A Case of Advanced Endometrial Cancer Metastasizing to the Recto-vaginal Space

A 41-year-old woman, complaining of minimal vaginal oozing, was diagnosed as rectal cancer with direct infiltration into the vagina in a previous hospital. She was referred to our hospital for further diagnostic workup.

Colonoscopy (Fig. 1; note that a color version of this figure is available as supplementary data at http://www.jjco.oxfordjournals.org) showed well-differentiated adenocarcinoma of the rectum. Colposcopy (Fig. 2; note that a color version of this figure is available as supplementary data at http://www.jjco.oxfordjournals.org) showed well-differentiated adenocarcinoma of the vagina. Curettage biopsy specimens from the endometrium revealed well-differentiated endometrioid adenocarcinoma. The endometrial cancer was histopathologically identified as the primary tumor. MRI demonstrated a metastasized tumor to the recto-vaginal space, directly infiltrating into the vagina and rectum (Fig. 3). CT and PET detected no distant metastasis. The tumor was preoperatively diagnosed as endometrial cancer with localized metastatic tumor only in the pelvis. She underwent total abdominal hysterectomy, bilateral salpingo-oophorectomy, pelvic lymphadenectomy, and very low anterior resection of the rectum. Then postoperative adjuvant chemotherapy, combining cisplatin and doxorubicin, was administered.

Five months after the chemotherapy, recurrence at the para-aortic lymph nodes was detected. External beam radiotherapy was administered. At present, she has been alive with no symptom.

Morio Sawada and Seiichiro Yamamoto
Gynecology Division and Colorectal Surgery Division, National Cancer Center Hospital, Tokyo
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