



## Fallopian Tube Metastasis or Malignant Cells in Uterine Tube?

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### Clinical Image

Current medical practice is improved with the technology, now we can get a more precise diagnostic.

Current gynecological cancer classification consider, next statements: fallopian tube carcinoma now shares the same staging system as ovary cancer and primary peritoneal carcinoma.

In endometrial cancer; tumor involving the serosa and/or adnexa (direct extension or metastasis) is IIIA stage in endometrial cancer (corpus Uteri Carcinoma),

In a comprehensive surgery for uterine endometrial cancer, the surgical report have to describe, a primary tumor, peritoneal cytology, and pelvic nodal stage [1].

Whereas some high-grade serous ovary carcinoma, mainly (breast cancer susceptibility gene-positive BRCA+) cases, seem to originate in the fimbriated end of the fallopian tube.

Most frequent synchronic gynecological malignant neoplasm is an endometrial and ovarian endometrial tumor (neither this case).

We always should be awake about pathological reports and to get multidisciplinary team work with pathologist and surgeons.

Actually is more frequent describe pathologist with increasing accuracy, and to get better prognostic factors or more exactitude, pathological stage.

This editorial is about a patient is a woman with 48 years old, Ca 125 on 31, and a biopsy with endometrial cancer; we performed a pathological surgical staging surgery with result with endometrial G2 cancer, with 57% of myometrial invation, with 12 lymph nodes right pelvis, and 14 lymph node left pelvis, negative metastasis.

This picture shows a small fragment of endometrial cancer cells into a fallopian tube, this may pretend metastases in the uterine tube. We can observe the endothelium of the endosalpinx and the tumoral "embolus".

This pathological condition is not mentioned in WHO Classification of tumors of Female Reproductive Organs or AJCC Manual Cancer; they have to take in mind in endometrial cancer [2].

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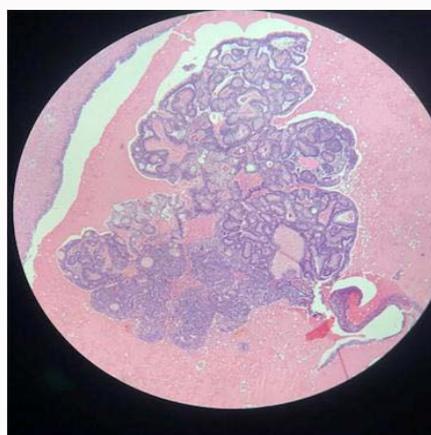


Figure 1:

In this case, seems to be like tubal uterine metastasis it means an IIIA pathological stage, but with a precise analysis, this is just a group of tumoral tissue in transit across to Fallopian tube.

We avoid overtreatment in this patient and change the adjuvant treatment. The effects of radiotherapy are avoided with a correct pathological diagnosis. The correct evaluation is T1b N0 M0. The patient did not receive adjuvant treatment [3].

We can achieve a personal treatment with better results in surgical practice.

## References

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