UNIT FIVE: NEOPLASIA
EDUCATIONAL TOPIC 54: ENDOMETRIAL HYPERPLASIA AND CARCINOMA

Rationale: Endometrial carcinoma is the most common gynecologic malignancy. Early recognition and proper evaluation of endometrial hyperplasia and cancer can reduce morbidity and mortality.

Intended Learning Outcomes:
The student will demonstrate the ability to:
  • Identify the risk factors for endometrial hyperplasia/cancer
  • Describe the symptoms and physical findings of a patient with endometrial hyperplasia/cancer
  • Outline the causes, diagnosis and management of postmenopausal bleeding

TEACHING CASE

CASE: A 56 year-old G0 woman presents to the clinic with complaints of intermittent vaginal bleeding. She went through the menopause 2 years ago and had no vaginal bleeding until 6 months ago when she had a three day episode of light bleeding. Since that time, she has had another 3 such episodes. Past medical history is remarkable for well-controlled hypertension, depression and “borderline” diabetes for which is poorly controlled on diet alone. She never used oral contraceptive pills but was unable to become pregnant. She has had a laparoscopic cholecystectomy. She takes Lisinopril and Zoloft. Her family history is non-contributory. On examination, she has normal vital signs, and weighs 247 pounds. Her heart, lung and abdominal exams are normal. On pelvic examination, she has normal external genitalia, vagina and cervix. The bimanual exam is difficult secondary to the patient’s habitus, but the uterus feels slightly enlarged and no adnexal masses are palpable.

COMPETENCY-BASED DISCUSSIONS & KEY TEACHING POINTS:
Competencies addressed:
  • Patient care
  • Medical Knowledge
  • Systems-based practice

1. What is your differential diagnosis for this patient?
2. What is the etiology of endometrial cancer?

3. What risk factors does this patient have for endometrial carcinoma?

4. What are the next steps in the diagnostic work-up of this patient?

5. An office endometrial biopsy revealed endometrial adenocarcinoma. How would you manage this patient?
Non-surgical management is sometimes chosen by nulliparous women who desire future fertility, and by women with significant major morbidities for which surgery is not an option. These treatment strategies may include use of high dose progestins.

REFERENCES

