

Asymptomatic endometrial cancer with Lynch syndrome - in a woman with primary infertility, A Case Report.

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OBJECTIVE

We report a case of asymptomatic endometrial cancer with Lynch syndrome that was accidentally discovered during the workup for primary infertility. This study is the first to highlight the asymptomatic presentation of endometrial cancer in patients with Lynch syndrome.

CASE REPORT

A 34-year-old women presented to the infertility clinic at University Hospital Monklands, UK with primary infertility for 2 years. During the infertility workup, the transvaginal ultrasound showed a thickened endometrium of 14 mm, saline infusion sonography suggested the possibility of an endometrial polyp 13X11 mm in size. Hysteroscopic polypectomy was performed, and the result revealed complex endometrial hyperplasia in places amounting to endometroid adenocarcinoma FIGO grade 1.

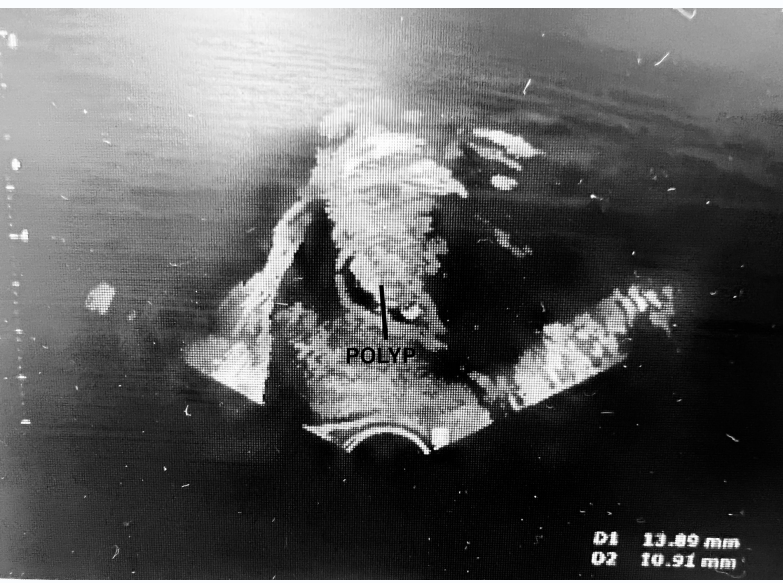


Figure 1: SIS showing Intrauterine Polyp

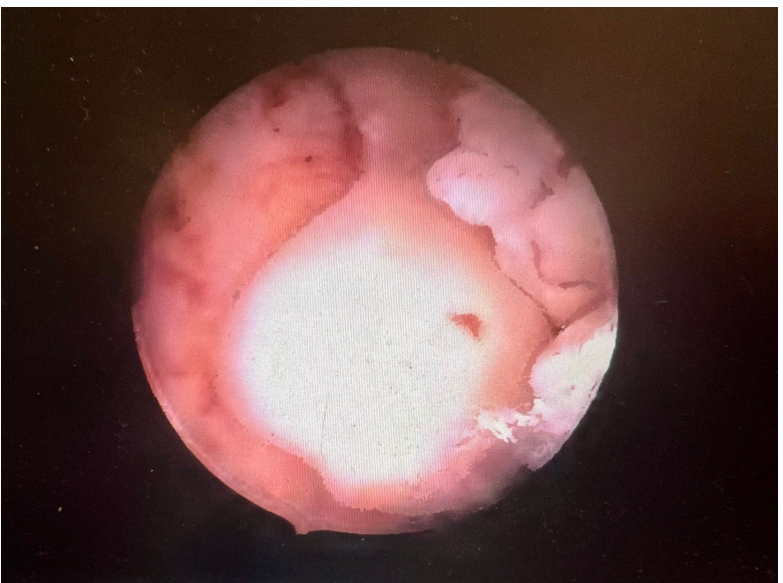


Figure 2: Hysteroscopy showing endometrial Polyp

CONCLUSION

This case represents atypical presentation of Lynch syndrome. Therefore, it is essential to have a systematic approach for managing gynecology patients. A Detailed family history is the key in identifying patients requiring screening for Lynch syndrome.

Discussed in the regional MDT meeting and referred to tertiary center for counselling and genetic testing. After counseling about the management options including fertility sparing treatment, the decision was for TLH and BSO. Genetic testing of the biopsy sample showed loss of nuclear staining for MSH6 which is consistent with the diagnosis of Lynch syndrome. MRI finding before surgery showed a bulky fibroid uterus with no evidence of discrete endometrial lesion or disease invasion into the myometrium and a 3 cm left ovarian endometrioma. CA 125 was 15. Total laparoscopic hysterectomy and bilateral salpingoophrectomy and washing cytology performed. Pathology results were consistent with well differentiated endometroid adenocarcinoma stage 1A and peritoneal cytology showed no malignant cells.

DISCUSSION

In this case the main presentation was infertility, on reviewing literature there was no evidence that Lynch syndrome is associated with infertility. Around 3% of endometrial cancer are hereditarily related to Lynch syndrome. Lynch syndrome is also called Hereditary non- Polyposis colorectal cancer (HNPCC) is an autosomal dominant condition that puts an individual at risk of developing colorectal cancer as well as extra-colonic sites including endometrial, and ovarian cancer1 Endometrial cancer is often the initial cancer diagnosed in women with germline mutation in the MMR gene and it occurs in around 40 – 60% of women with Lynch syndrome3 The recent NICE guideline, 2020 recommended screening all patients with endometrial cancer for Lynch syndrome regardless of their age and family history when resources are permitted2

RREFERENCES

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