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High-risk endometrial carcinoma: the role of ultrasound in detecting serous histology and deep myometrial invasion

C. Valdelamar Tamara, H. Jiménez Aaya, J. L. Badilla, M. Constenla.

Introduction

A 64-year-old woman with with history of hypertension presented persistent postmenopausal uterine bleeding.

Ultrasound findings

Transvaginal ultrasound was performed and demonstrated a heterogeneous, irregular and markedly thickened endometrium of 35.4 mm, associated with a solid heterogeneous mass, measuring 35x41x60mm (volume 45cc), with abundant vascularization (color score 4). The mass infiltrated the fundal and posterior uterine wall reaching the serosa without further extension. Extension to the internal cervical os was observed, without compromise to the cervix and endocervical canal. Hematometra of 3.5 cc was also identified.

Surgical intervention

The patient underwent surgical staging including exploratory laparotomy, total hysterectomy with bilateral salpingo-oophorectomy, pelvic lymphadenectomy, omental biopsy and peritoneal cytology, which was negative for malignant cells.

Histopathology

There was a confirmation with biopsy of serous endometrial carcinoma. Immunohistochemical analysis showed diffuse estrogen receptor positivity, progesterone receptor negativity, strong and diffuse p16 expression, mutant p53 (null pattern), focal vimentin positivity and HER2 overexpression (3+), with low probability of microsatellite instability.

Conclusion

Serous endometrial carcinoma is a high-risk subtype of endometrial cancer, characterized by aggressive behavior, early dissemination and its specific immunohistochemical profile. This case highlights the role of ultrasound in early detection and assessment of myometrial invasion, identifying high risk features allowing prompt diagnosis and optimal intervention.

