Endometrial adenocarcinoma recurrence presenting with tibial metastasis: report of a case

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Introduction
Endometrial adenocarcinoma is one of the gynecological malignancies which tends to occur in postmenopausal women. Irregular uterine bleeding is usual clinical presentation of these adenocarcinomas. Malignancies originating from uterine tissue can metastase to several organs but they mostly metastases to lungs and liver. Metastasis to skeletal system is rare and mostly have been reported to be in axial skeleton. Metastasis to perpendicular skeleton is a rare and extraordinary situation. Metastasis to perpendicular skeleton constitutes 0-8% of all endometrial adenocarcinoma metastases. Herein a case of endometrial adenocarcinoma recurrence that presented with symptoms of tibial metastasis is described.

Case
59 year-old woman admitted to our orthopaedic oncology clinic with pain, swelling and tenderness at right cruris for two weeks. She had no any other complaint. Her medical history indicated that she had a total abdominal hysterectomy and bilateral salpingo oophorectomy with diagnosis of endometrial adenocarcinoma followed by chemotherapy two years ago. During follow-ups no recurrence had been detected. Initial X-rays of the right tibia showed a 3x1.5cm lytic and expansile mass located at the shaft of the tibia suggesting metastasis (Figure 1). MRI images demonstrated contrast enhanced 3x1.5cm medullary expansile lesion surrounded by bone edema. A whole body PET/CT was performed to detect any other metastasis. Howevere PET/CT imaging didn't demonstrated increased FDG uptake at any other location. A true-cut biopsy was planned and sections revealed adenocarcinoma consistent with a primary endometrial tumor.

A wide resection of the lesion with clear margins was performed two weeks after first admittance. Resected area was replaced by fresh frozen femoral shaft allograft and was fixed with intramedullary nail and plate. Osteotomy lines was supported by impacting autogreft obtained from iliac crest. The patient underwent additional adjuvant chemotherapy. At postoperative 3. Month weight bearing was allowed and no recurrence was detected at postoperative 12. month. X-rays obtained at last follow-up demonstrated fully healing at resection site(Figure 2).

Discussion
Patients with advanced or recurrent endometrial cancer often have distant metastases found within the lymph nodes, liver, and/or lung. However, there have been reported cases of primary endometrial cancer with metastasis to the bone. Bone metastasis are mostly seen as recurrence and survival is better when compared to those who sustained bone metastasis at primary diagnosis.

Bone metastases are mostly seen in vertebral column and pelvic ring because of batson venous plexus which drains periuterin and paravertebral region. However, in rare cases metastasis to talus, calcaneus, tarsus and femur have been reported. Up to now eleven cases with tibial metastasis at primary diagnosis have been reported. But as far as we know, this is the first case reporting endometrial adenocarcinoma recurrence presenting with tibial metastasis.

Conclusion
Malignancies originating from uterine tissue rarely metastasis to perpendicular skeleton. But as seen in our case it can even present with symptoms of metastatic disease. Management strategy is the same as other malignant bone metastasis. Endometrial adenocarcinoma must be kept in mind as a differential diagnosis in malignant bone metastasis.

Keywords : Endometrial adenocarcinoma, metastasis, recurrence, tibia
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