

Concurrent Serous Borderline Tumour in Pelvic Lymph Nodes after Radical Hysterectomy for Cervical Cancer

Kalampokas E^{1*},
Kalampokas T²,
Biliri G³, Papadimitriou C⁴,
Tziortziotis D⁵ and Vlahos N²

Abstract

Endosalpingiosis is the presence of tubal epithelium outside the tube. It is linked to borderline serous tumour which is considered to be the precursor lesion of low-grade serous cancer. However, borderline serous tumour can very rarely arise as a primary nodal neoplasm in the absence of tumour within the ovary or the tubes. We report the first case where borderline serous cancer was found incidentally in pelvic lymph nodes after radical hysterectomy for cervical cancer, probably arising from endosalpingiosis.

Keywords: Borderline serous tumour; Lymphadenectomy; Tubal-type glands; Pelvic lymph nodes; Endosalpingiosis; Cervical cancer; Radical hysterectomy

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Introduction

Endosalpingiosis is a condition in which fallopian tube-like epithelium is found outside the fallopian tube. It is unknown what causes this condition. It is generally accepted that the condition develops from transformation of coelomic tissue. It is often an incidental finding and is not usually associated with any pathology. Removal of the tissues, cysts, and adhesions can help to greatly reduce symptoms. Some surgeons believe add-back therapy with progesterone to also be helpful in reducing symptoms. Here, we report the first case where borderline serous cancer was found incidentally in pelvic lymph nodes after radical hysterectomy for cervical cancer, probably arising from endosalpingiosis.

Case Report

A 40-year-old woman presented to a gynaecologist with 6-week history of vaginal spotting. She was a smear defaulter and a heavy smoker. The cervix showed signs of infection only, according to the clinician, during the office examination. Ultrasound of the pelvis demonstrated a polypoid mass within the endometrium. She underwent hysteroscopy, endometrial biopsy and random cervical biopsies. The pathology report showed a benign endometrial polyp and a poorly differentiated squamous cervical cancer [1,2].

- 1 Department of Gynecologic Oncology, Aretaieio Hospital, II Department of Obstetrics and Gynecology, University of Athens, Greece
- 2 Department of Obstetrics and Gynecology, Aretaieio Hospital, II Department of Obstetrics and Gynecology, University of Athens, Greece
- 3 Department of Obstetrics and Gynecology, REA Maternity & Gynecological Hospital, Greece
- 4 Department of Oncology, Aretaieio Hospital, II Department of Obstetrics and Gynecology, University of Athens, Greece
- 5 Department of Pathology, REA Maternity and Gynecological Hospital, Greece

*Corresponding author: Kalampokas E

✉ m.kalampokas@gmail.com

Department of Gynecologic Oncology, Aretaieio Hospital, II Department of Obstetrics and Gynecology, University of Athens, 101 Vasilissis Sofias Avenue, 11521, Athens, Greece.

Tel: +30-6942466665

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The patient underwent MRI of the pelvis which revealed a cervical tumour FIGO IB1 (FIGO 2018). The patient was referred to a gynaecologist oncologist. Examination under anaesthesia and colposcopically guided loop cervical biopsy confirmed the

