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Case Report

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CLEAR CELL CARCINOMA OF THE ENDOMETRIUM IN A PATIENT WITH A HISTORY OF MALIGNANT LYMPHOMA OF THE BREAST: A CASE REPORT

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SUMMARY

Endometrial cancer is the most common gynecological cancer of which clear cell carcinoma is a rare but aggressive specific histological subtype, and mainly affects postmenopausal women. Surgery remains the reference treatment for endometrial cancer and is based on a total hysterectomy associated with a bilateral annexectomy, Surgical staging is performed on the basis of FIGO staging, radiotherapy is the main adjuvant treatment.

KEYWORDS: Cancer-endometrium-clear cell carcinoma-total hysterectomy.

INTRODUCTION

Endometrial cancer is a gynecological cancer frequently found in the West, which mainly affects postmenopausal women.[1] of which Clear cell carcinoma is considered a rare but aggressive subtype, accounting for less than 5% of all uterine carcinomas.[2]

The reference treatment remains surgery, it allows to specify the stage according to the FIGO classification and allows to guide the indications of the adjuvant treatment.[3-4] We report through this observation the case of an endometrial carcinomaatclear cell in a patient with a history of malignant lymphoma of the breast

PATIENT AND OBSERVATION

This is a 68-year-old patient, single, nulligest, menopausal, with a history of insulin-dependent diabetes, and malignant lymphoma. *at*large B cell of the right breast diagnosed by an associated biopsy*at*an immunohistochemical study, treated with chemotherapy 8 (R-CHOP) whose evolution was marked by the almost complete disappearance of the breast lesion and reduction in size of the right axillary ADPs.3 years later the patient consulted for postmenopausal metrorrhagia of low abundance.

The clinical examination objectified a conscious patient, hemodynamically and respiratory stable with underweight BMI: 18. Gynecological examination: painless soft abdomen, vaginal touch and speculum: normal cervix, minimal bleeding, without other detectable abnormalities to the rest of the somatic examination.

A pelvic ultrasoundrevealed an endometrial thickening of 13 mm for which the patient benefited from a biopsy curettage of the endometrium with an anatomopathologic result returning in favor of a clear cell endometrial adenocarcinoma.

Pelvic MRI showed invasive endometrial tumor thickening > 50% of the myometrium with cervical extension FIGO class II (figure 1)

A TAP CT confirmed the absence of secondary localization.

