ENDOMETRIAL CARCINOSARCOMA (ABOUT 10 CASES)

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Introduction :

Type 2 tumours represent around 15% of endometrial cancers and include serous carcinomas, clear cell carcinomas, carcinosarcomas (or malignant mixed mullerian tumours or ambiguous carcinomas or undifferentiated carcinomas) and carcinofibromas.

Materials and methods :

Our study is a retrospective study carried out over a period of 7 years from January 2015 to December 2022 on patients with endometrial carcinosarcoma managed in our department.

Result :

In this study of 10 cases of patients with endometrial carcinosarcoma, the results were as follows: the mean age of the patients was 69.1 years. The delay in diagnosis was greater than 01 year in 55.5% of patients. Postmenopausal metrorrhagia was the most frequent reason for consultation, accounting for 88.8%. Pelvic ultrasound was performed in 100% of patients. It was pathological in 100% of cases, with endometrial thickening in 66.6% of cases, an intracavitary image in 22.2% of cases, and myometrial infiltration in 11.11% of cases. Diagnostic hysteroscopy was performed in 88.88% of cases. Biopsy curettage was performed in 11.11% of cases. The extension work-up included a clinical examination in all patients. Pelvic MRI was performed in 27.7% of cases, and CAT scan in 100% of cases, showing pulmonary metastases in 22.2% of cases.

Surgical treatment: 88.8% of patients underwent hysterectomy + bilateral adnexectomy + pelvic and lumbo-aortic curage + omentectomy + multiple biopsies + peritoneal cytology.Post-operative follow-up was straightforward in 89.4% of patients.
Pathology: The tumours varied in size and morphology, ranging from 1 cm to 12 cm.The histological type was endometrial carcinosarcoma.Node invasion was positive in 27.7% of patients.100% of patients subsequently underwent adjuvant radio-chemotherapy.
In our series, 50% of patients operated on achieved complete remission.

Conclusion :

Endometrial carcinosarcoma is a rare anatomopathological entity combining a sarcomatous component with a carcinomatous component. It accounts for approximately 2-5% of endometrial cancers and 1% of ovarian cancers. Management is mainly based on maximum cytoreduction surgery, with a controversial role for platinum-based adjuvant chemotherapy and radiotherapy in certain situations. Despite a poor prognosis, advances in anatomopathological knowledge and the use of targeted therapies offer promising prospects for this subtype of cancer. The management of carcinosarcoma requires a multidisciplinary approach to improve therapeutic outcomes.