Management of Clear Cell Carcinoma of the Endometrium: Experience of Salah Azaiez Institute

Saída Sakhi, Takoua Chalouati, Malek Bouhni, Amani Jellali, Maher Slimane, Khaleed Rahal. Surgical oncology department, Salah Azaiez Institute, Tunis, Tunisia

Introduction/Background Clear cell carcinoma of the endometrium is an uncommon form of endometrial cancer. It accounts for 0.8% to 6% of all uterine malignancies. It arises from the Mullerian epithelium.

Methodology We retrospectively analyzed clinical data of 6 patients with clear cell carcinoma of the endometrium who were treated in our institute during the last decade.

Results The median age was 60. Four of our patients had a history of diabetes and hypertension. Metrorrhagia was the most common symptom. Prior to therapy, clinical staging was performed on each patient. Treatment was based on surgery, radiation, brachytherapy, and chemotherapy. A total of five cases had surgery at the beginning. Colpohysterectomy with bilateral adnexectomy and bilateral pelvic lymphadenectomy were performed in all cases. Three patients had lumbar aortic lymph node dissection. Only one patient with stage IVB cancer had a mesenteric nodule biopsy and adnexectomy. In four cases, radiation was recommended, with stage IVB cancer had a mesenteric nodule biopsy and adnexectomy. Only one patient was rejected because of her weight. Four patients received brachytherapy. Adjuvant chemotherapy was given to four patients. After a median follow up of 32 months one patient presented vaginal recurrence, while two had pelvic relapse and one had abdominal recurrence. The mean time to recurrence was 6 months (2 to 11 months) after surgery. The patient with vaginal recurrence was treated with surgical excision and brachytherapy. She was recurrence free at last follow up. Two patients with pelvic recurrences progressed despite a surgical-radiation therapy and chemotherapy. The other patient was given palliative treatment.

Conclusion Endometrial clear cell carcinoma is thought to be more aggressive than endometrial adenocarcinoma. It is less sensitive to treatment and has a higher risk of recurrence.