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Endometrial Carcinoma: "A Case Report"

Aniket Gavankar [a*#] and Jaya Gawai [a†]

[a] Department of Mental Health Nursing, Smt. Radhikabai Meghe Memorial College of Nursing Sawangi (Meghe), Wardha, Datta Meghe Institute of Medical Sciences (Deemed to be University), Maharashtra, India Sawangi (M), Wardha, India.

Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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Case Study

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ABSTRACT

Endometrial cancer starts in the layer of cells that make up the uterine lining. Uterine cancer is adenocarcinoma, often known as endometrial cancer A 58year old female from hardona chandrapur admitted in gynecology2021 with known case of endometrial cancer. Uterine cancer is the most commonly diagnosed malignancy of a woman's reproductive system. She is 58kg and her height is 158 cm.
Symptoms: Vaginal bleeding, urinary retention.
Clinical Findings: (Monocytes – 2%), (Granulocytes – 70%), (RDW – 19.6%), (Total protein – 6.2 g/dl), (Albumin – 3.2 g/dl). In physical examination, Inspection of abdomen scar was found on lower abdomen, during palpation tenderness was found in lower quadrant, In genital examination vaginal bleeding was present and inflammation was also present around the genital area.
Diagnosis: The patient was diagnosed as endometrial cancer.
Therapeutic interventions: Injection Augmentin 1.2 gm IV x TDS, Injection amikacin 500 mg IV x TDS, Injection pantoprazole 40 mg IV x BD, Injection neomol IV x BD, Syrup duphlac2 tsp. orally BD was used.
Etiology: About 75% of endometrial cancer cases are post-menopausal with median age of 60 years. The chances of carcinoma increases if menopause does not occur after the age of 52.

[#]B.Sc. Nursing
[†]Professor
**Corresponding author: E-mail: aniketgavankarme@gmail.com;*

Conclusion: Preventive measures like dilation and curettage (D&C), transvaginal ultrasound, computed tomography (CT or CAT) scan, magnetic resonance imaging (MRI) pelvic examination, endometrial biopsy, counselling is also very important for patients and their family members. My patient shows great improvement after getting the treatment and the treatment was still going on till my last date of care.

Keywords: Endometrium; adenocarcinoma; cervicitis; nabothian cyst.

1. INTRODUCTION

Uterine cancer is a condition that causes healthy cells in the uterus to alter and grow out of control, resulting in a tumor. The most prevalent kind of uterine cancer is adenocarcinoma, often known as endometrial cancer, which starts in the uterine lining. Uterine cancer is the most commonly diagnosed malignancy of a woman's reproductive system in the United States [1]. Endometrial cancer starts in the layer of cells that make up the uterine lining (endometrium). Endometrial cancer usually causes irregular vaginal bleeding, it is typically diagnosed at an early stage [2].

In 2012, endometrial cancer struck 320,000 women for the first time, resulting in 76,000 fatalities. This places it behind ovarian and cervical cancer as the third most prevalent cause of mortality among malignancies that solely affect women. It is more frequent in industrialized countries, where it is most prevalent female reproductive system cancer. Between the 1980s and 2010, endometrial cancer rates increased in a lot of nations. This is thought to be linked to an increase in the number of older individuals and obesity rates [2].

Uterine cancer is divided into two types: (1) Adenocarcinoma, which accounts for more than 80% of all uterine cancers. It arises from the endometrium's cells. Endometrial cancer is the common name for this type of cancer. Endometrioid carcinoma is a frequent subtype of endometrial cancer. Treatment for this form of cancer is determined by the tumor's grade, the depth to which it penetrates the uterus, and the stage or degree of the disease Serous, clear cell, and carcinosarcoma are less frequent subtypes of uterine adenocarcinomas. Adenocarcinoma and sarcoma are combined in carcinosarcoma. (2) Sarcoma: This form of uterine cancer originates in the uterine glands' supporting tissues or the myometrium, or uterine muscle [2].

Sarcoma contributes for around 2% to 4% of all uterine malignancies. Leiomyosarcoma, endometrial stromal sarcoma, and undifferentiated sarcoma are all subtypes of endometrial sarcoma [3].

The type of tumor, whether the cancer has spread, and the woman's general health all influence uterine cancer therapy. The first therapy is generally surgery to remove the uterus and cervix. The ovaries, fallopian tubes, and surrounding lymph nodes are sometimes removed as well. Treatment options include radiation, chemotherapy, and hormone therapy, commonly using the sex hormone progesterone. The use of a combination of therapies is frequently advised [4]. Women should think about participating in a clinical study while making treatment options. With the aid of health care team, you can frequently avoid or control the adverse effects of uterine cancer therapy. Palliative care, also known as supportive care, is an important aspect of a patient's entire treatment plan. Women, in particular, may be concerned about how therapy may affect their sexual and reproductive health [5].

