



## PELVIC RETROPERITONEAL METASTASIS IN A PATIENT WITH SURGICAL STAGE -1 ENDOMETRIAL CARCINOMA

### CERRAHİ EVRE - 1 ENDOMETRİUM KANSERİ OLAN BİR HASTADA PELVİK RETROPERITONEAL METASTAZ

Aydın ÖZSARAN<sup>1</sup> Mert GÖL<sup>1</sup> Yılmaz DİKMEN<sup>1</sup> Zeynep ÖZSARAN<sup>2</sup> Osman ZEKİOĞLU<sup>3</sup>

<sup>1</sup>Ege Üniversitesi Tıp Fakültesi, Kadın Hastalıkları ve Doğum Anabilim Dalı, Bornova, İzmir

<sup>2</sup>Ege Üniversitesi Tıp Fakültesi, Nükleer Tıp Anabilim Dalı, Bornova, İzmir

<sup>3</sup>Ege Üniversitesi Tıp Fakültesi, Patoloji Anabilim Dalı, Bornova, İzmir

Key Words: pelvic mass, Endometrium cancer metastases.

Anahtar Sözcükler: pelvik kitle, Endometrium kanser metastazı.

#### SUMMARY

*Carcinoma of the endometrium is the most common gynecologic malignancy, with approximately 33,000 cases diagnosed annually in the United States (1). International Federation of Gynecology and Obstetrics (FIGO) as well as collected series from the literature more commonly report a 5 - year survival for surgical stage 1 carcinoma of the endometrium in the range of 70 % to 76 %. When the sites of the recurrence analyzed, it had been found that retroperitoneal spread is so rare. We report a 66-year-old female patient with a pelvic retroperitoneal mass which revealed metastases of endometrium cancer after biopsy of the tumor by laparotomy.*

#### ÖZET

*Endometrium kanseri Amerika Birleşik devletlerinde yılda yaklaşık 33.000 yeni olgunun görüldüğü, en sık karşılaşılan jinekolojik kanserdir. Uluslararası Jinekoloji ve Obstetri Federasyonu (FIGO) bilgileri ve literatürden elde edilen verilere göre, evre - 1 endometrium kanserinde 5 yıl yaşam şansının yaklaşık olarak % 70 ila % 76 civarında olduğu belirtilmektedir. Retroperitoneal yayılım, rekürrens gösteren vakaların oldukça düşük bir kısmını oluşturmaktadır.*

*Vaka takdimimizde retroperitoneal kitlesi olan ve laparotomi sonrası yapılan histo - patolojik incelemede endometrium kanseri metastazı saptanan, 66 yaşındaki kadın hastayı sunduk.*

#### INTRODUCTION

Most of the patients with endometrial cancer present with clinically early-stage disease which is usually amenable to curative therapy, including surgery and adjuvant radiotherapy, but a significant percentage of patients develop recurrence. Few patients survive once disease has recurred, regardless of metastatic site. Several prognostic factors for disease recurrence or survival have

Yazışma adresi: Aydın Özaran, Ege Üniversitesi Tıp Fakültesi, Kadın Hastalıkları ve Doğum Anabilim Dalı, Bornova, İzmir  
Makalenin geliş tarihi: 12. 11. 2001 ; kabul tarihi: 29 11. 2002

been identified, including stage, tumor grade, histopathology, depth of myometrial invasion, patient age, and surgical - pathologic evidence of extrauterine disease spread (2-10). Other factors such as tumor size, peritoneal cytology, hormone receptor status, and flow cytometric analysis have also been implicated as having prognostic importance. The new International Federation of Gynecology and Obstetrics (FIGO) surgical - pathologic staging system for endometrial carcinoma incorporates some, but not all, of these factors.

cell carcinoma (13), deep myometrial invasion, and extrauterine disease spread (14). The histopathologic subtypes of adenosquamous, papillary, and clear - cell adenocarcinomas as mentioned above, carry an increased risk for recurrence. Our patient had also clear - cell carcinoma of endometrium.

Increasing tumor anaplasia is highly associated with deep myometrial invasion, cervical extension, lymph node metastasis, and both local recurrence and distant metastasis. Histologic grade of the endometrial tumor is strongly associated with prognosis (12).

