

Chapter 6

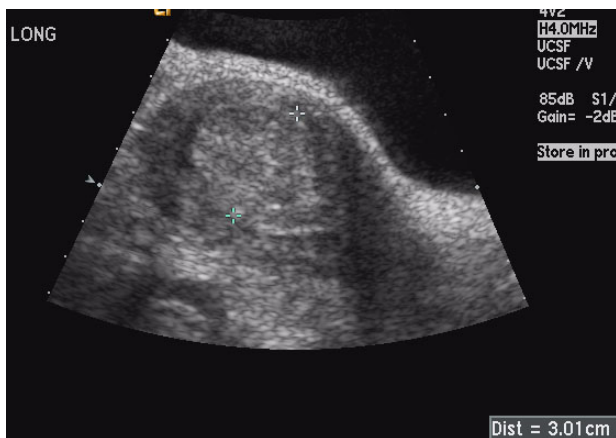
Endometrial Pathology

In this chapter

- Endometrial Carcinoma
- Endometrial Hyperplasia
- Endometrial Polyps
- Saline Infusion Sonohysterography (SIS)



focal endometrial cancer



endometrial cancer

Endometrial Carcinoma

Endometrial carcinoma is now the most common type of gynecologic malignancy, with an incidence of 33,000 new cases per year in the USA. 75-80% of endometrial carcinoma occurs in postmenopausal women, who usually present early with postmenopausal bleeding.

Associated risk factors include:

- obesity and anovulatory cycles in the premenopausal woman
- postmenopausal, with an increased risk if on estrogen replacement therapy
- history of atypical hyperplasia
- history of tamoxifen therapy
- strong family history of uterine cancer

Initially the tumor mass grows into the uterine cavity. Myometrial invasion is the first indication of continued spread of the disease. Without treatment, the malignancy may spread to the cervix, adnexa, fallopian tubes and ovaries. Distant metastases may occur if the pelvic lymphatic system is infiltrated.

Clinical Signs

- vaginal bleeding; post-menopausal
- hypermenorrhea, intermenstrual flow in patients still having periods
- pain as the result of uterine distention

Sonographic Findings

- alteration in size, shape and sonographic texture of the uterine parenchyma
- increased uterine size
- inhomogeneity and thickening of the endometrial echoes (>5mm) especially in a postmenopausal woman (varies with patient's hormone status)
- fluid in the endometrial cavity