

# Pregnancy following endometrial adenocarcinoma and subsequent stillbirth in a medically complex patient

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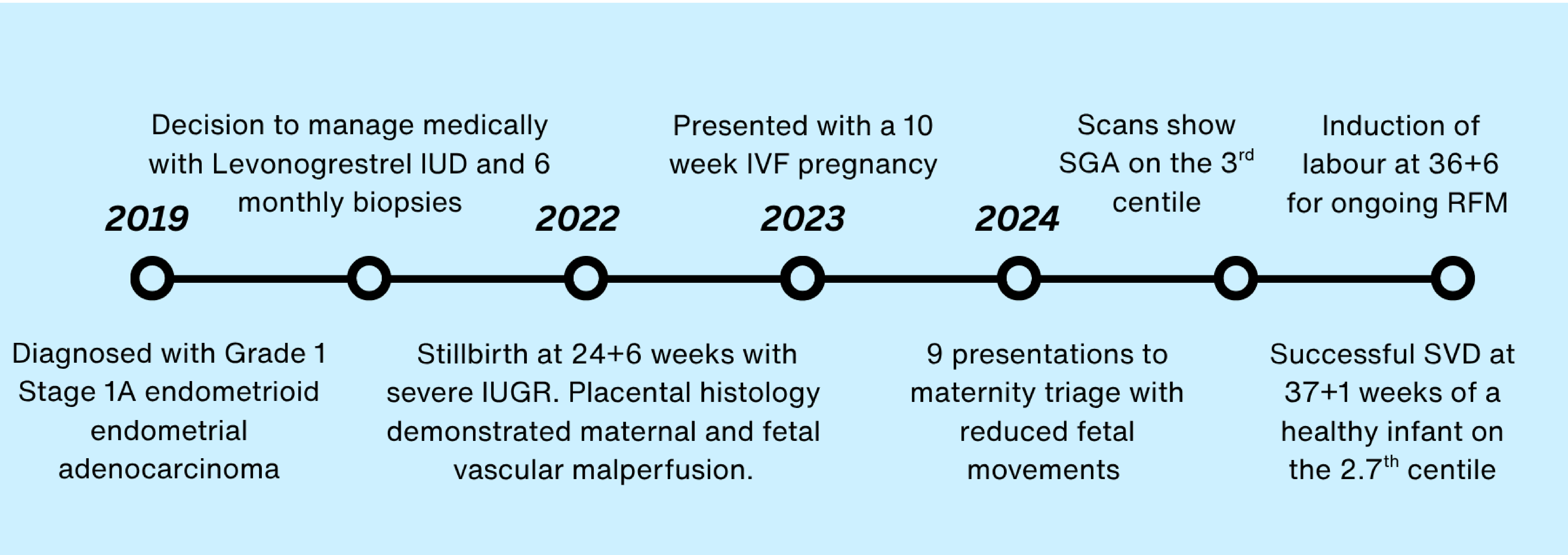
## Introduction

Endometrial cancer is the most common gynaecological cancer in the UK, mainly affecting post-menopausal women. However 10% of cases occur in women of reproductive age<sup>1</sup> who may have desires to retain their fertility, with incidence increasing.

Successful medical management is becoming increasingly used in this age group<sup>2</sup> and can lead to successful pregnancy outcomes<sup>3</sup>.

## Case Report

We present the case of a complex medical patient - a 37 year old women with autoimmune arthritis, hypertension, pre-diabetes with a BMI of 35. She was medicated on hydroxychloroquine, enoxaparin, aspirin, labetalol and levothyroxine. She recieved consultant led care throughout her pregnancy, with regular growth scans and MDT decision making.



## Discussion

There is limited data on both reproductive success and the impact of successful pregnancy on cancer recurrence<sup>4</sup>. It is important to consider;

- **Formal pre-pregnancy counselling** for women of child-bearing age who choose fertility sparing management of their endometrial cancer
- **Timely referral to assisted reproductive technology (ART)** to optimise pregnancy outcomes prior to cancer recurrence

## Follow-Up

- Review, hysteroscopy and biopsy at 4 months postpartum - benign histology
- Yearly hysteroscopy with endometrial biopsies
- Declined IUD re-insertion in order to continue her family
- Genetic Testing ongoing

## References

