

Metastatic endometrial cancer; a rare intestinal localization



Figure 1 Tumor in the small bowel.

Endometrial cancer can give rise to hematogenous metastases, most often in lungs, brain, and bones. We describe a patient with metastases of endometrial cancer in the small bowel.

An 85-year-old female patient was admitted with severe anemia and melena. She had endometrial cancer (Figo stage IIIB), 2 years previously, for which she underwent an operation and received adjuvant radiotherapy. She was admitted with severe anemia (Hb 3.8 mmol/L) and melena. Upper endoscopy did not reveal any abnormalities. Colonoscopy was normal.

Video capsule endoscopy was carried out. With this examination, two tumors were discovered with signs of recent hemorrhage (adherent clot) (● Figure 1). During laparotomy, a large tumor in the small bowel was encountered. A large part of the small bowel was resected. An end-to-end enteroenterostomy was carried out. Histological examination showed a carcinosarcoma with extensive angioinvasive growth. The immunohistochemical picture was identical to the endometrial tumor, which was removed in 2004. As well as features of a carcinoma, signs of a sarcoma were also seen, compatible with tumor differentiation (● Figure 2a and ● 2b).

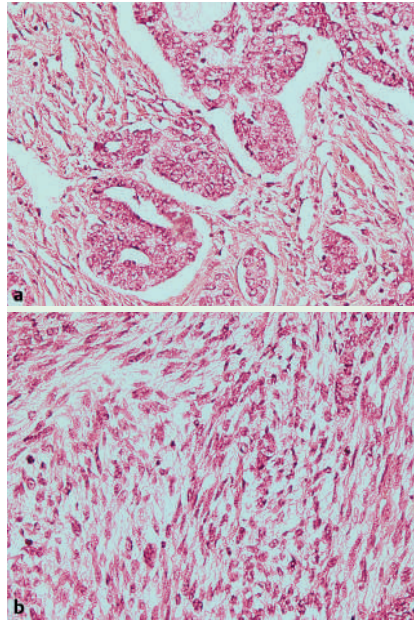


Figure 2 a Adenocarcinoma in the resection specimen. b In the same tumor, signs of a sarcoma were found, indicating tumor differentiation.

On the basis of the initial stage of the endometrial carcinoma (Figo stage IIIB), this patient was at risk for developing metastases. In this group of patients, the majority develops metastases within 3 years, most often in the peritoneal cavity, lungs, liver, bones, or brain.

Intestinal metastases of endometrial cancer have been described in the literature, but are rarely seen. Biegel et al. describe bleeding colonic metastases in a patient with endometrial cancer [1]. Metastases in the small bowel have also been described [2], sometimes requiring segmental small-bowel resection because of bleeding complications [3].

The small-bowel metastases caused massive bleeding and were diagnosed by means of videocapsule endoscopy. With the introduction of this diagnostic tool, access to the small bowel and diagnostic yield have improved significantly.

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Bibliography

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