

Cancer of the uterus.

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Description

The uterus is an organ that is located in the pelvic region of the female body which is denoted as womb. The main function of the uterus is to support for the development and growth of the fetus until its birth. The uterus appears to be in the shape of upside down pear in which the top portion is mentioned as fundus, the middle portion is corpus and the bottom portion is referred to as cervix. The uterus is lined by two layers inner was found to be endometrium and outer layer was myometrium.

The abnormal and uncontrolled growth of cells in the uterine tissue is called as uterine cancer, in which the cells in the mass grow and transfer to other regions of body is called as malignant uterine cancer and other mass of cells that continuously grow in the same region is referred to as benign uterine cancer [1].

Till date there were no exact causes for the uterine cancer. But the risk factors that may lead to the uterine cancer includes the obese women, women who have less chances of pregnancy, with over growth of the endometrial tissue, menses beginning at the age of 12 and menopause at age of 55, and women who are taking the estrogen therapy women who have metabolic syndrome, who are consuming tamoxifen for treatment of breast cancer women who are with type-2 diabetes who are having polycystic ovarian syndrome women with certain genetic conditions, such as Lynch syndrome [2].

The most common and usual symptoms of the uterine cancer include abnormal vaginal bleeding, vaginal discharge, pain during urination or during sex and also pain in the pelvic regions.

The uterine cancer can be diagnosed with the help of the Pap test, pelvic region examination, ultrasound diagnosis in the pelvic region and Biopsy. One can also go for MRI and Ct scans to determine the stages of the uterine cancer.

The endometrial biopsy involves in in removal of inner lining tissue cells of endometrium and extraction and examination of the cells under microscope to observe for the cancer cells. There is technique called as Dilatation and curettage in which spoon shaped instrument is inserted into the region of the cervix and inner lining of the tissue is removed and cells in the tissue are examined and checked for the signs of disease [3].

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Hysteroscopy is a technique in which a thin tube with light and camera is inserted into the cervix and uterus and observed for the abnormal growth of the tissue in the uterine region.

There are four staged for the uterine cancer. In stage one cancer is in the region of endometrium and is halfway spreader in the region of myometrium. In stage two the cancer is spread to the cervical region connective tissues but not to the uterus region. In stage three the cancer has spread to the ovaries, fallopian tubules, cervix, pelvic regions, lymph nodes and aorta of the body. In stage four the cancer has spread beyond the regions of reproductive system entering the urinary tract and bowl systems [4].

There are various treatments available for uterine cancer such as surgery, radiation, hormonal therapy, chemotherapy. The treatment for the cancer is chosen based upon the stage of uterine cancer of the patient, age, general health, health history if the patient. Surgical therapy usually involved in the removal of uterus, ovaries, fallopian tubules, and sometimes some part of the vagina. Chemotherapy may include the usage of drugs. Hormonal therapy includes the use of the hormones such as estrogen, progesterone. Radiation includes use of radiations which may be external or internal [5].

References

1. Henley SJ, Miller JW, Dowling NF, et al. Uterine cancer incidence and mortality-United States, 1999–2016. *Morb Morta Weekly Report*. 2018;67(48):1333.
2. Lee NK, Cheung MK, Shin JY, et al. Prognostic factors for uterine cancer in reproductive-aged women. *Obstet Gynecol*. 2007;109(3):655-662.
3. Sundar S, Balega J, Crosbie E, et al. BGCS uterine cancer guidelines: recommendations for practice. *Euro J Obst Gynec Repro Biol*. 2017;213(4):71-97.
4. Akin O, Mironov S, Pandit-Taskar N, et al. Imaging of uterine cancer. *Radio Clinics*. 2007;45(1):167-82.
5. Artioli G, Wabersich J, Ludwig K, et al. Rare uterine cancer: carcinosarcomas. Review from histology to treatment. *Criti revi oncol*. 2015;94(1):98-104.

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