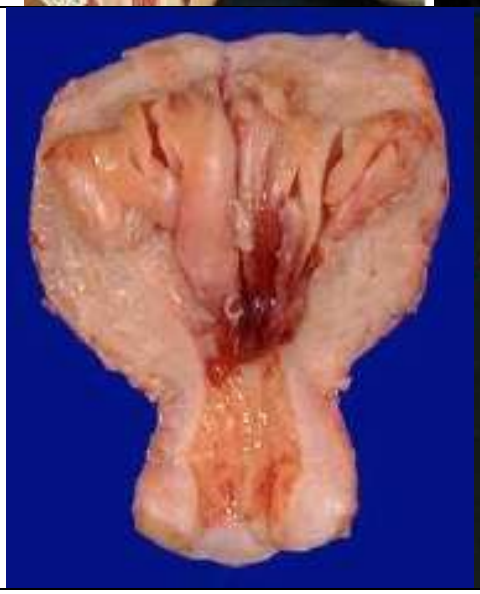
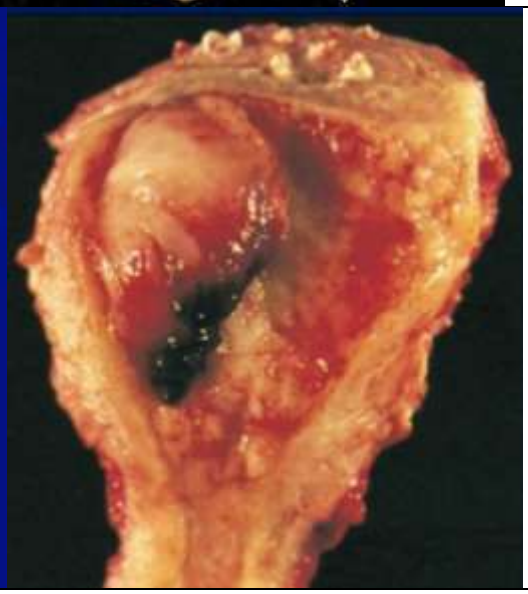
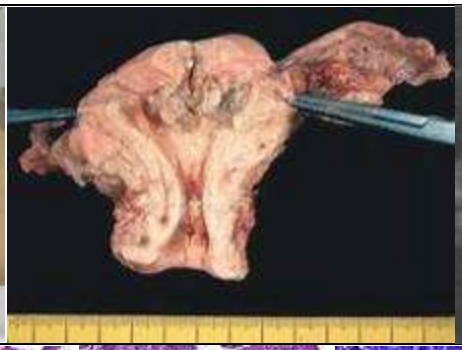
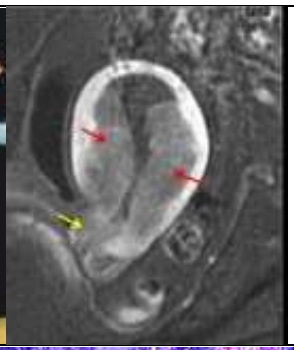
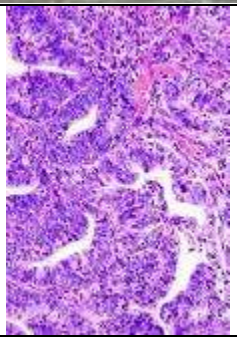
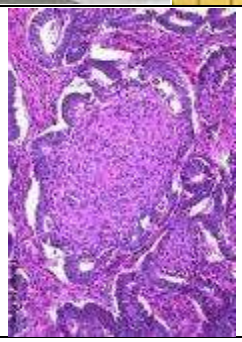
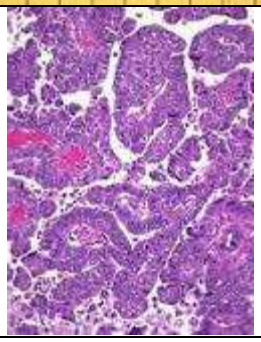
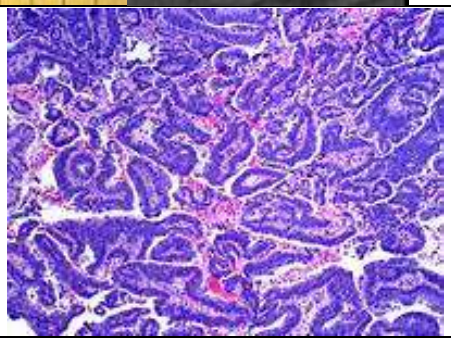






