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Atypical Metastasis of Endometrial Cancer, Case Report

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ABSTRACT

Endometrial cancer is the most common malignancy of the female reproductive system, with increasing incidence rates. While pelvic lymph node metastases occur in approximately 21% of cases, cutaneous metastases are rare, representing only 0.8% of instances. This case report describes a 40-year-old female patient with a soft tissue tumor in the right thigh, initially suspected of having metastatic endometrial carcinoma. The patient had a history of dysmenorrhea and hypermenorrhea, and presented with a progressively enlarging lesion. Imaging revealed a hypoechoic mass with vascular characteristics, leading to an incisional biopsy. Pathological analysis indicated malignant neoplastic tissue suggestive of genitourinary origin, likely endometrial. This case underscores the rarity of cutaneous metastases from endometrial adenocarcinoma and highlights the importance of considering internal malignancies in patients with unusual skin lesions.

KEYWORDS: carcinoma, endometrial, metastasis

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INTRODUCTION

Endometrial cancer is the most common carcinoma of the female reproductive system, and its incidence rate shows a significant upward trend. It is a type of malignant epithelial tumor that occurs in the endometrium. Metastases in endometrial cancer have an incidence of approximately 30% of all cases, of which 21% are pelvic lymph node metastases, the most frequent, and 9% are distant metastases[1]. Cutaneous metastases represent one of the rarest presentations of disseminated disease and occur in only 0.8%[2]. Histopathology varies according to the morphology of the underlying primary tumor, with endometrioid adenocarcinoma being the most common form associated with cutaneous metastasis[2]. In reported cases, endometrial cancer metastasis has been most frequently observed at the site of initial surgery and radiotherapy. More rarely, distant skin sites have been reported, including the scalp, toes and trunk[2]. Carcinoma metastasizes to the skin by different mechanisms, including direct extension, lymphatic or hematogenous spread[3].

AIM

To describe the clinical presentation of a patient with soft tissue tumor with presence of metastatic tissue from probable endometrial carcinoma and its diagnostic follow-up.

MATERIAL AND METHOD

Case description of a female patient in the 4th decade of life who presented with a soft tissue tumor with malignant neoplastic tissue involvement with metastatic appearance and its diagnostic follow-up. 40-year-old woman, carrier of grade I obesity, without other chronic degenerative diseases. Surgical history: bilateral tubal occlusion; with a history of dysmenorrhea and hypermenorrhea. She began to suffer approximately 9 months ago with the presence of a soft tissue tumor in the right thigh, with progressive increase in size, and was referred from her first level unit to the general surgery outpatient clinic of the Hospital General Regional No. 45 for diagnostic-therapeutic evaluation. Due to the characteristics of the lesion, Doppler ultrasound was requested and reported: hypoechoic image of defined and smooth borders with dimensions of 7.9 x4.8x6.7 cm and another adjacent image with dimensions of 3.6x2.8x3.1 cm with loss of differentiation with the muscle and with abundant flow at the application of color Doppler. Lesion excision was planned, however, due to its characteristics, only incisional biopsy was performed during the trans-surgical procedure. Surgery performed: incisional biopsy. Surgical findings: Tumor of approximately 12 x 12 cm in size, in the proximal third of the right thigh, deep muscular tissue, highly vascularized, firmly

adhered to deep planes and to the femoral artery, femoral vein and femoral nerve, which made its resection impossible. A 3 x 3 cm biopsy is taken. A specimen was sent to pathology, with the following findings: soft tissues with malignant neoplastic involvement with metastatic aspect. Neoplastic component consisting of atypical abortive glands, seated in a hypercellular stroma: histomorphologic findings suggestive of genitourinary origin, probably endometrial. Therefore, the patient was sent to medical and surgical oncology to continue the diagnostic-therapeutic approach.

DISCUSSION

Cutaneous metastases from cancer are relatively uncommon and only a few cases of uterine adenocarcinoma have been reported. These are rare due to routine gynecologic examinations and early surgical intervention when any atypia is identified. The lesions vary morphologically, often present as large, painless, hemorrhagic nodules and are difficult to distinguish from other cutaneous metastases.

CONCLUSION

Cutaneous metastases of endometrial adenocarcinoma are extremely rare, however, there are cases reported in the literature. Therefore, in patients presenting with cutaneous lesions of tumor characteristic, the differential diagnosis of metastasis from an underlying internal malignancy should always be considered.

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