

A Rare Case of Oligometastatic Endometrial Carcinoma

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Abstract: Endometrial carcinoma is the most common malignant tumor of the female genital tract in western countries accounting for 10-20 cases per 1,00,000 population per year. Endometrial carcinoma typically occur in peri and post menopausal women. Endometrioid endometrial carcinoma is the commonest histological subtype. Recurrence can occur within 2 year in 50% of cases and in 3 year in 75% of cases. The overall survival rate is 10-20% in stage IV. In some patients with liver metastasis, liver resection is a safe alternative and improves the oncological results. Here is a case of 50 year old female patient diagnosed as endometrial carcinoma in 2002. She underwent abdominal hysterectomy with bilateral salphingo-oophrectomy followed by radiotherapy and vault irradiation. She was diagnosed with an isolated liver metastasis in 2009, while on follow up. She received chemotherapy and underwent hepatic resection for liver metastasis. Isolated metastasis after 7 years from primary treatment carried good prognosis when treated appropriately.

Keywords: Endometrial carcinoma, surgery, radiotherapy, chemotherapy, liver metastasis, liver resection.

1. INTRODUCTION

Carcinoma of the endometrium is the most common gynecologic malignancy in developed countries¹. It typically occurs in elderly individuals, 80% of the patients being post menopausal at the time of diagnosis². Most endometrial adenocarcinomas occurring in women aged 40 years or younger are of endometrioid type, well to moderately differentiated, early stage disease and carried good prognosis³. Conversely tumors of elderly patients are more likely to be grade 2 or 3, found to have more advanced disease at the time of diagnosis and carried bad prognosis⁴. It is estimated that upto 50% of patients who die as a result of endometrial cancer will demonstrate hepatic metastases at autopsy⁵. Liver resection for metastatic cancer has been reported for over a century, but it was not until Foster and Berman published their landmark report in 1977 that liver

resection for metastatic disease began to achieve general acceptance^{6,7}.

2. CASE REPORT

A 50 years old female patient underwent total abdominal hysterectomy with bilateral salphingoophrectomy in April 2002. Growth present in the lower uterine segment and biopsy was consistent with moderately differentiated endometrioid endometrial carcinoma with infiltration of cervix. Patient was planned for post operative EBRT to a dose of 4600cGy (46cGy/23 Fractions for 4.5 weeks from 20.04.2002 to 21.05.2002). Later patient received Brachytherapy (VBRT) with vaginal cylinder. She received 3 fractions of HDR Vaginal Sorbo with a dose of 7 Gy per fraction. Patient was on regular follow up after the completion of the treatment. During her follow up the routine investigations done on 05.03.2009, revealed a focal lesion in the liver on Ultrasound of Abdomen. Patient was further investigated with CECT abdomen and Pelvis. The FNAC of the lesion was done. CT revealed metastatic lesion in the liver (figure-1) and FNAC confirmed the metastatic lesion in the liver. CA 125 was greater than 600. Patient was given chemotherapy with Inj. Paclitaxel 175mg/m² and Inj Carboplatin AUC 5. The patient received 4 cycles of chemotherapy and she had a CT scan abdomen to assess the response. The CT scan showed good regression of disease (figure-2).

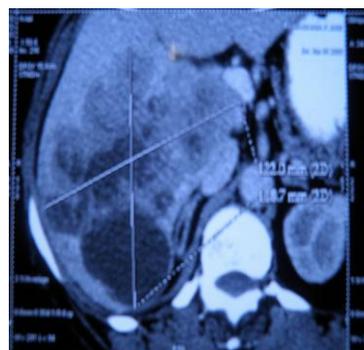


Figure 1: CECT showing liver metastasis.

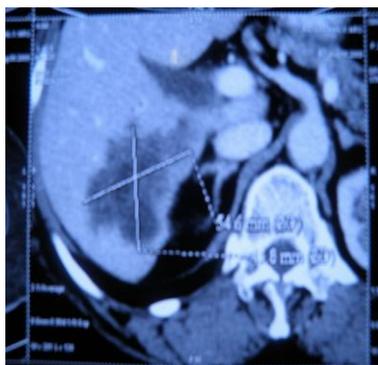


Figure 2: CECT after 4 cycles of chemotherapy.

As patient had good response to chemotherapy, it was decided to continue chemotherapy. After completion of 6 cycles, CT scan was done (Figure-3). Patient had very good response to chemotherapy.

As the patient had very good regression of the tumor and CT scan showed small residual disease at the end of 6 cycles it was discussed with the patient and planned to give two more cycles of chemotherapy. Chemotherapy was done after 8 cycles and advised the patient to come for regular follow up (figure-3).

