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Challenges in the management of endometrial cancer and endometrial hyperplasia with atypia in sub-fertile patient: an emerging medical issue-our experience in a tertiary care Centre

Introduction

*Increasing cases of endometrial intraepithelial neoplasia (EIN),endometrial cancer(EC) in women under 40 years of age.
*Nulliparity and infertility are classical risk factors for EC.
*Standard treatment :Total hysterectomy with bilateral salpingo-opherectomy .[1,2-3]
*Conservative treatments focus on fertility preservation, in young patients mainly hormonal treatment.

Objectives

Oncological and obstetric outcomes of various fertility preserving treatment

Materials and methods

Study Design: Retrospective cohort analysis of 17 patients (Jan'16 – Jan'22) at Bhagwaan Mahaveer Jain Hospital with a diagnosis of endometrial hyperplasia with atypia /endometrial carcinoma who met National comprehensive cancer network criteria. (NCCN)
*MRI used to rule out invasion

Management criteria followed:

*Megesterol acetate 160 mg/day along with LNG-IUD in later part of study in 12 patients.
*Regular monitoring every 3 months with trans-vaginal ultrasound and endometrial biopsy with LNG-IUD in situ.
*Non responders were counselled for definitive surgery. If unwilling dose was increased (160 to 320 mg)
*In-patients unwilling for immediate conception LNG-IUD or low dose progestins used for maintenance therapy.
*Simple methods such as % and proportion in excel used to calculate the results

Results

*13/17 (76.47%) patients showed complete response to hormonal treatment.
*Conception rates are low (23.07%) even after reversal of the malignancy.
* 13/17(76.47%) patients had associated polycystic ovarian syndrome
*3/17 (17.64%) had progressive disease, 5/13 (38.46%) cases had disease recurrence after initial remission out of which 3 had re challenge with progestins with remission again.

Conclusions

*Hormonal therapy is very effective for conservative management.
*LNG-IUD with oral progestin effective combination in optimizing dose without side effects.
*They can be used alone for maintenance to prevent recurrence if conception delayed.
*PCOS is a common risk factor.
*Hysterectomy should be advised if hormonal treatment fails, and also after completion of childbearing.
*Myometrial invasion may not be absolute contraindication for fertility sparing treatment.
*Molecular profiling of endometrial biopsy might help in better prognostication and treatment strategy.

References

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