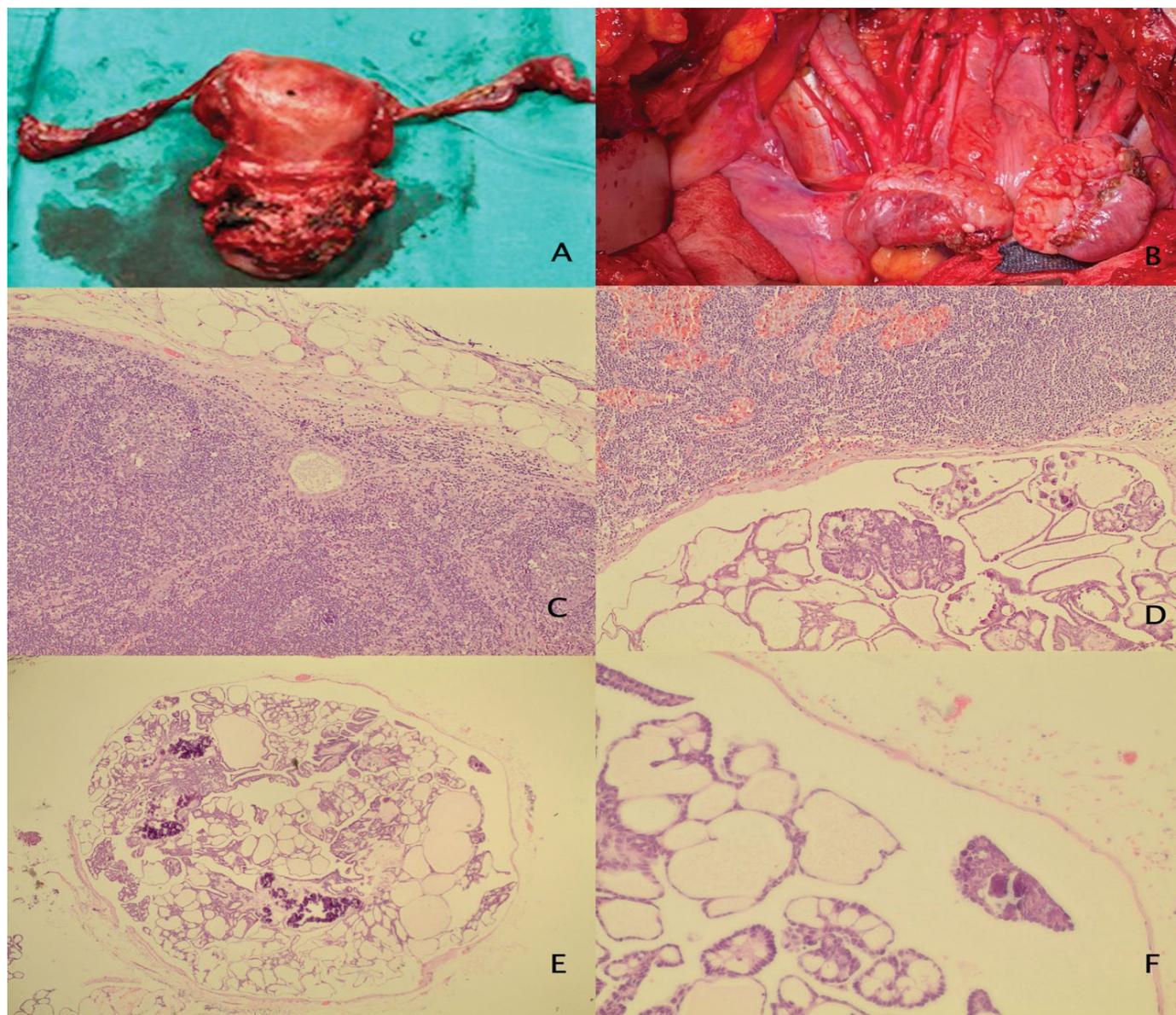


Figure 1 (A) Radical hysterectomy specimen with normal appearance of the tubes; (B) Post-radical hysterectomy pelvis with benign ovaries macroscopically; (C) Endosalpingiosis (benign glandular inclusion) of lymph node; (D) Intranodal borderline serous tumour; (E) Peritoneal borderline serous tumour; (F) Peritoneal borderline tumour in a cystic space (the cystic space is lined by cells that are positive for Calretinin).

stage as FIGO IB1 (1.5 cm). Further assessment with CT of chest/ abdomen/pelvis showed no signs of extra uterine disease and no evidence of pelvic or para-aortic lymphadenopathy. Her blood results were satisfactory, and Cancer Antigen (CA)-125 of 16.8 IU/ml.

After MDT discussion, decision was made for radical hysterectomy. The results and options discussed with the patient who consented to have an open radical hysterectomy with ovarian conservation. At laparotomy, a thorough assessment of upper abdomen and pelvis showed no evidence of peritoneal/ abdominal disease or lymphadenopathy with the salpinges and ovaries looking macroscopically normal. Type C1 radical hysterectomy, bilateral salpingectomy and bilateral pelvic lymph node dissection was performed (Figures 1A and 1B).

Histology demonstrated cervical intraepithelial neoplasia 3 only with no signs of residual cancer and free parametrial margins. A total of 27 pelvic LN harvested; 7 LN from the left and 20 LN from the right sidewall. From these, 1 left LN showed signs of endosalpingiosis and 19 right LN involved by SBT (Figures 1C-1F). A final diagnosis of FIGO IB1 grade 3 squamous cervical cancers with negative margins and a concurrent pelvic SBT was made [3,4].

Discussion and Conclusion

The case was further discussed at MDT for re-laparotomy versus

follow up due the absence of residual disease intraoperatively. Patient decided follow up only with regular scans, clinical examination and measurement of CA125. 4 months following treatment, patient is disease free. Very rarely SBT arises as a primary nodal neoplasm; it has been postulated that such lesion arises from endosalpingiosis, benign tubal-type glands occurring in extra-adnexal tissues.

Conflict of Interest

The authors have no conflict of interest to declare.

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Informed Consent

Informed consent and approval have been taken from the patient.

Authors Contributions

Emmanouil Kalampokas: Main author; Theodoros Kalampokas: Reviewed the paper; Gianna Biliri: Reviewed the paper; Christos Papadimitriou: Reviewed the paper, data collection; Dimitrios Tziortziotis: Co-author, data collection; Nikolaos Vlahos: Reviewed the paper.

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