

A CASE REPORT OF PRIMARY SQUAMOUS CARCINOMA OF THE ENDOMETRIUM

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A 60-year-old female patient presented to our hospital with complaint of 5-year-menopause and irregular vaginal bleeding of 3 months duration on Feb. 8, 1993. After menopause, the patient presented stink and quantities of vaginal discharge which wasn't treated. In the early Nov. of 1992, the patient noticed vaginal bleeding like menstruation which lasted more than ten days. Thereafter the vaginal discharge still continued. In Jan. 1993, the patient came to local hospital because the vaginal bleeding occurred again. She was underwent biopsy of the cervix and fractionally diagnostic curettage. The pathologic result revealed chronic cervicitis and adenocarcinoma of the endometrium, respectively. Pelvic examination showed light cervix erosion, but there were no apparent abnormalities in the uterus and the bilateral adnexa except a slightly enlarged corpus of the uterus. After the patient was admitted to our hospital, a diagnosis of squamous carcinoma of the endometrium (grade III) was made, which depended on reviewing of histologic sections obtained by diagnostic curettage at the local hospital. Because two pathologic results are entirely different in two hospital, diagnostic curettage was made again and the result was same as reviewed report. The patient underwent extend abdominal hysterectomy on Feb. 18. After operation the specimen was cut and there was a fungating mass sticking out to the endometrial cavity. The growth is about the size of 4 cm \times 4 cm \times 2 cm from the back wall to the fundus of the uterus. Histologic examination of the specimen revealed the

results of squamous carcinoma of the uterine corpus (grade II-III) invading to superficial myometrium and chronic cervicitis. It had been two years and seven months after the surgery, but there was no evidence of recurrence of the disease.

DISCUSSION

Primary squamous carcinoma of the endometrium is very rare. This growth occurs most frequently in old women. Up to now, only more than fifty cases of this disease were found in all cases reported. The dominant symptoms are irregular vaginal bleeding and discharge after menopause or menorrhagia and menostaxis which were usually followed with slight vaginal bleeding of postmenstrua. On pelvic examination the uterus may be enlarged, but the cervix is usually normal. The diagnosis is mostly dependent on histologic examination of the curettings obtained by fractional curettage, but it is necessary to differentiate from squamous carcinoma of the cervix extending to endometrium and mixed adenosquamous carcinoma. The essential treatment of this disease is surgery and radiotherapy may be given as auxiliary before or after operation. Prognosis is related with the extent of endometrium involved, the depth of myometrium invaded by the growth and the presence or absence of the extension or metastasis of the tumor.

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