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METACHRONOUS ENDOMETRIAL CARCINOMA IN A CASE WITH A HISTORY OF HODGKIN LYMPHOMA

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INTRODUCTION

Metachronous multiple primary malignancies are defined as two or more primary tumors diagnosed at an interval of more than 6 months apart. The coexistence of a hematological malignancy with a gynecologic neoplasm, especially endometrial cancer, is an ultra-rare phenomenon [1].

AIM

We report a case of endometrial cancer with a history of Hodgkin's lymphoma

METHOD

This case was diagnosed and observed in December 2011 till now. We are reporting a 43-year-old female patient with a history of Hodgkin lymphoma presented with endometrial cancer. This patient was diagnosed with Hodgkin lymphoma in December 2011 by a right cervical LN excisional biopsy that was positive for CD20, CD3, CD30, and CD15. This patient received 8 cycles of ABVD protocol. She was followed up clinically, radiological, and by laboratory investigations and was free. In July 2018 she developed recurrent menorrhagia, and the D & C revealed Endometroid adenocarcinoma Grade (I). The patient had a pelvic MRI that revealed normal endometrial thickening and suspicious pelvic LN sized 4 cm. The patient had a total laparoscopic hysterectomy with pelvic lymphadenectomy and an omental biopsy with peritoneal cytology.

RESULTS

The right ovary revealed a solid nodular mass firm and yellowish with necrotic foci and mucoid areas in the specimen's gross features. In the left ovary, there was a solid nodular greyish-yellow lesion. The endometrium was thick on dissection of the uterus, with a polypoid surface. The postoperative microscopic features were Grade II endometrioid adenocarcinoma infiltrating less than the inner half of myometrium and involving both ovaries positive for ER, PR, focal positive p53, and vimentin. The cervix, omentum, and peritoneal cytology were free from tumor tissue. TNM staging was T3a No Mo stage (FIGO IIIA). The multidisciplinary team decided to receive adjuvant external beam radiotherapy and brachytherapy, and she developed pelvic recurrence after 4 months that was treated with 8 cycles of Taxol and carboplatin and surgical resection then external beam radiotherapy and brachytherapy.

CONCLUSIONS

The risk of developing metachronous secondary malignancy to chemotherapy is high, especially in young patients so strict surveillance is mandatory for these patients

REFERENCES

Vogt A, Schmid S, Heinimann K, Frick H, Herrmann C, Cerny T, Omlin A. Multiple primary tumours: challenges and approaches, a review. ESMO Open. 2017 May 2;2(2):e000172.

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