2. CASE PRESENTATION

Patient Information: A 58 year old female from hardona Chandrapur admitted in gynecology ward no. 17, AVBRH on 22nd March 2021 with known case of endometrial cancer. She is 58kg and her height is 158 cm.

Present medical history: A female 58year old was brought to AVBRH on 22nd March 2021 by her husband and she was admitted in gynecology ward no. 17, she is known case of endometrial cancer and she having complaint of Vaginal bleeding, difficult to pass body fluid and change in skin integrity.

Past medical history: My patient was diagnosed to have endometrial cancer and has a past history of endometrial biopsy on 10th March 2021. There is no other significant history of history of hypertension, diabetes mellitus, epilepsy or thyroid disorder.

Past surgical history: Patient has a past surgical history of tubal ligation 5 years ago.

Family history: There are four members in the family. My patient was diagnosed to have Endometrial carcinoma. All other members of the family were not having complaints in their health except for my patient who was being admitted in the hospital.

Past intervention and outcome: My patient was diagnosed endometrial carcinoma after undergoing endometrial biopsy on date 10th March 2021, the results showed uterine malignancy and the patient was admitted on 22 march 2021 for further treatment [5].

Clinical findings: Vaginal bleeding, urinary retention, (Monocytes – 2%), (Granulocytes – 70%), (RDW – 19.6%), (Total protein – 6.2g/dl), (Albumin – 3.2g/dl) [5].

Etiology: Endometrial cancer occurs when there is unopposed oestrogen stimulation of the endometrium the single most significant element in the development of endometrial cancer? About 75% of endometrial cancer cases are post-menopausal with median age of 60years. The chances of carcinoma increases if menopause does not occur after the age of 52. Because of the prolonged hypo estrogenic stage, Polystic ovarian illness raises the risk. Hereditary nonpolyposis colorectal cancer is due to mutation and carries the risk of endometrial cancer. Endometrial cancer is linked to fibroids in approximately 30% of instances. Endometrial In roughly 25% of instances, Endometrial hyperplasia comes before cancer [6].

Physical Examination: There is not much deformity found in head-to-toe examination, Inspection of abdomen scar was found on lower abdomen, during palpation tenderness was found in lower quadrant, in genital examination vaginal bleeding was present and inflammation was also present around the genital area.

Diagnostic assessment: CBC: Hb - 14.2gm%, Monocytes – 2%, Granulocytes – 70%, RDW – 19.6%, **In liver function test:** Total protein – 6.2gm/dl, Albumin – 3.2gm/dl. **Histopathology report:** Container 1: labelled as uterus with cervix bilateral adnexa, grayish, whitish growth identified measuring 4 x 3 x 2.5 cm involving and obliterating the endometrialcavity,2.5cm [7]. Above the cervix and covering two third of the myometrium. Section from the growth of endometrial cavity shows histopathological features suggestive of Adenocarcinoma (Well Differentiated) of endometrium, Section from myometrium shows invasion by Adenocarcinoma of endometrium more than two third of the total width of myometrium on histopathology, Section from cervix shows histopathological features suggestive of Chronic Cervicitis and Nabothian cyst. Section from right parametrium is free from invasion by malignant epithelial cells on histopathology, Section from left parametrium is free from invasion by malignant epithelial calls on histopathology. Container 2-labelled as right external ac lymph nodes Received single irregular, yellowish fibrofatty tissue piece measuring 1 x 1 cm, no lymph node identified, Section from the given tissue piece shows fibrofatty tissues on histopathology [8,9]

Therapeutic intervention: Injection Augmentin 1.2gm IV x TDS, Injection amikacin 500mg IV x TDS, Injection pantoprazole 40mg IV x BD, Injection Neomol IV x BD, Syrup duphlac 2 tsp. orally BD.

3. DISCUSSION

A 58 year old female from hardona Chandrapur admitted in gynecology ward no. 17, AVBRH on 22nd March 2021 with complaint of Vaginal bleeding, difficult to pass body fluid and change in skin integrity. She is known case of endometrial cancer. As soon as she was admitted to hospital investigations were done and appropriate treatment were started. After getting treatment, she shows great improvement and the treatment was still going on till my last date of care.