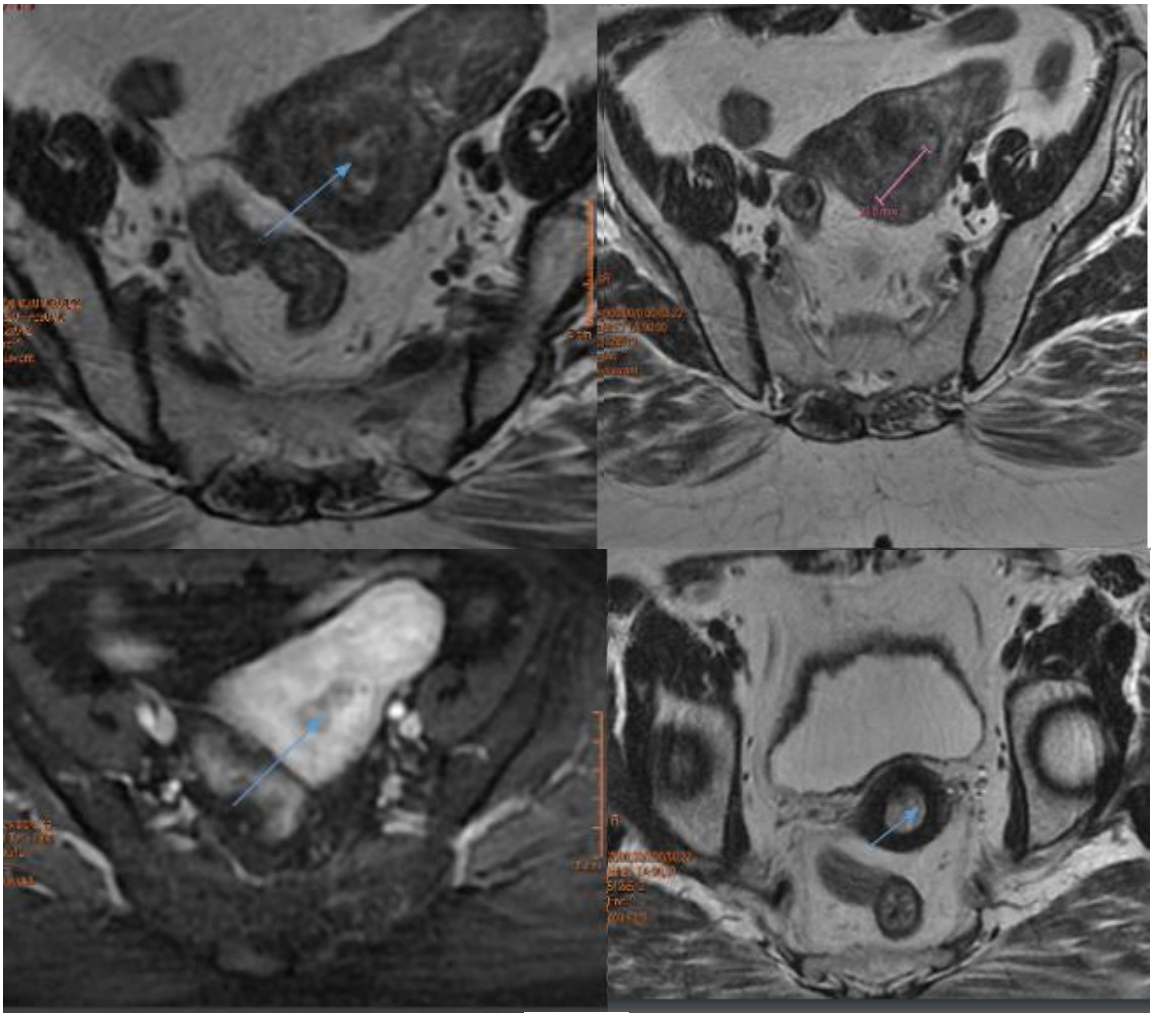
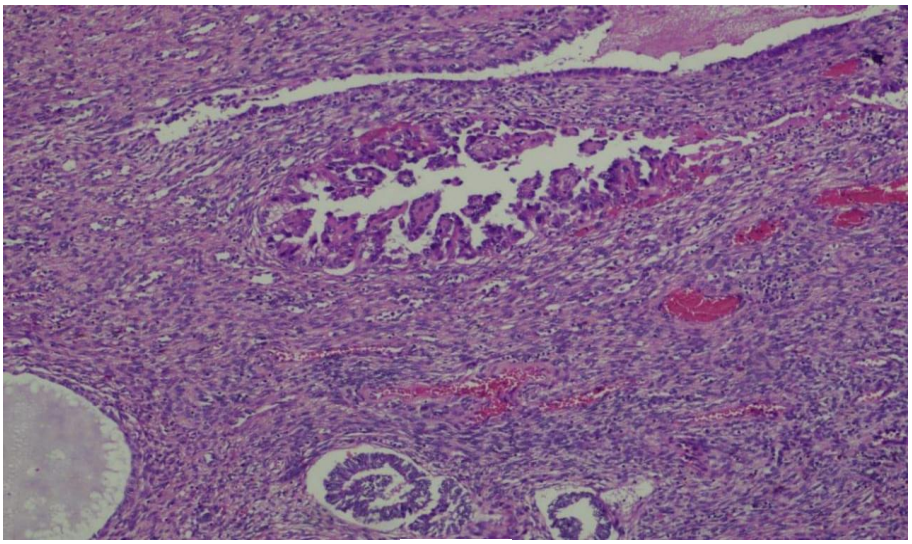


Figure 1:

The patient underwent a total hysterectomy with bilateral adnexectomy and ilio-obturator and lumbo-aortic dissection with omentectomy. The postoperative course was simple.

