



Repair of external iliac arter with vascular graft at a case of dedifferentiated endometrial carsinom

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Introduction

Endometrial carcinoma is the most common gynecologic malignancy in developed countries. Dedifferentiated endometrioid adenocarcinoma (DEAC) is rare and is known to be more aggressive than high-grade endometrioid carcinoma. It is reported that undifferentiated carcinoma comprises 9% of endometrial carcinoma. DEAC is uncommon and may pose a variety of diagnostic challenges. DEAC is defined as a tumor which composed of a mixture of undifferentiated carcinoma and conventional endometrioid adenocarcinoma. The behavior of the tumor is aggressive and patients usually present with advanced-stage disease and progress to recurrence and/or death within a short time period.

Case report

This is a case report of DEAC with repair of external iliac arter with endovascular graft which was diagnosed and treated in Ankara University Gynecologic Oncology Department at September 2018.

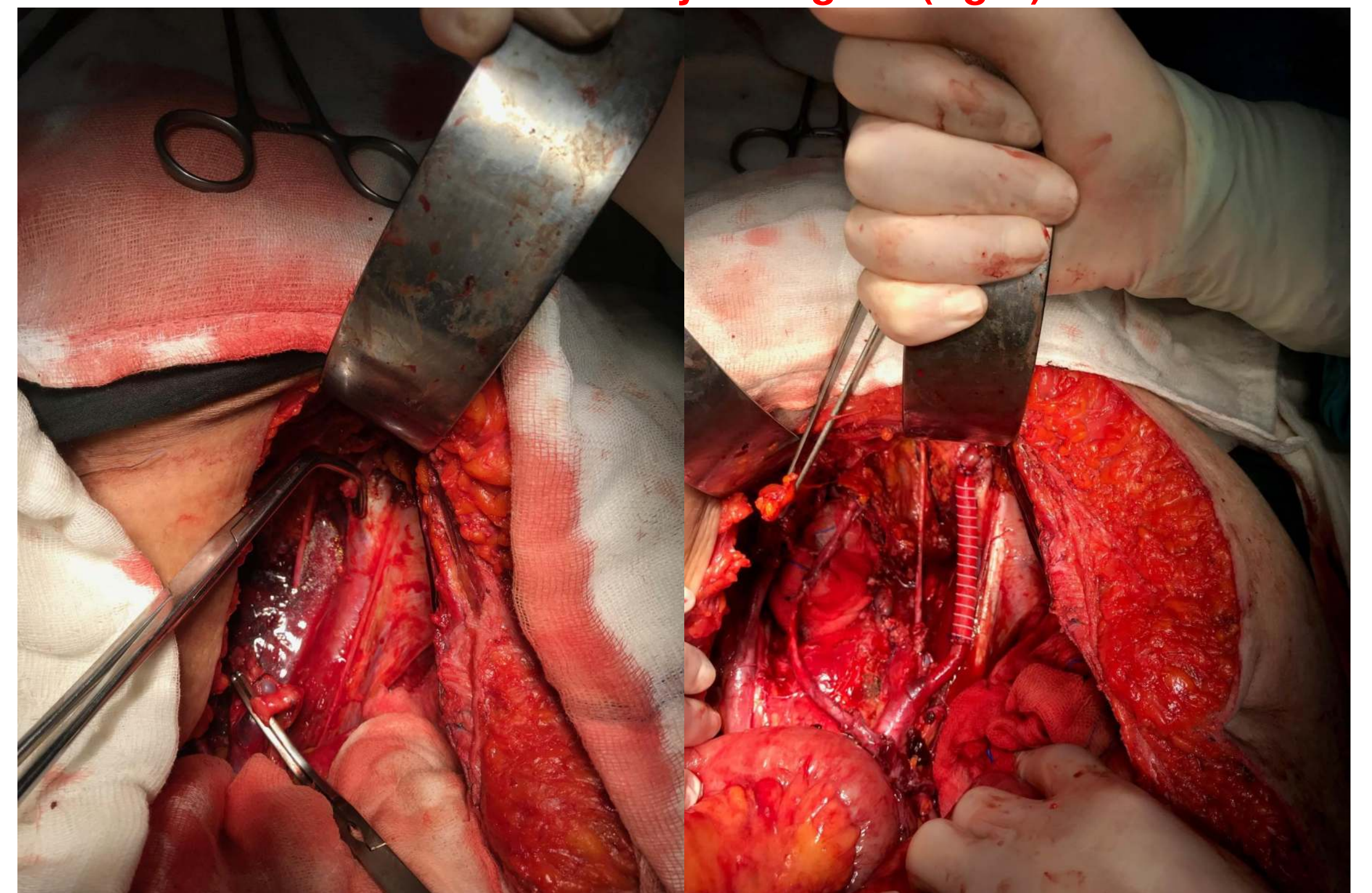
A 48-year-old perimenopausal woman (BMI: 40 kg/m²) was referred to our hospital after being diagnosed with endometrioid carcinoma FIGO grade 2 on biopsy at a local hospital. She suffered from vaginal bleeding for 2 months. Transvaginal ultrasound revealed abnormally thickened endometrium (5,1 cm) and on examination a gross mass protruding from cervix shown and the entire of endometrial cavity is filled with this mass. Tumor markers showed elevated levels (CA125:1341, CA19-9 : 57,5). Pathology reevaluated the endometrial biopsy and revealed dedifferentiated endometrioid adenocarcinoma (endometrioid endometrial carsinom grade 1 (%80) and undifferentiated carsinom(%20). MRI showed a 62*52*42 mm mass at lower uterine segment extending to the cervix which showed isointense signal intensity on T2-weighted imaging. MRI showed a 194*11*95 mm lobulated mass filling right pelvis sidewall, which showed slightly high signal intensity on T2-weighted imaging (T2WI) . Abdominal pelvic computed tomography (CT) revealed that the mass involving bladder and rectum (Figure 1). TAH+BSO+partial cystectomy+low anterior resection+right external iliac arter repair with endovascular greft was performed. In surgery, pelvic mass was involving the right pelvic sidewall and in order to remove tumor totaly we cutted and removed external iliak arter and there was a 7 cm lenght defect at right external iliac arter.

Figure 1. Extensive pelvic mass involving the vessels ,rectum and bladder



A stretch vascular graft (GORE-TEX®) was placed to vascular defect and the graft patency was intact (Figure 2). We achieved complete en bloc tumor resection. There were no intra- or postoperative complications , such as bleeding,graft occlusion,infection or limb edema. After surgery pathology revealed dedifferentiated endometrioid adenocarcinoma (endometrioid endometrial carsinom grade 3 and undifferentiate 12 mm diameter and 7 cm lenght carsinom. And the patient died 1 week later after the surgery due to tumor lysis syndrome.

Figure2. Removed right external iliac arter (left) and repaired external iliac arter with graft (right)



Discussion

Silvia et al reported many cases with a combination of low-grade endometrioid carcinoma with undifferentiated carcinoma and designated them as dedifferentiated endometrial carcinoma. Differentiating is important because DEACs have fulminant clinical outcomes and poorer prognosis than high-grade endometrioid carcinoma. Should not be underdiagnosed as conventional endometrioid adenocarcinoma. Undifferentiated endometrial carcinoma has an aggressive clinical course with advanced stage at presentation and a median survival of 6 months. In our case we see that DEAC is more aggressive than other types of endometrial carcinoma and advanced stage which involving bladder, rectum and iliac vessels.