Carcinoma (corpus endometrial carcinoma) ***V- 3, 2. 555***		
Uterus:	• Is enlarged (moderately and somewhat asymmetrically)	
	Fundus:	• Contains a tumour
	Wall:	• Is thickened • Infiltrated by a tumour
	The tumour:	• Has occupied the uterine cavity (body of uterus). • Is invading the musculature of the wall (malignancy). • Is large in size • Oval in shape • Papillary and fleshy
	Cut surface:	• Opaque greyish-white • Foci of necrosis (pale yellow) • Small areas of haemorrhage (red)
	Consistence:	• Fairly firm or firm-to-soft • Occasional soft areas

N.B.:
Carcinoma of the body of the uterus is less common than that of the cervix and it occurs usually later in life (after menopause) with no particular relation to child-birth.
The tumour begins in the endometrium of the fundus, spreads superficially and protrudes in the cavity of the uterus.
The papillary form is commoner than the infiltrating form.se

Means of spread:

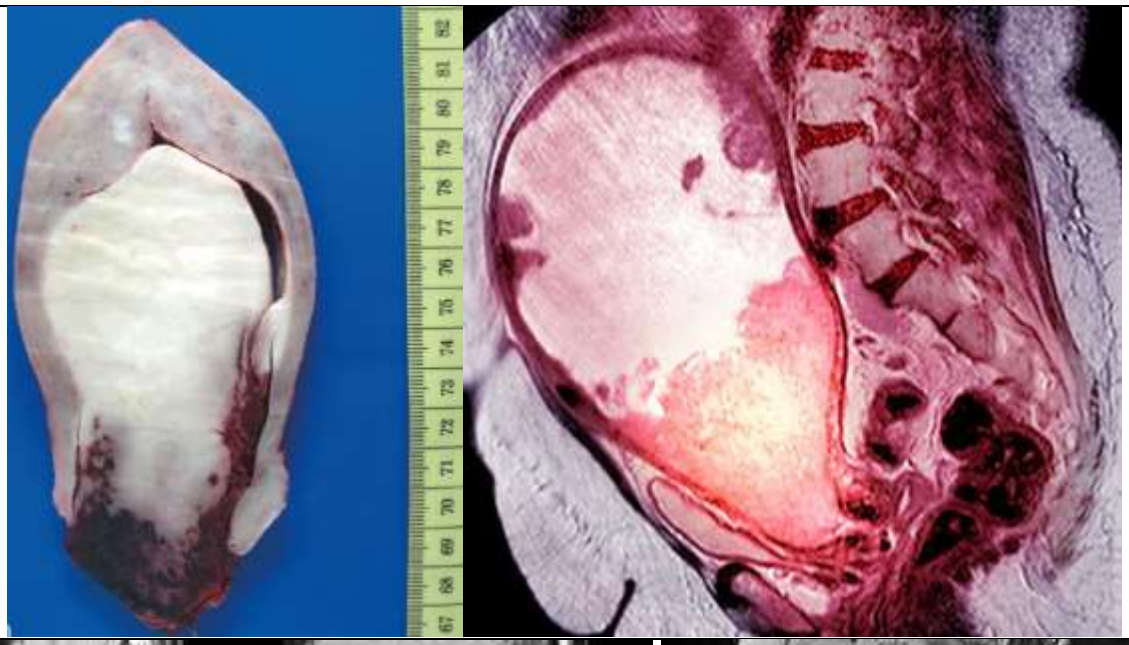
1. Direct continuity through myometrium → perforation→**peritonitis.**
2. Implantation or through the uterine tube to the ovary...
3. Lymphatics to regional lymph nodes (para-vertebral).
4. Blood stream to lungs, bones, liver and other organs.

