The Complementary Role of serum CA19-9 in maliganat transformation of adenomyosis in endometrial cancer

S.H. Park[1], J.H. Kim[2], K.H. Lee[1], Y.S. Lee[3], T.C. Park[2], C.J. Kim[2]
[1]Department of obstetrics and gynecology, The Catholic University of Korea, Seoul, [2]The Catholic University of Korea, Uijeongbu ST. Mary's Hospital, Uijeongbu, [3]The Catholic University of Korea, Eunpyeong St. Mary's Hospital, Seoul, Republic of Korea.

Introduction

- Adenomyosis is usually benign, but it might also be a precursor of malignant disease. As the incidence of adenomyosis malignant transformation is low, and its clinical manifestations are nonspecific, it may only be confirmed by postoperative pathological examination.
- We, herein, report our experience with case of malignant transformation of adenomyosis with endometrial adenocarcinoma.

Methodology

- This retrospective study was examined using data at Uijeongbu St. Mary's Hospital from the 2014 to 2018. A total of 27 women has endometrial cancer combined adenomyosis or endometriosis in this hospital. And their average age was 56.8 years (38~75years).
- Only one person has related with elevated CA19-9.

Results

- Sixty-two years-old nulliarous woman visited our department at Jan 2019 due to intermittent vaginal bleeding over 1 month. Transvaginal ultrasound showed hematometra and abnormal thickening of posterior uterine wall suggesting adenomyosis. The histological examination of the endometrium yielded adenocarcinoma, moderately differentiated. Magnetic resonance imaging (MRI) revealed focal adenomyosis of fundal portion of uterus, hematometra of endometrial cavity and a few small nonspecific LNs in right external iliac and obturator. Among the pre-operative tumor markers, CA19-9 level was increased (36.80U/ml, normal range <35U/ml). But CA125 was within normal range (19.90 U/m, normal range <35U/ml)

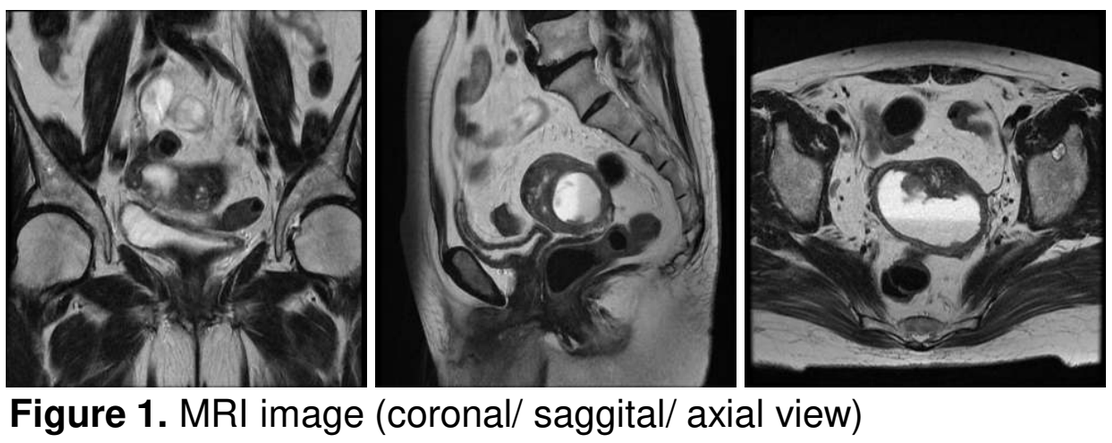
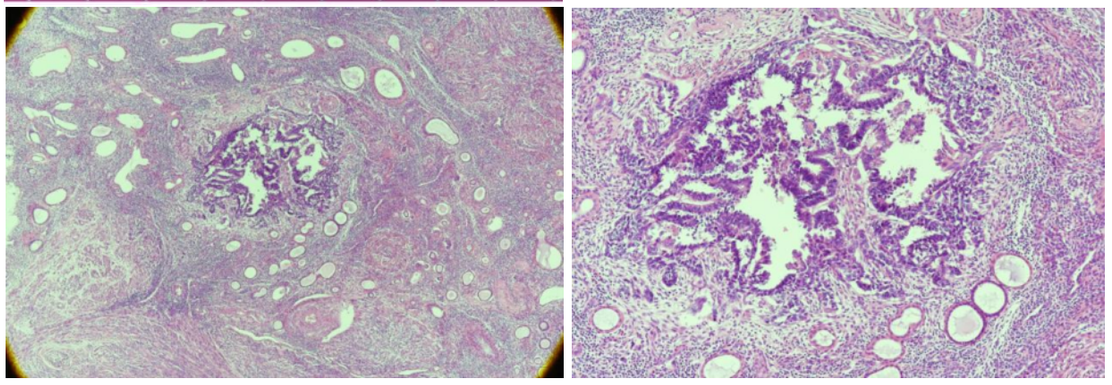
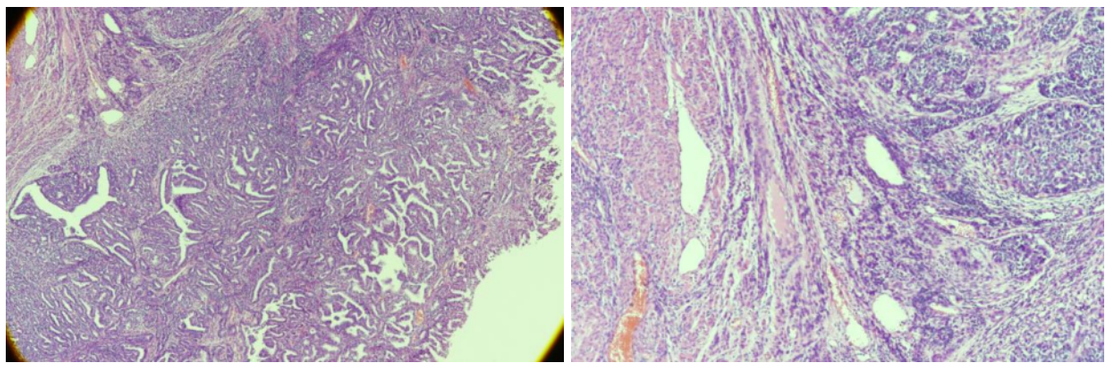


Figure 1. MRI image (coronal/ saggital/ axial view) ; Endometrial adenocarcinoma

Figure 2. Endometrial adenocarcinoma in adenomyosis background



- Laparoscopic total hysterectomy and bilateral adnexectomy including pelvic lymphadenectomy were performed. The intra-abdominal cytology was negative. In the permanent pathological specimen, poorly differentiated endometrioid adenocarcinoma was present in endometrium with myometrial invasion less then 0.1 cm from endometrial-myometrial junction (T1a, thickness of uninvolved myometrium was 1 cm). Pelvic lymph node metastasis was not found. Very small Foci of adenocarcinoma were observed in adenomyosis (0.1 x 0.1 sized). Although surgical stage (FIGO2018) was Ia, due to the histologic grade and high risk factors (>60 yrs), recurrence risk was existed. Adjuvant vaginal brachytherapy was performed after surgery. She is currently undergoing follow-up observations.



a) b)

Figure 3. Endometrial adenocarcinoma a) Myometrial invation b) Stromal invasion

Conclusion

- From this case, we concluded that if CA19-9 is elevated before surgery, a more detailed histological observation is needed in the adenomyotic foci.