

OBG Path IDM

TOPIC - Endometrioid carcinoma

PRESENTER - Dr. Hina

Clinical Case Summary

- Patient: 65-year-old postmenopausal woman with bleeding for 2 years.
- Diagnosis: Endometrial intraepithelial neoplasia.
- Procedure: Staging laparotomy with total abdominal hysterectomy (TAH), bilateral salpingo-oophorectomy (BSO), infracolic omentectomy, and pelvic lymphadenectomy.

Histopathology & Diagnosis

- Biopsy Report:
- Cervix: Chronic cervicitis.
- Endometrium: Complex glandular proliferation with nuclear pleomorphism and atypical mitosis — Endometrioid intraepithelial neoplasia.
- Final Pathology:
- Tumor: Endometrioid carcinoma (NOS), FIGO Grade 1.
- Size: 7 × 6.5 cm.
- Myometrial Invasion: >50%.
- Parametrial Involvement: Yes (both sides).
- Serosa & Lower Uterine Segment: Involved.
- Lymphovascular Invasion: Not identified.
- Lymph Nodes: None identified.
- Final Stage: pT3b, FIGO grade 1.

Molecular Subtypes of Endometrioid Carcinoma

1. POLE ultramutated
2. MMR-deficient
3. p53 mutant
4. NSMP (No Specific Molecular Profile)

Histologic & IHC Features

- Glandular back-to-back pattern.
- Mild to moderate atypia.
- IHC: Low-grade tumors positive for ER/PR, patchy p16; high-grade may show ARID1A, PTEN loss or abnormal p53.

Prognosis & Management

- Prognosis depends on depth of invasion, grade, and lymphovascular invasion.
- Conservative treatment possible in early, low-grade cases meeting specific criteria.

Differential Diagnosis

- Hyperplasia, polyps, leiomyomas, sarcomas, and lymphomas.
- PTEN mutation is a key shared feature in hyperplasia and carcinoma.

