

Clinicopathological Conference 2016-05-06

General information:

Gender: Female

Age: 65 y/o

Occupation:

Housewife

Race: Taiwanese

Marriage: Married

Presenter : 黃世惠 章國政

傅雁苹 陳黎

Moderator : 薛純教授

婦產科 邱健泰醫師

一般外科 沈士哲醫師

影像診療科 阮郁翔醫師

病理科 翁世樺醫師

Date of first admission: 2011-07-31**Chief complaint:** Breast mass and post-menopausal vaginal bleeding for one year**Brief history:**

This 65-year-old, G5P3A2 female had menopause when she was at fifty. She was diagnosed with right breast cancer at a local hospital about one year ago. Palpable breast mass 5*4 cm (R4/3) and right axillary lymph nodes were noted at GS OPD on 2011/7/5. Post-menopausal vaginal bleeding for one year had also been noted so she went to GYN OPD on 2011/7/8. PV revealed active bleeding from the uterus, indurative engorgement with smooth surface at the upper lip of cervix, and enlarged uterus of more than 15 cm. Transvaginal echo showed uterine masses of 11.0 cm and 5.7 cm. Lab data showed elevated CA-199, CA-153 and CA-125 levels in serum. Cervix biopsy revealed adenocarcinoma. CT performed on 2011/7/11 showed lymphadenopathy in the right axillary region, increased number of PA nodes and iliac nodes, as well as a 7 mm nodule over RUL suspicious for metastasis. To determine the origin and stage, MRI and IHC were arranged after combined meeting. (results to be presented).

Past history:

Recent travel history: nil, Smoking: nil, Alcohol: nil

Medical Disease:

Right breast carcinoma was diagnosed at a local hospital in 2010

Operation or hospitalization:

S/P right forearm reconstruction, right scapula ORIF and partial splenectomy due to traffic accident about 20+ years ago

Allergy: no known allergy

Family history:

one sister had breast cancer

Physical examination:

T:36.7°C P:80/min R:17/min BP:132/89/mmHg

Hight:162.5cm (20110731) Weight:64.5kg (20110731) BMI: 24.4 (20110731)

General appearance: Fair looking

Consciousness: Clear, E 4 V 5 M 6

HEENT: Sclera: not icteric, Conjunctivae: not pale

Chest: Operation scar noted near right shoulder

Breath pattern: smooth, bilateral symmetric expansion

Breathing sound: no wheezing and no basal crackles

Heart: Regular heart beat without audible murmur

Abdomen: Operation scar of former partial splenectomy

soft and flat, no tenderness and no rebounding pain; Bowel sound: normoactive

Extremities: Shortened right arm due to reconstruction surgery

Clinical Breast Exam: Palpable breast mass 5*4cm (R4/3) fixed without retracted skin, right axillary lymph node (+)

Pelvic exam: active bleeding from uterus, indurative engorgement with smooth surface at the upper lip of cervix, and enlarged uterus of more than 15 cm

Laboratory data:

7/31

WBC 8.3 1000/uL	BUN 12.5 mg/dL	CA19-9 82.95 U/mL
RBC 4.07 million/	Glucose PC 106 mg/dL	CA15-3 36.6 U/mL
Hemoglobin 11.1 g/dL	Creatinine 0.71 mg/dL	CEA 1.61 ng/mL
MCV 86.7 fL	Na 141 mEq/L	CA-125 58.1 U/mL
Platelets 314 1000/uL	K 4.2 mEq/L	
P.T 11.2 sec	Cl 108 mEq/L	
INR 1.1	GOT 19 U/L	
APTT 27.0 sec		

Course and treatment:

Operation:

1. 2011/12/5: total Hysterectomy + bilateral salpingo-oophorectomy + bilateral pelvic lymph nodes dissection + right PA LN sampling + Omentectomy
2. 2013/01/15: Second-look laparotomy + enterolysis

Chemotherapy:

Five cycles of Cisplatin + Epirubicin in 2011/08-10

Five cycles of Carboplatin + Paclitaxel in 2011/12-2012/03

Four cycles of Carboplatin + 5-FU in 2012/09-12

Radiotherapy:

Whole pelvis and PA region for 4500cGy/25fx, followed by low pelvis to 5040 cGy with intravaginal brachytherapy total 600 cGy/3fx in 2012/03-08

CCRT 4500cGy/15fx to the main tumor with Cisplatin in 2013/03-04

Image study: to be presented

Pathology: to be presented

Points for discussion:

1. Brief introduction of integrated genomic characterization of endometrial carcinoma
2. Is personal history of breast cancer a risk factor for endometrial carcinoma?