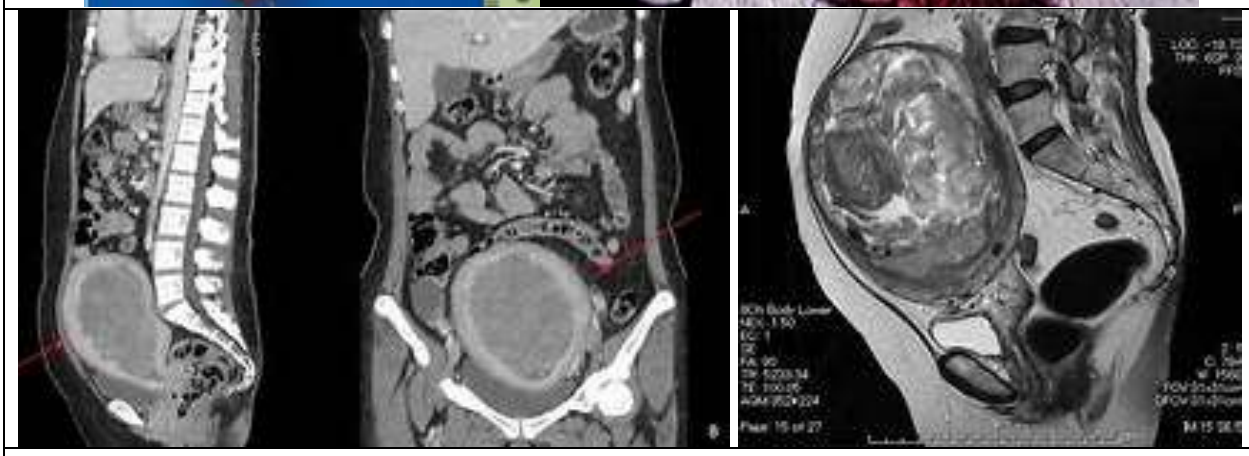
Clinically,

- The tumour (which is asymptomatic till deep penetration then → irregular vaginal bleeding + leucorrhoea) may be associated with features that point to:
  (1) Estrinism and oestrogen stimulation,
  (2) Pituitary hyper-activity that underlies ovarian changes which stimulate endometrial hyperplasia and
  (3) Predominance in the obese, diabetic nulliparous who have hypertension.

Sarcoma (uterus)

Uterus:	• Is enlarged • Shows a tumour
The tumour:	• Large in size • Pale opaque and homogeneous • With areas of haemorrhage • Marked areas of necrosis • Is locally invading the surrounding tissue • Evidence of infiltration (malignancy)
Consistence:	• Variable (soft-firm to fleshy elastic)





N.B.:

Sarcoma is a rare tumour in the uterus;

1. A malignant change in a myoma (Leiomyosarcoma) and may be becoming soft, homogeneous, and with haemorrhage and/or cyst formation,
2. Endometrial stromal sarcoma.

FIGO Staging

- ***Based on surgical & pathological evaluation.***

Stage 0: Atypical hyperplasia.