The pathological and immunohistochemical results of the surgical specimen came back in favor of a clear cell adenocarcinoma of the endometrium.

The patient received adjuvant treatment including radiotherapy



Picture: 2

Informed consent: The patient was informed of this manuscript and gave us her consent

DISCUSSION

Clear cell carcinoma of the endometrium is a rare but aggressive subtype representing less than 5% of uterine carcinomas.[2] it was established as a specific histological type of endometrial cancer bySilverberg and DeGeorgie in 1973,[5]

Patients with Clear Cell Carcinoma are generally postmenopausal and tend to be older, with a median age ranging from 66 to 68 years.[2-6] risk factors for CCC have not been validated. Some studies have shown a higher incidence of CCC with age, obesity, hyperinsulinemia, and in nulliparous women.[7-8]

Our patient was 68 years old, diabetic, and nulliparous but not obese with a personal history of malignant breast lymphoma.

Clinically carcinomaatclear cells of the endometrium is manifested by post-menopausal or peri-menopausal metrorrhagia, generally spontaneous, painless and scanty. The other clinical signs are rare, they may be leucorrhoea, heaviness or pelvic pain, or even urinary disorders,[9] in our case, the clinical sign of discovery was minimal postmenopausal metrorrhagia.

The American College of Obstetricians and Gynecologists (ACOG) recommends performing TransVaginal US ultrasound in women with postmenopausal bleeding and biopsy if endometrial thickness > 5 mm to exclude cervical cancer. Endometrium.[10] our patient had benefited from a pelvic ultrasound with a biopsy curettage of the endometrium.

The pre-therapeutic extension assessment includes hysteroscopy, abdominal-pelvic magnetic resonance imaging (MRI) which has currently become the best examination for the evaluation of myometrial penetration and cervical invasion or failing that, abdominal-pelvic CT. pelvic.[11] in our case the patient underwent a pelvic MRI with a thoraco-abdomino-pelvic CT scan.

Surgery remains the standard treatment for endometrial cancer. It is based on a total hysterectomy with bilateral salpingo-oophorectomy, other associated procedures are lymphadenectomy and omentectomy depending on the clinical stage, histological type and histological grade.[12] Surgical staging is performed on the basis of FIGO staging.[13]

Radiotherapy is performed according to conformational methods and according to the recommendations of the Radiation therapy oncology group (RTOG). The volume of irradiation depends on the tumor extension. The total dose is 45-50 Gy, with 5 weekly fractions,[14-15] in our patient a total dose of 50 GY was prescribed, of which 5 weekly fractions were established, A rate of local pelvic control of the disease is mainly improved by pelvic radiotherapy in forms with poor prognosis (stages II, grade 3, myometrial infiltration greater than 50%). On the other hand, it has no impact on metastatic evolution or on survival,[15] brachytherapy remains debatable depending on the case in addition to radiotherapy.

The management of endometrial cancer recommends surgery, since it makes it possible to establish the stage of the disease according to the FIGO classification and to detect the factors of poor prognosis on which the decision of an adjuvant treatment is based. founded, of which the most recognized are: stage, histological grade, degree of myometrial infiltration, histological type, age, endocervical infiltration and the presence of intravascular tumor emboli.[15]

CONCLUSION

Clear cell carcinoma of the endometrium is a rare entity, the treatment of which is essentially based on surgery, which remains the reference treatment since it makes it possible to specify the stage according to the FIGO classification, as well asthat guide the indications for adjuvant therapy

Conflicts of interest
The authors declare no conflict of interest

Author contributions
All authors have read and approved the final manuscript.

The figures
Figure 1: pelvic MRI showing myometrial invasion
Figure 2: Photomicrograph showing glands lined with atypical cells forming a few micro papillae projecting into the light. (HE 100X)

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