

**Case Report: Synchronous Endometrioid Carcinoma of the Ovary and Uterus in a Young Woman**

D SENADHEERA, H I H ALAG AMA,  
C HAPUACHACHIGE, S RAGURAMAN and  
A DISSANAYEKA

*National Cancer Institute of Sri Lanka, Colombo, Sri Lanka*

**Case report:** A 30 year old mother of one presented with heavy menstrual bleeding and abdominal pain for 3 months. On examination there was a 28 week size pelvic mass. Ultrasound showed an enlarged uterus 10cmx8 cm with irregular endometrium with thickness of 15 mm. A multilocular right sided ovarian mass 13 cm x 10 cm was present. Endometrial sampling revealed grade II endometrioid type endometrial adenocarcinoma. At laparotomy moderate ascites with a right-sided multilocular ovarian tumour and an enlarged uterus was noted. Left side ovary, bilateral tubes appeared normal. Pelvic and para-aortic nodes were enlarged. Tumour deposits were on sigmoid colon, parametrium and undersurface of diaphragm, Clinical stage was Mc. Total abdominal hysterectomy, omentectomy and bilateral salpingoophorectomy was done. Histological examination showed a well-differentiated endometrioid ovarian carcinoma with well-differentiated endometrioid endometrial cancer. Her recovery was uneventful and she was referred for chemotherapy. Immunohistochemistry (IHC) studies are pending.

**Discussion:** Synchronous endometrioid carcinoma of the uterine corpus and ovary is an uncommon but well recognized event as an independent primary or as a metastatic tumour. Although 15% of endometrioid carcinoma is associated with endometriosis, in our case there was no previous endometriosis. It is necessary to identify synchronous primaries and metastatic tumours correctly for staging,

prognosis and further management. Features in favour of metastasis to ovary from endometrial primary such as deep myometrial invasion, bilateral involvement of ovaries and small size ovarian tumour were absent in our case favouring simultaneous primary tumours. IHC will provide real confirmation.