Stage I: Tumor limited to the uterus

I A: Limited to the endometrium

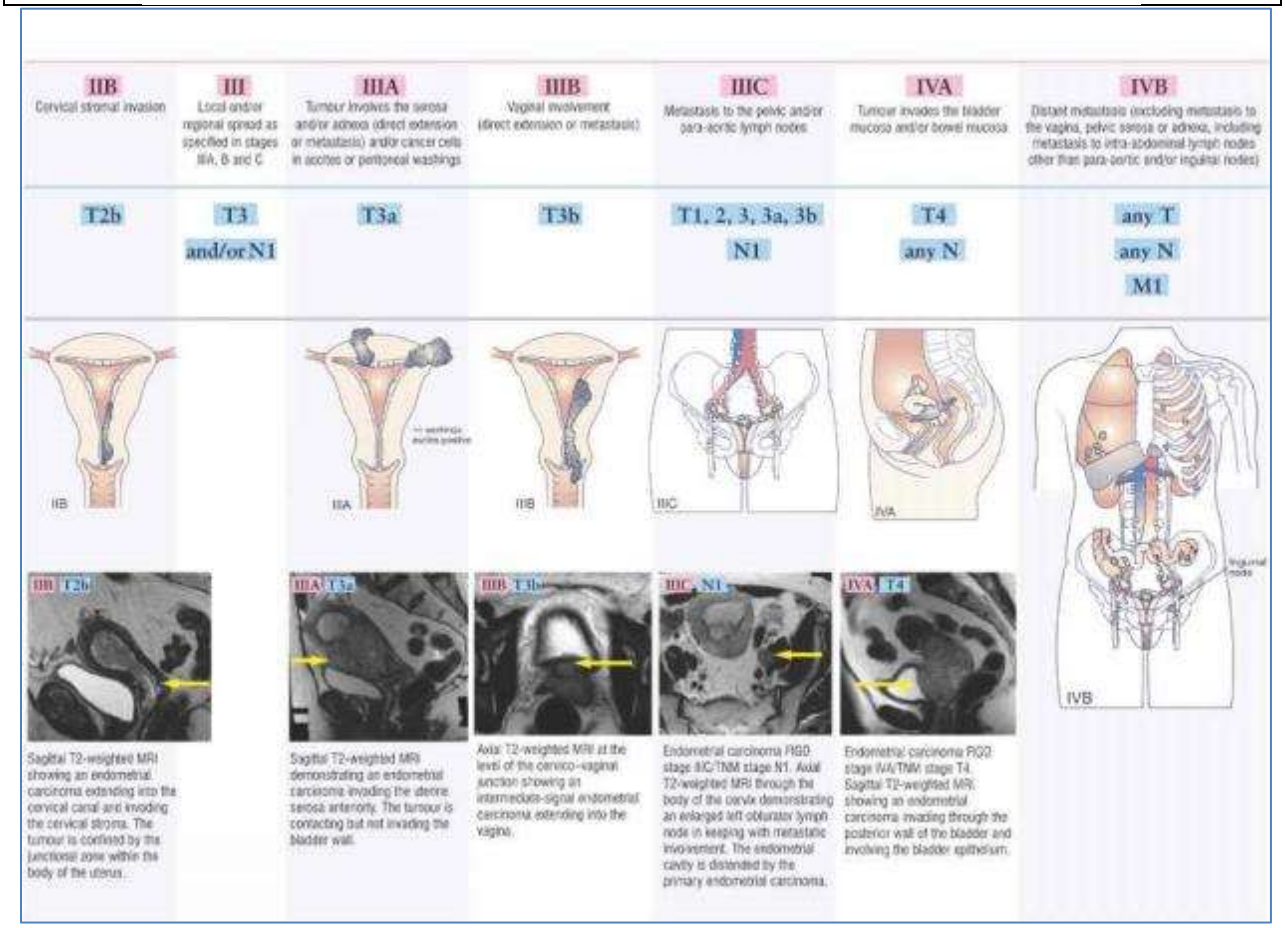
I B: Invasion < 1/2 of myometrium

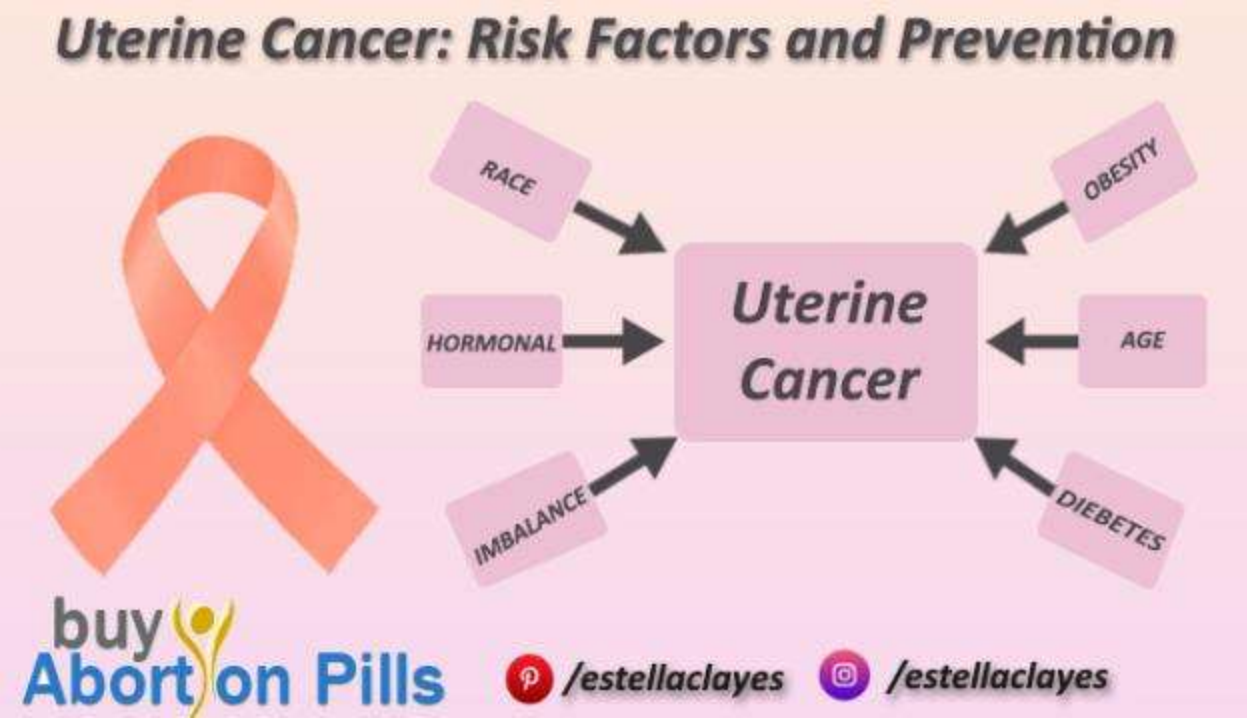
I C: Invasion > 1/2 of myometrium

Stage II: Extension to cervix

II A: Involves endocervical glands only

II B: Invasion of cervical stroma





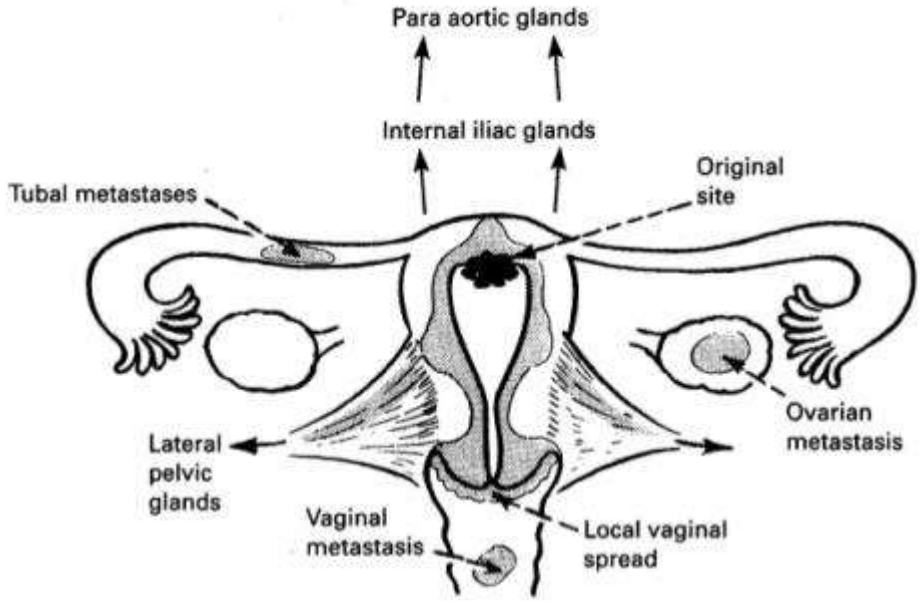
Endometrial Carcinoma: Risk Factors

Type I: ENDOMETRIOID EXCESS ESTROGEN	Type II: Not Estrogen Related*
- **Obesity*** - PCOS - Unbalanced HRT - Nulliparity - Late menopause - Estrogen producing ovarian tumors - E.g. Granulosa cell - HNPCC: Hereditary Non-Polyposis Colorectal Cancer / Lynch II - Tamoxifen	- Possibly Tamoxifen *Caveat: **New evidence 2013→** Similar risk factors (based on 49,000 patients), including: parity, OCP use, smoking (decreased risk), late menopause, obesity *(BMI w greater effect on Type I than Type II),* and DM.

