

FERTILITY PRESERVATION IN ENDOMETRIAL CANCER IN THE YOUNG: A CASE REPORT ON CHALLENGES AND PERSPECTIVES

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Abstract Body

Introduction: Endometrial cancer among those under 40 is a unique population wherein conservative management is often feasible if desirous of fertility. Nevertheless, in the Cancer Institute of the University of the Philippines- Philippine General Hospital, a National Tertiary referral center, 18% (30 patients from 172) of new endometrial cancer cases seen were 40 years old and below, but none of the patients seen fit the criteria for conservative management. This underscores the rarity of cases for fertility preservation and highlights the need to understand which techniques/approaches are optimal.

Case: We present a case of a 32-year-old nulligravid. She initially presented with irregular bleeding for one year. Endometrial curettage showed Endometrioid Adenocarcinoma. The patient was desirous of pregnancy and advised conservative management. After the diagnostic workup, she was started on Megestrol Acetate 160mg OD for three months. A repeat biopsy was done, which showed hyperplasia without atypia. The patient was referred to Reproductive Medicine. The saline infusion sonohysterogram showed endometrial masses. Hysteroscopic-guided biopsy of the endometrial mass was done; the findings were multiple endometrial masses and focally thickened endometrium. Histopathology result revealed Endometrioid adenocarcinoma, FIGO grade 1. The patient chose to receive the definitive treatment at this point. Extrafascial hysterectomy with bilateral salpingectomy and bilateral lymph node dissection was done. Both ovaries were preserved. The patient was counseled regarding possible in vitro fertilization and surrogacy.

Conclusion: Young cancer patients would always consider their chances of fertility. Endometrial cancer is not unusual. Counseling for fertility preservation in this group of patients is challenging and should include a thorough explanation of the pros and cons. It is fundamental to develop guidelines for recommending FP in endometrial cancer as the definitive treatment (hysterectomy) will pose a significant factor in their reproductive outcome.