The most common gynecologic cancer is endometrial carcinoma. In industrialized countries, and its yearly incidence is expected to rise due to the rising prevalence of obesity, It is one of the leading cause of endometrial cancer. Even though endometrial carcinomas have larger variety of etiologies, biological characteristics, and clinical manifestations, hormonal and metabolic pathways are particularly important. The numerically prominent subtype in the etiology of endometrioid cancer. Patients who have been diagnosed with endometrial cancer are from the urban environment (58.2%) had a larger proportion of them than those from the rural environment (only 41.8 percent) [[10,11].

According to our findings, the average age of individuals diagnosed with endometrial cancer is

58.94 years old. In analysis, the majority of patients with endometrial adenocarcinoma were 53 years old. In analysis, 117 patients were above the age of 50, accounting for 44.48 percent of the instances of endometrial adenocarcinoma. 242 of the 263 patients were menopausal, accounting for 92 percent of the total. The findings revealed that abnormal uterine bleeding was present in all 263 instances, either as a single symptom or in conjunction with pelvic discomfort [12]. Abnormal uterine bleeding was recorded in 67.7% of the cases (representing 178 patients), and 32.3 percent of the cases had a link between this major symptom and pelvic discomfort (representing 85 patients) [10].

Endometrial cancer is the fourth most prevalent cancer in women in the United States, and the most prevalent gynecologic malignancy. In 2011, 46,470 women in the United States are anticipated to be diagnosed with cancer, accounting for 6% of all new cancer cases. 1 In other words, a woman born in the United States in 2011 has a 1 throughout 39 risks of developing endometrial cancer in her lifetime [13].

Up to December 2006, literature searches were undertaken to find peer reviewed publications. 16 case control and 3 cohort studies were found from 22 articles. These cohort studies were not included in meta-analyses because one only looked at fried meat intake and the other only looked at milk consumption. There was no connection between meat consumption and red meat consumption. in this cohort analysis. For case–control studies evaluating these foods, random effects dose response summary estimates were 1.26 (95 % confidence interval: 1.03–1.54) for each 100 gram for one day of total meat, 1.51 (95 % confidence interval: 1.19–1.93) for each 100 gram for one day of red meat, 1.03 (95 % confidence interval: 0.32–3.28) per 100 gram for one day of poultry, 1.04 (95 % confidence interval: 0.55–1.98) for each 100 gram for one day of fish(95% confidence interval: 0.93–1.01) for each dairy serving On the basis of case control data, meta-analysis reveals that eating red meat, especially red meat, increases the risk of endometrial cancer. There is no evidence of a connection between dairy products and cancer based on current studies., but the statistics for poultry, fish, and eggs is mixed. More research, particularly prospective research, is required [[14-16].

The existence of a link between adenomyosis and endometrial cancer was suspected long before “Frankl” established the word "adenomyosis" in 1925. The major turning points in early publications up to 1930. It's worth noting that until the 1920s, the line between what we now call "myoma," "adenomyoma," "adenomyosis," and "endometriosis" (excluding ovarian endometrioma, which was then called "chocolate cyst") was muddled. Nonetheless, Cullen appears to have seen both an adenocarcinoma invading adenomyosis and a fibroid. Adenocarcinoma originating from an adenomyoma is also a possibility. Because the difference between adenomyosis and endometriosis was well understood by 1930, we may assume that all instances described after that date have malignant alterations in adenomyotic foci [17]. “Kumar and Anderson” recreated the early history of cancer emerging from adenomyosis, casting doubt on the origin of most early instances documented up to that point. They claimed that in order to build a convincing argument for the genesis of malignancy, they needed to show either transitional stages or continuity between benign and malignant endometrium inside adenomyotic nodules, “Kumar and Anderson”. Out of the 26 instances documented prior to 1930, only two instances could be proven beyond a reasonable doubt to be caused by adenomyosis. They discovered 7 incidences of cancer originating from adenomyotic foci between 1930 and 1958 [18].

4. CONCLUSION

One of the most prevalent cancers is endometrial carcinoma. case found among post-menopausal woman; it is very important to diagnose in early stage so that the patients will not develop complications from the disease. It is also very important to take preventive measures like dilation and curettage (D&C), transvaginal ultrasound, computed tomography (CT or CAT) scan, magnetic resonance imaging (MRI) pelvic examination, endometrial biopsy, counselling is also very important for patients and their family members. My patient shows great improvement after getting the treatment and the treatment was still going on till my last date of care [12,19,20].

CONSENT

As per international standard or university standard, patient’s consent has been collected and preserved by the authors.

ETHICAL CLEARANCE

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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