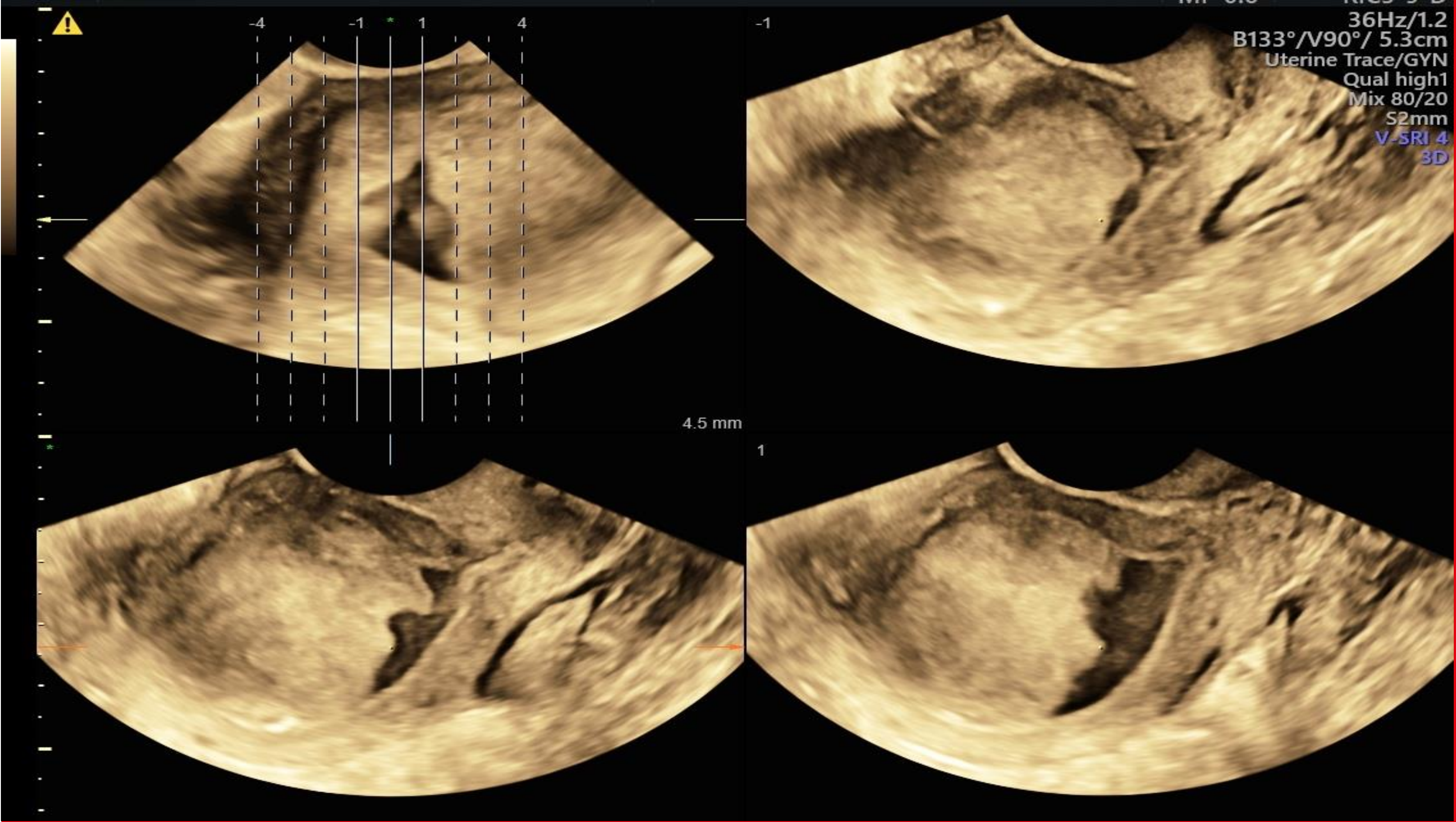


Figure 1. Three-dimensional transvaginal ultrasound documenting high-risk sonographic features, including a large heterogeneous tumor, disruption of the endometrial–myometrial junction, and suspected deep myometrial invasion.

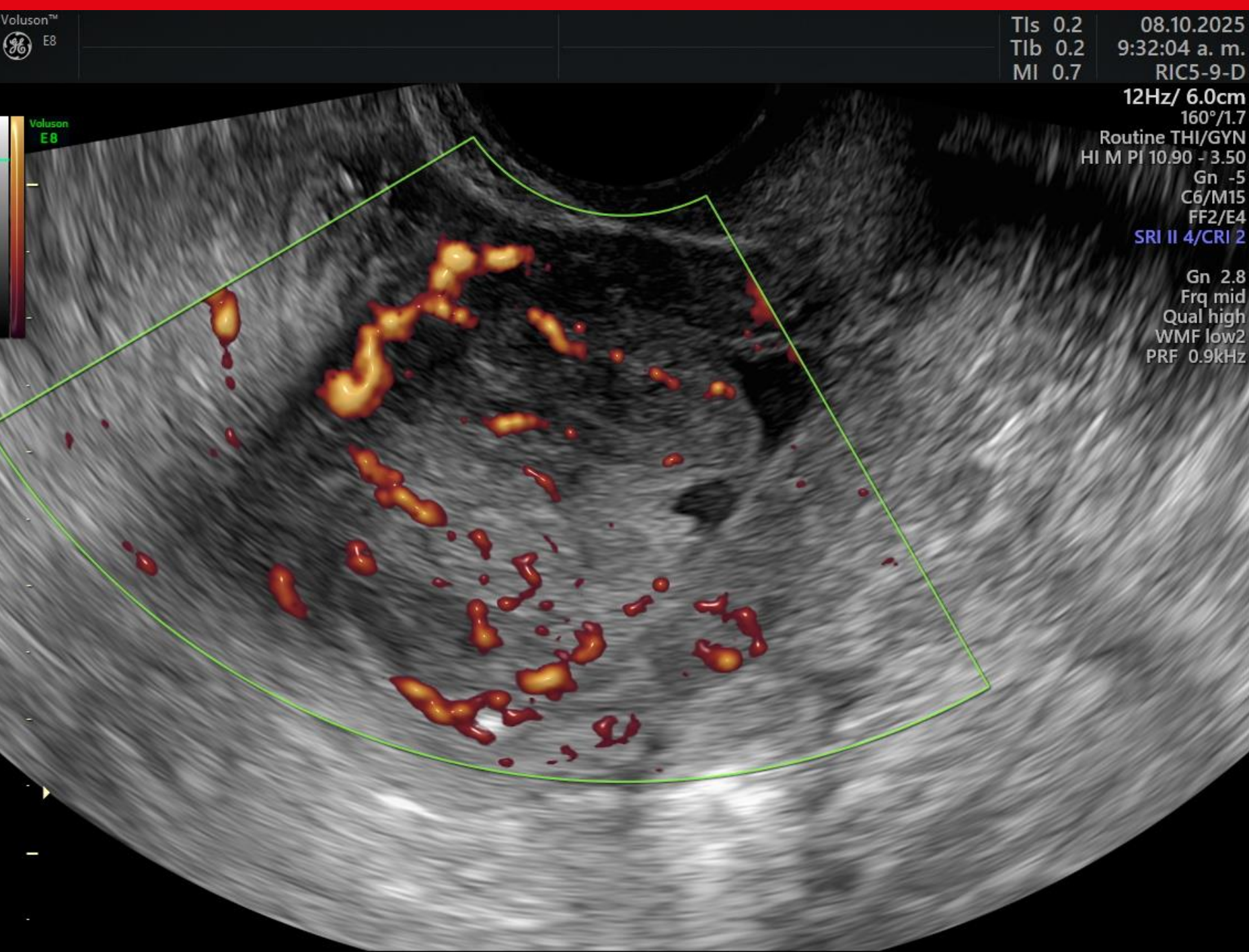


Figure 2. Power Doppler ultrasound demonstrating abundant intratumoral vascularity.

