Endometrial Cancer Masquerading as Urinary Symptoms:

A Case of Early Diagnostic Challenge

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INTRODUCTION

Endometrial adenocarcinoma is the most common gynaecological malignancy, arising from the uterine lining. Diagnosis relies on endometrial sampling, with management guided by histology and stage.

CASE

A 56-year-old postmenopausal female presented to her GP with a 3-month history of urinary urgency and new onset of vaginal discharge. She was up-to-date with cervical screening (CST) and had no significant medical history. She had no post-coital or post-menopausal bleeding. Abdominal and vaginal examinations were unremarkable, with no pelvic organ prolapse, cervix appeared benign and CST was taken. Urine culture and vaginal swabs did not reveal infection. Given persistent symptoms, a pelvic ultrasound was performed, revealing an enlarged uterus, thickened endometrium of 37mm with internal vascularity and normal adnexa (Image A). CST was HPV negative and cytology showed endometrium adenocarcinoma. CT chest/abdomen/pelvis was arranged which showed no metastasis. She was referred to a tertiary Gynaecology-Oncology service. Endometrial biopsy confirmed high grade endometrioid adenocarcinoma, most consistent with serous carcinoma.

OPERATIVE FINDINGS AND MANAGEMENT

She underwent a total abdominal hysterectomy, bilateral salpingo-oopherectomy, pelvic lymph node dissection and omental biopsy without complications. Histopathology confirmed High-grade serous carcinoma (46 mm), with extensive Lymphovascular space invasion (> 5 vessels). Metastatic disease was found in right ovary and 3/7 right nodes (largest deposit 8.5 mm). Left nodes and omentum were benign. Her postoperative diagnosis: FIGO Stage IIIC1. She received adjuvant chemotherapy and radiotherapy, complicated by grade-1 neuropathy, intermittent tinnitus and post-radiotherapy dysuria. Her initial urinary urgency, likely secondary to mass effect on the bladder, resolved following surgical management.

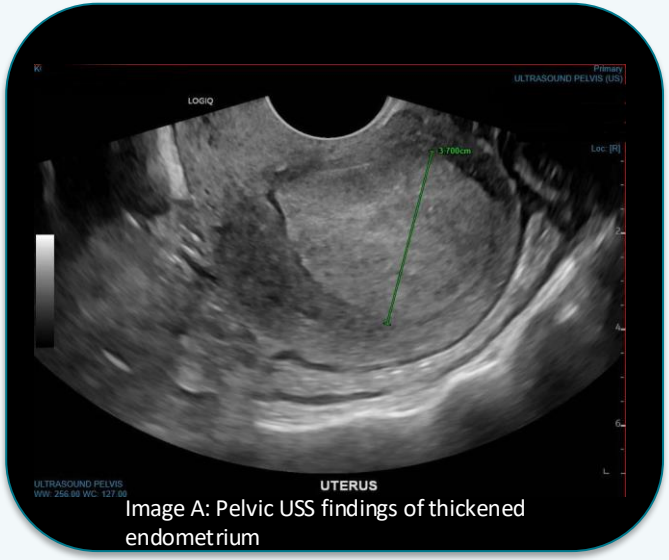

Image A: Pelvic USS findings of thickened endometrium

DISCUSSION

This case highlights that endometrial cancer, although typically presenting with postmenopausal bleeding, may present with urinary symptoms or vaginal discharge. A high index of suspicion and timely investigations are essential for prompt diagnosis and management.

Presentation | Diagnosis | Surgery | Adjuvant therapy | Outcome