Contents lists available at ScienceDirect



Gynecologic Oncology Reports

journal homepage: www.elsevier.com/locate/gynor



# Case report A rare case of endometrial cancer metastatic to the uveal choroid

Stephanie H. Smith<sup>a</sup>, Sri Krishna C. Arudra<sup>b</sup>, Mary M. Mullen<sup>a</sup>, Marguerite Palisoul<sup>d</sup>, Sonika Dahiya<sup>c</sup>, P. Kumar Rao<sup>e</sup>, Premal H. Thaker<sup>d,\*</sup>

<sup>a</sup> Department of Obstetrics and Gynecology, Washington University School of Medicine, St. Louis, MO 63110, United States

<sup>b</sup> Department of Pathology, MD Anderson Cancer Center, Houston, TX 77030, United States

<sup>c</sup> Department of Pathology and Immunology, Washington University School of Medicine, St. Louis, MO 63110, United States

<sup>d</sup> Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Washington University School of Medicine, St. Louis, MO 63110, United States

<sup>e</sup> Department of Ophthalmology, Washington University School of Medicine, St. Louis, MO 63110, United States

## ARTICLE INFO

Keywords: Choroid metastases Endometrial cancer

#### 1. Background

Cancer of the endometrium is the most common gynecologic cancer in the United States with 61,380 new cases and 10,920 endometrial cancer-related deaths predicted in 2017 (American Cancer Society, 2017). Most cases are diagnosed at an early stage and low International Federation of Gynecology and Obstetrics (FIGO) grade, allowing for a good prognosis with surgical resection and adjuvant therapy when indicated (Creasman et al., 1987).

The most common histological type of endometrial cancer is endometrioid adenocarcinoma, also known as type 1 endometrial cancer. Type 1 endometrial cancer is thought to be less aggressive, confined to the uterus at time of diagnosis, and less likely to metastasize quickly (American Cancer Society, 2017). Conversely, uterine serous carcinoma (USC), clear cell and FIGO grade 3 are more aggressive histologies of endometrial cancers and more likely to metastasize (American Cancer Society, 2017).

Endometrial cancer commonly spreads via the lymphatic system, in a stepwise fashion from the pelvic to the scalene nodes. Hematogenous metastases, while less common, can also occur, and these most commonly arise in lung, liver, brain and bones (Hoffman et al., 2016). Choroid metastases from gynecologic cancers, specifically endometrial cancer, are extremely rare. We report a case of a 75 year-old female with choroid metastases from endometrial cancer three years after successful cytoreduction surgery.

### 2. Clinical scenario

In September of 2013, a 75 year-old Caucasian female underwent an exploratory laparotomy, total abdominal hysterectomy, bilateral

salpingo-oophorectomy, pelvic lymph node dissection, and omental biopsy. No washings were obtained. She had fourteen negative pelvic lymph nodes and a negative omental biopsy. Given her low risk for recurrence with a stage IA FIGO grade 2 endometrioid adenocarcinoma confined to a polyp, she did not receive adjuvant treatment and was monitored with serial exams.

Two years after diagnosis the patient had a biopsy proven left vaginal sidewall recurrence. She was treated with 4500 centigray (cGy) external beam radiation over 25 treatments, followed by high-dose brachytherapy. She remained without evidence of disease for fifteen months until she presented to her local ophthalmologist with a one month report of bilateral blurry vision and decreased visual acuity of the left eye. She also endorsed "flashes" in her right eye that were increasing in frequency.

Metastatic cancer was suspected after initial fundoscopic exam revealed two darkened, raised areas in the choroid of the left eye in December of 2016 (Fig. 1). Visual acuity was 20/25 vision in her right eye and 20/300 in her left eye. Slit lamp exam demonstrated findings of a normal anterior chamber bilaterally with notable mild nuclear cataract changes occurring bilaterally. Dilated fundus exam revealed choroidal lesions elevating the retina in both eyes. Two choroidal lesions were noted along the superior arcade in the macula of the left eye, and the right eye had evidence of two choroidal lessons inferonasally. Masses were confirmed and characterized with ultrasound. Whole body positron emission tomography (PET) showed diffuse metastatic disease throughout the bones, lungs, mediastinal and subclavicular lymph nodes, left globe, and left shoulder subcutaneous nodule. Ultrasound guided fine needle aspiration biopsy of the supraclavicular node resulted as metastatic poorly differentiated carcinoma harboring high

E-mail address: thakerp@wustl.edu (P.H. Thaker).

https://doi.org/10.1016/j.gore.2018.01.001

Received 9 November 2017; Received in revised form 28 December 2017; Accepted 2 January 2018 Available online 04 January 2018

2352-5789/ © 2018 Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/BY-NC-ND/4.0/).

<sup>\*</sup> Corresponding author.



Fig. 1. Choroid lesion (solid arrow) seen on funduscopic exam of patient's left eye.

grade features (Fig. 2). On second opinion pathology review of her hysterectomy specimen demonstrated high grade endometrial adenocarcinoma with endometrioid and serous features with no lymphovascular space nor myometrial invasion (Fig. 3).

She completed five of six planned cycles of intravenous carboplatin and dose-dense paclitaxel in May of 2017; the final cycle was held secondary to neuropathy. A complete response was seen on PET scan one month post-treatment; however, two months later, follow-up ophthalmologic examination revealed decreased visual acuity in the left eye, diminished to the point of only being able to count fingers placed three feet from the patient. Fundoscopic exam and ultrasound testing demonstrated enlargement of macular choroidal lesions in the left eye. After presenting to her medical oncologist with persistent nausea and vomiting three months following completion of chemotherapy, a brain magnetic resonance imaging (MRI) showed multiple brain metastases, including within the left choroid (Fig. 4). The patient began whole brain radiation and completed 1000 cGy of the prescribed 3000 cGy. Due to declining health, the patient elected for hospice and died in September of 2017.



Fig. 2. Hematoxylin and eosin stain of supraclavicular lymph node with metastatic poorly differentiated carcinoma harboring high grade features (A). The tumor cells demonstrate diffuse positivity for cytokeratin (B), PAX-8 (C) and p16 (D) with no expression of p53 (E) and ER (F) (Original magnification × 200 [A–F]).



**Fig. 3.** High-grade endometrial adenocarcinoma with endometrioid and serous features (A & B). Ancillary studies demonstrate diffuse positivity for p16 (C), and minimal expression of vimentin (D) with lack of p53 immunoreactivity (E), and estrogen receptor expression (F). {Original magnification  $\times$  100 [A]; original magnification  $\times$  200 [B–F]; hematoxylin and eosin (A&B)}. Area shown by white asterisk represents carcinoma with endometrioid features and the area shown by black asterisk represents carcinoma with serous features.

Download English Version:

# https://daneshyari.com/en/article/8781061

Download Persian Version:

https://daneshyari.com/article/8781061

Daneshyari.com