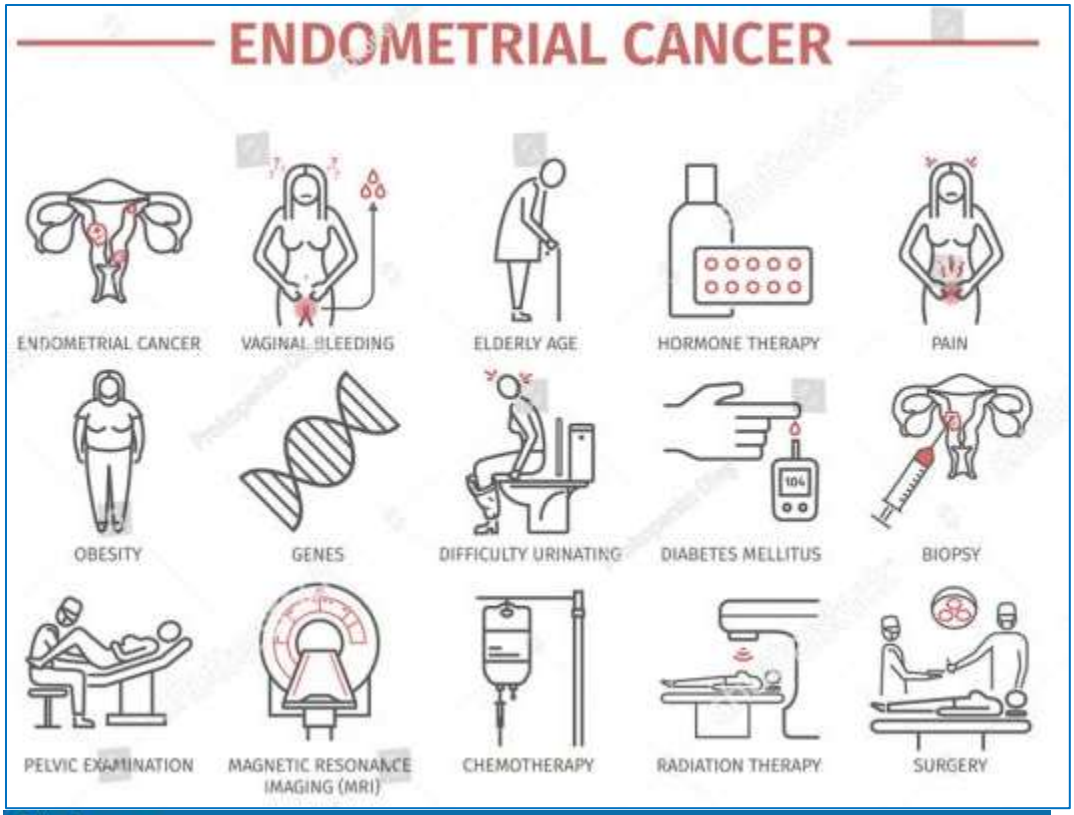
Risk Factors for Endometrial Cancer

- Diet
- Excercise
- Age
- Family History of Colorectal or Endometrial Cancer
- Obesity
- Diabetes
- Polycystic Ovarian Syndrome
- Ovarian Tumors
- Past diagnosis of Breast Cancer or Endometrial Hyperplasia

Stage	Extent of disease	5-year survival
I	**Limited to body of uterus**	**~85%**
Ia	no myometrial invasion or <50% myometrial invasion	
Ib	>50% myometrial invasion	
II	**Limited to body of uterus and cervix**	**~75%**
III	**Extension to uterine serosa, peritoneal cavity and/or lymph nodes**	**~45%**
IIIa	Extension to uterine serosal, adnexae or peritoneal cavity (positive peritoneal washings/ascites)	
IIIb	Extension to vagina or parametrium	
IIIc1	Pelvic lymph node involvement	
IIIc2	Para-aortic lymph node involvement	
IV	**Extension to adjacent organs or beyond true pelvis**	**~25%**
IVa	Extension to adjacent organs e.g. bladder, bowel	
IVb	Distant metastases or positive inguinal lymph nodes	



Most metastases occur in adjacent structures and peritoneum. In advanced cases distant metastases do occur, most commonly in lung, but occasionally in liver, vertebrae or other bones and in supraclavicular lymph nodes.



Medscape

Genetic Alteration	Type 1 Carcinoma (%)	Type 2 Carcinoma (%)
PTEN inactivation	50–80	10
K-ras mutation	15–30	0–5
β-catenin mutation	20–40	0–3
Microsatellite instability	20–40	0–5
p53 mutation	10–20	80–90
HER-2/neu	10–30	40–80
p16 inactivation	10	40
E-cadherin	10–20	60–90