DiSaia et al. found that extra -pelvic spread was higher than pelvic recurrence in aggressive histo - pathological types of endometrium cancer, as clear - cell carcinoma (11), but another study revealed that local recurrence was 50 % instead of 28 % distant metastasis (15).

The median time interval between primary treatment and detection of recurrence was 14 months for patients with local recurrence and 19 months for those with distant

metastasis (15). Also, in this study they showed that 10 % metastasis occurs after 5 years of the treatment.

Because access to lymphatics increases as cancer invades into the outer half of the myometrium, increasing depth of invasion has been associated with increasing likelihood of extrauterine spread and recurrence in most studies(3-10).

Retroperitoneal metastasis of surgical stage 1 endometrium cancer as a tumoral mass is rarely seen. Recurrence rate is rare in endometrium cancer patients who has surgical stage 1 and grade 1 tumor and in patients who have had 5 years disease free interval or no extrauterine spread. But older age is a significant associated risk factor for recurrence, as our patient.

As a result, retroperitoneal metastasis of an endometrial cancer should be kept in mind for differential diagnosis in a patient who has a pelvic tumor and operated for endometrium cancer.

#### REFERENCES

1. BoringCC, Squires TS, Tong T. Cancer statistics, 1991. CA 1991 ;41:19-36
2. Pettersson F, Ed. Annual report on the results of treatment in gynecologic cancer. Vol 20. Stockholm: International Federation of Gynecologic and Obstetrics, 1988:78-92.
3. Malkasian GD Jr, Annegers JF, Fountain KS. Carcinoma of the endometrium: Stage 1. Am J Obstet Gynecol 1980; 136:872-873.
4. Lotocki J, Copeland LJ, DePetrillo AD, Muirhead W. Stage 1 endometrial adenocarcinoma: Treatment results in 835 patients. Am J Obstet Gynecol 1983;146:141-5
5. Christopherson WM, Connelly PJ, Aberhasky RC. Carcinoma of the endometrium. An analysis of prognosticators in patients with favorable subtypes and stage 1 disease. Cancer 1983;51:1705-9
6. Boronow RC, Morrow CP, Creasmen WT, surgical staging in endometrial cancer. Clinical-pathologic findings of a prospective study. Obstet Gynecol. 1984;63:825-32.
7. DiSaia PJ, Creasmen WT, Boronow RC, Blessing JA. Risk factor and recurrent patterns in stage 1 endometrial cancer. Am J obstet. Gynecol. 1985;151:1009-15
8. Morrow CP, Creasman WT, Homesley H, Jordan E, Park R, Bundy B. Recurrence in endometrial carcinoma as a function of extended surgical staging data. In: Morrow CP, Smart G. Gynecologic oncology 1985:147-53
9. Creasman WT, Morrow CP, Bundy BN, Homesley HD, Graham JE, Heller PB. Surgical pathologic spread patterns in endometrial cancer. A Gynecologic Oncology Group study. Cancer 1987 ; 60: 2035 - 41
10. Sutton GP, Geisler HE, Stehman FB, Young PCM, Kimes TM, Ehrlich CE. Features associated with survival and disease - free survival in early endometrial cancer. Am J Obstet Gynecol. 1989 ; 160: 1385 - 93
11. Disaia P.J., Creasman W.T, Boronow, Blessing J. A., Risk factors and recurrent patterns in Stage 1 endometrial cancer. Am J Obstet Gynecol 1985; 151:1009 - 15
12. Lurain, JR, Brenda LR, Rademaker AW, Poggensee, LE, MS, Julian Schink JC, Miller DS, Prognostic factors associated with recurrence in clinical stage 1 adenocarcinoma of the endometrium. Am J Obstet. Gynecol 1991; 78: 63 - 69
13. Ng A Reagan J. incidence and prognosis of endometrial carcinoma by histologic grade and extent. Obstet Gynecol 1970; 35: 437 - 44
14. Berman ML, Ballon SC, Lagasse LD, Watring WG. Prognosis and treatment of endometrial cancer. Am J Obstet Gynecol 1980;136: 679-88
15. Aalders JG, Abler V, Kolstad P. Recurrent adenocarcinoma of the endometrium: A clinical and histopathological study of 379 patients. Gynecol Oncol 1984 Jan 17 :1 85-103