Endometriosis: oncological alertness, diagnosis of malignancy endometriosis by ART

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The possibilities of defining endometriosis as a process in which benign proliferation of tissue occurs outside the uterine cavity, similar in morphological and functional properties to the endometrium, has remained unchanged over the last century. The following main theories of endometriosis remain priority:

1. Implant theory.
2. Metoplastic theory.
3. Dysontogenetic theory.

The key point in the development of endometriosis - the transformation of the endometrial cell into endometrial heterotopy - has not yet been explained by any theory. The implementation of these conditions is possible under the influence of one or more of the following factors:

- hormonal imbalance;
- the impact of unfavorable ecology;
- genetic predisposition;
- violation of immunity;
- inflammation;
- mechanical injury;
- disturbances in the systems of prothiolysis, angiogenesis and iron metabolism.

The main etiopathogenetic factors in the development of endometriosis should be considered:

- retrograde mentstruation;
- coelomic metaplasia;
- activation of embryonic residues;
- lymphatic and vascular metastases;
- genetic predisposition; and risk

factors:

- hyperestrogenism;
- early menarche;
- abundant and prolonged mentruation;
- violation of the outflow of menstrual blood;
- unfavorable ecology;
- obesity;
- smoking;
- stress.

Endometriosis traditionally subdivide on the genetic and extragenital, and genital, in turn, on internal - adenomyosis (endometriosis of the uterine body) and external (endometriosis of the cervix, vagina, perineum, retrocervical region, ovaries, fallopian tubes, peritoneum, rectal-uterine cavity) (Fig. 1).

Rice. one.Endometriosis Classification.

For the first time, JA Sampson reported about malignant transformation of endometriosis in 1925, defining the pathological criteria that a specific malignant process developing in the endometriotic focus should meet:

1. Both cancerous and benign endometrioid tissue should be present in the same ovary.
2. The tumor arises in the endometrial tissue, and does not invade it.
3. Tumor cells must be completely surrounded by endometrial cells.

The clinical course of malignant endometriosis is characterized by the rapid disintegration of the tumor, its large size, and a sharp increase in the levels of tumor markers.

Forecast currents adverse: survival at non-disseminated forms is 65%, with disseminated - 10%.

The most common variant of malignant tumors in endometrioid heterotopia is endometrioid carcinoma (about 70%). There are also clear cell carcinoma (about 14%), stromal squamous cell carcinoma of the ovary, and other tumors.

Despite the widespread introduction into practice of ultrasound research methods, laparoscopy, MRI and others, diagnosis by the ART method is often the only early method for determining malignancy endometriosis.

75% of the patients of our Center are women, of which 50% are women of fertile (childbearing) age. Considering the steady growth and "rejuvenation" of benign tumors of the uterus and appendages, we are wary of the malignancy of benign tumors and endometriosis.

The average age of patients is from about 30 years (7 women); internal 35% of patients endometriosis is combined with endometrial processes. Diagnosis endometrioid cysts is endometriosis - 40 years (18 women). I have uterine fibroids, hyperplastic endometriosis, ultrasound has been verified, general clinical and gynecological methods. Many patients have been seen by a local gynecologist at their place of residence for several years.

Using the example of two patients, we want to show the possibilities of ART in

diagnosis of early malignancy of endometriosis.

Clinical examples

1. Patient A.I., 39 years old.

Anamnesis: adenomyosis for 7 years, ultrasound verified, hysteroscopy 2 years ago.

Complaints: pulling pains in the lower abdomen and in the lumbar region, aggravated on the eve and during menstruation, spotting-type spotting. Last 6 months menstrual bleeding.

Childbirth - 2, at 23 and 26 years old, without complications; medical abortions - 4, the last honey. abortion with repeated curettage and fever up to 38 ° C. She repeatedly received antibiotic therapy. For 7 years, she was observed only by the local gynecologist. Hormonal therapy for endometriosis was not performed.

When diagnosing by the ART method, the following are tested: oncological process I, 1st clinical degree of the malignant process, testing and treatment of oncology - frequency 22.5 Hz, carcinoma 32 (3 c.u.).

The patient was offered an additional examination by an oncologist, to be tested for tumor markers: CA 125, CA 19-9, which turned out to be within normal limits. On hysteroscopy, the patient was found to have adenocarcinoma of the uterus.

2. Patient D.A., 31 years old.

From the anamnesis: menarche at the age of 12, menses were established by the age of 14, painless, moderate, a cycle of 28-30 days.

She has been married since the age of 22. Childbirth - 2, at 23 and 25 years old; there were no medical abortions.

Contraception - an intrauterine device (IUD) for 5 years.

Heredity t: mother and aunt have endometriosis of the uterus. The woman turned removal of the IUD to a gynecologist with a purpose. With a gynecological examination found education in the area of the right appendages. Ultrasound revealed an endometrioid ovarian cyst 10 cm in diameter. The patient was offered surgical removal of the cyst.

3 months after the surgery, the patient came to our Center with complaints of weakness, shortness of breath when walking, a slight increase in the abdomen.

On ART the following is tested: frequency 22.5 Hz; oncological process II; 3rd clinical degree of a malignant process; metastases in the lymph nodes and peritoneum .; carcinoma 32 (3 cu)

The patient was tested for tumor markers - the indicators are extremely high. She is being monitored by an oncologist and receiving chemotherapy. The condition remains serious.

Thus, from the above, it can be seen how clinical contrasts of the course are characteristic of endometriosis. With a benign nature of the disease, an aggressive course with local invasion, widespread and dissemination of foci can be observed; minimal endometriosis often accompanied by severe pelvic pain, and endometrioid you large sizes - asymptomatic flow, malignancy and metastasis.

Conclusion: ART allows you to establish the malignancy of endometriosis in the early

stages and alarms the diagnostician in terms of malignancy of any benign formations of the female genital organs. Thus, it makes it possible to more differentially approach the management and treatment of such patients.

Literature

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G.N. Khafizova, O. I. Eliseeva Endometriosis: oncological alertness, diagnosis of endometriosis malignancy by ART method // XII

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