

Metachronous uterine cancer following pelvic irradiation therapy for cervical cancer: A case report

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ABSTRACT

Introduction: A metachronous uterine cancer after radiation therapy for cervical cancer is rare. Metachronous uterine malignancy is more likely to be a non-endometrioid type and presented at advanced stage with a decreased overall survival. We report a case of uterine carcinosarcoma for a patient with a previous of cervical cancer which was treated with pelvic irradiation therapy. **Case Description:** A 56-year-old Malay Lady, Para 6 was diagnosed with squamous cell carcinoma of cervix FIGO Stage 1B2 in 2018. She received 25# EBRT + 3# Brachytherapy and completed the treatment in June 2018. She was disease-free for 4 years and subsequently presented with abdominal pain during her surveillance follow-up. She was found to have an abdominal mass which corresponded to 22 weeks size of uterus. Speculum examination showed no evidence of recurrence and the vault smear was normal. The transabdominal scan showed her uterus was enlarged with a solid cystic mass within it. CT scan showed enhancing mass at the cervix with a huge pyometra and multiple lung metastases. The first impression was recurrent cervical carcinoma with a differential diagnosis of possible secondary malignancy. She underwent exploratory laparotomy, total abdominal hysterectomy, and bilateral salpingo-oophorectomy. Intra-operative findings showed an enlarged uterus with pyometra and huge tumour bulk within the uterus. The histopathology confirmed carcinosarcoma of the uterus. **Discussion:** Radiation therapy-related metachronous uterine malignancy rarely occurs. The presentation would give rise to the suspicion of cervical cancer recurrence. Therefore, histopathological confirmation is essential to confirm the diagnosis of metachronous uterine malignancy and exclude the diagnosis of cervical cancer recurrence.

Infective subcutaneous endometrioma following caesarean section: A case report and review of the literature

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ABSTRACT

Introduction: Endometriosis is a common gynaecological condition and can occur after any surgery. In most cases pelvic sites such as ovaries, peritoneal, and bowel are involved. Due to the increasing number of caesarean sections worldwide, more cases of subcutaneous endometrioma following gynaecology or obstetric surgery are being reported with emphasis on the challenge in diagnosis and management. Cases of infective subcutaneous endometrioma are still rarely reported. **Case Description:** We report a pathology-confirmed case of infective subcutaneous endometrioma at an obstetric surgical site. A 34-year-old lady, Para 2 presented with a high-grade fever, classical symptoms of endometriosis, and a painful local mass, with cyclical pain that exacerbates during menstruation. Sonographic ultrasound, a standard imaging tool shows an appearance suggestive of endometrioma at the subcutaneous area. A standard surgical treatment of excision of the mass with antibiotic coverage, followed-by adjuvant GnRH analogue treatment post-operative has shown to be effective treatment. **Discussion:** We have included a discussion of pathogenesis, diagnosis, and treatment of this condition along with a compressive literature review in this report that hopefully will increase awareness of this often-misdiagnosed rare condition.