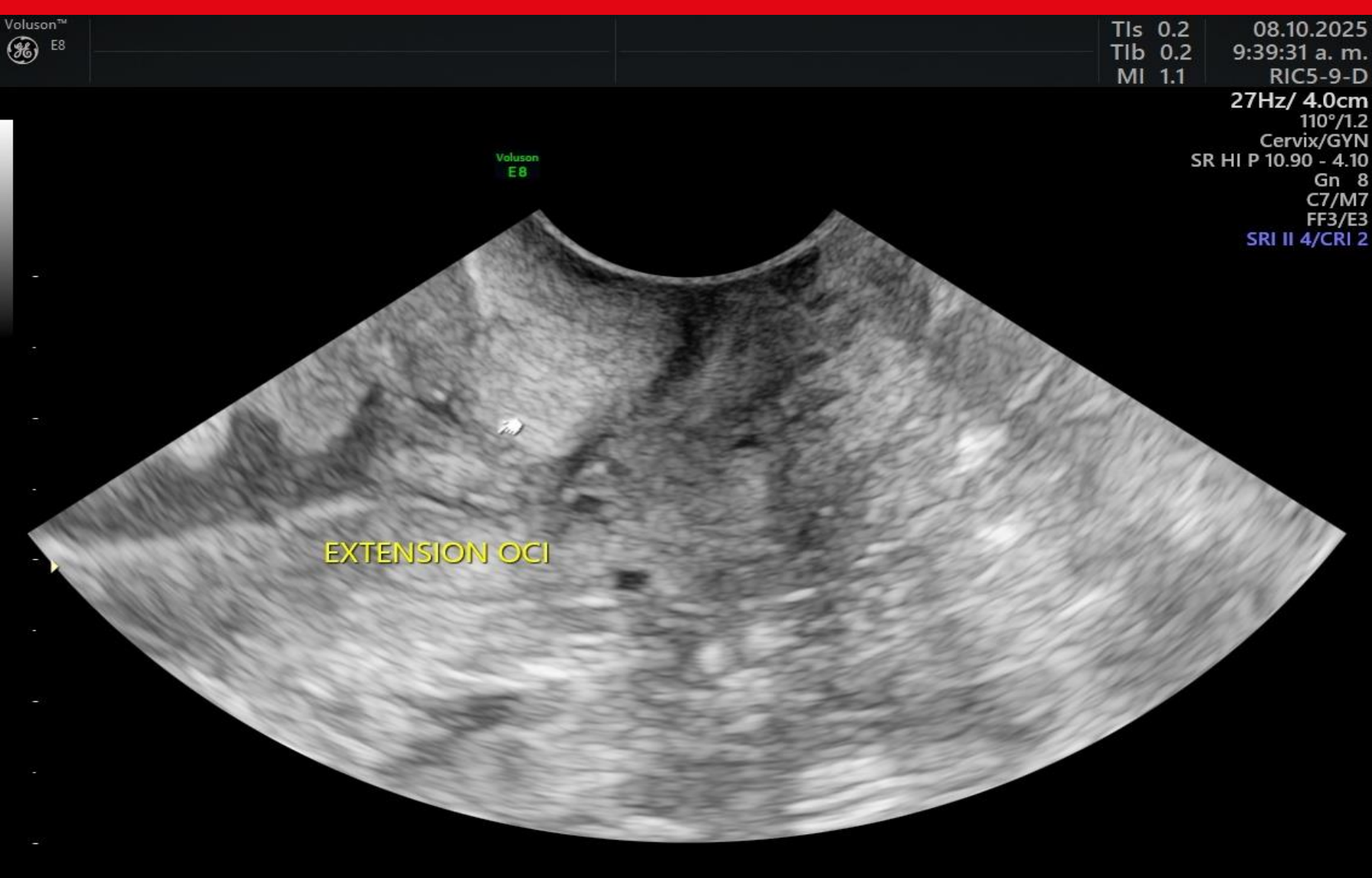


Figure 3. Tumor extension to the internal cervical os