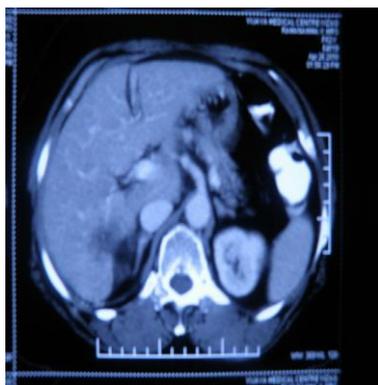


Figure 3: CECT after completion of chemotherapy

In June 2011 the follow up scan showed a small lesion in the liver (figure-4).

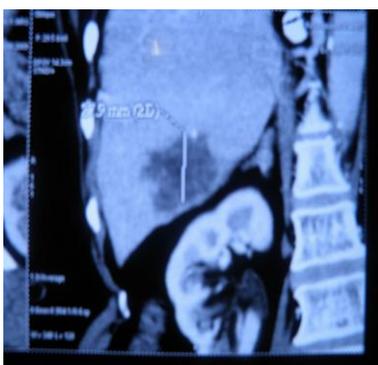


Figure 4: CECT showing progression of residual lesion in follow up 2011 year

The patient was investigated for metastatic work up and found she had an isolated metastatic lesion the liver and no other metastatic lesion found. Patient was advised to have resection of the metastatic lesion in the liver. Patient underwent isolated liver metastatectomy and is on follow up. No residual disease present in the CT scan (figure-5).

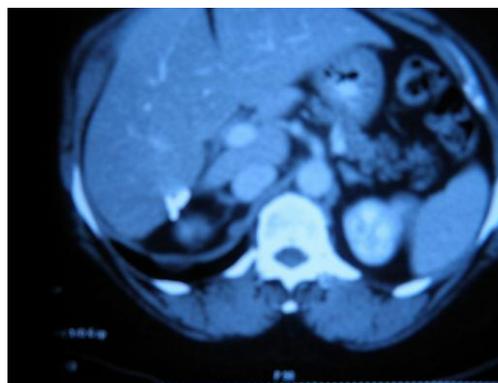


Figure 5: CECT after metastatectomy of liver lesion.

3. DISCUSSION

The liver is a common site of metastasis for solid tumors. Although surgical resection is now considered standard treatment for resectable metastasis from colorectal primaries, the data on liver resection for gynaecological, particularly endometrial carcinoma are sparse.

In the present case, the diagnosis of endometrial carcinoma was done in April 2002. Patient was disease free for 7 years after primary treatment. She presented with isolated in-operable liver lesion and after receiving 8 cycles of chemotherapy the lesion became small and resection of metastatic lesion was possible in 2011.

Endometrioid endometrial Adeno-carcinoma is the commonest type of endometrial carcinoma. It has a better prognosis than other subtypes. This subtype can metastasize to the lung, bone, brain or liver as solitary deposit amendable for resection, where as other histological subtypes tend to recur diffusely in the peritoneal cavity⁸.

Historical reports have shown no 5 year survivors after hepatic resection for parenchymal gynaecological metastasis⁹. In present case, patient was diagnosed with hepatic metastasis in 2009 and chemotherapy was given. Hepatic resection of metastatic lesion was done in 2011. Patient is on follow up and disease free till date.(figure 6)

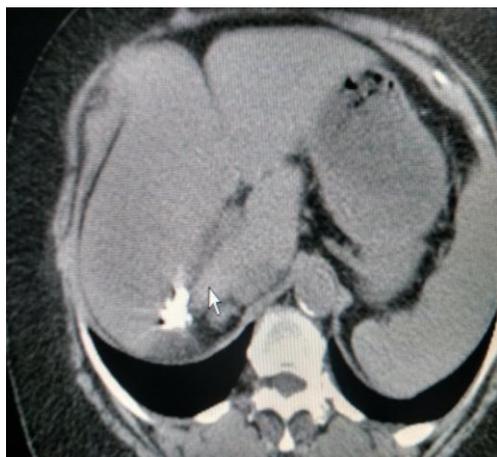


Figure 6: CECT December 2016 – no lesion in liver.

In conclusion chemotherapy in isolated hepatic metastasis of endometrial carcinoma helps in regression of disease and amenable for resection. We also learnt that the chemotherapy could be extended beyond 6 cycles in good responders with no adverse effects with chemotherapy. Preoperative factors such as fitness of the patient for surgery, no other metastatic site except for hepatic lesion should be considered. Adequate surgery with negative resection margins should be done so that disease free survival period is more.

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