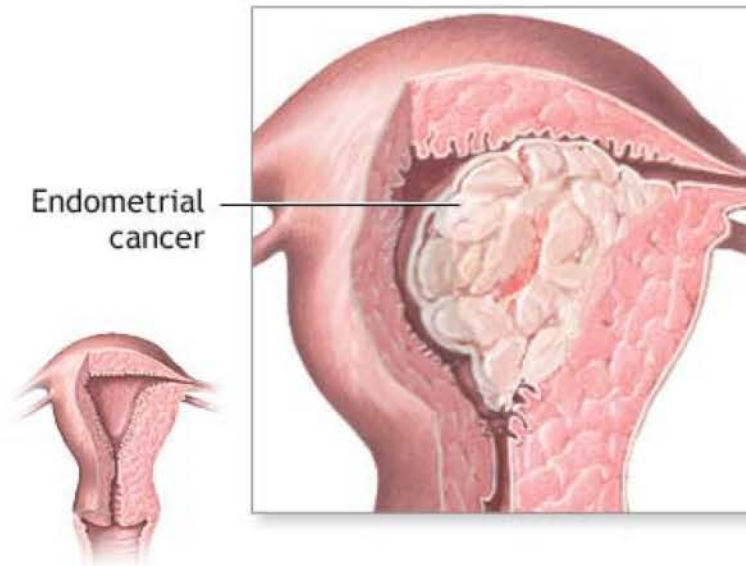


## Endometrial cancer



ADAM.

### Alternative names [Return to top](#)

Endometrial/uterine adenocarcinoma; Uterine cancer; Adenocarcinoma of the endometrium/uterus; Cancer - uterine

### Definition [Return to top](#)

Endometrial cancer involves cancerous growth of the endometrium (lining of the uterus).

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Endometrial cancer is the most common type of uterine cancer. Although the exact cause of endometrial cancer is unknown, increased levels of estrogen appear to have a role. One of estrogen's normal functions is to stimulate the buildup of the [epithelial](#) lining of the uterus. Excess estrogen administered to laboratory animals produces endometrial [hyperplasia](#) and [cancer](#).

The incidence of endometrial cancer in women in the U.S. is 1% to 2%. The incidence peaks between the ages of 60 and 70 years, but 2% to 5% of cases may occur before the age of 40 years. Increased risk of developing endometrial cancer has been noted in women with increased levels of natural estrogen.

Associated conditions include the following:

- [obesity](#)
- [hypertension](#)
- [polycystic ovarian disease](#)

Increased risk is also associated with the following:

- nulliparity (never having carried a [pregnancy](#))
- [infertility](#) (inability to become [pregnant](#))
- early menarche (onset of menstruation)
- late [menopause](#) (cessation of menstruation)

Women who have a history of [endometrial polyps](#) or other [benign](#) growths of the uterine lining, postmenopausal women who use estrogen-replacement therapy (specifically if not given in conjunction with periodic progestin) and those with [diabetes](#) are also at increased risk

Tamoxifen, a drug used to treat breast cancer, can also increase the risk of developing endometrial cancer.

### Symptoms [Return to top](#)

- [abnormal uterine bleeding](#), [abnormal menstrual periods](#)
  - bleeding between normal periods in premenopausal women
  - [vaginal bleeding](#) and/or [spotting](#) in postmenopausal women
- in women older than 40: extremely long, heavy, or frequent episodes of [bleeding](#) (may indicate premalignant changes)
- lower [abdominal pain](#) or pelvic cramping
- thin white or clear vaginal discharge in postmenopausal women

### Signs and tests [Return to top](#)

A pelvic examination is frequently normal, especially in the early stages of disease. Changes in the size, shape or consistency of the uterus and/or its surrounding, supporting structures may exist when the disease is more advanced.

- A [Pap smear](#) may be either normal or show abnormal cellular changes.
- Endometrial [aspiration](#) or biopsy may assist the diagnosis.
- A dilation and curettage ([D and C](#)) procedure is usually necessary for diagnosing and evaluating the [cancer](#).

Stages of endometrial cancer:

1. The cancer is confined to the uterine body.
2. The cancer involves the uterine body and the [cervix](#), but does not extend any further.
3. The cancer extends outside of the uterus but not beyond the true pelvis (gynecological organs). Cancer may involve the lymph nodes in the pelvis or near the aorta (the major artery in the abdomen).
4. The cancer has either spread to the inner surface of the bowel or bladder, or has extended beyond the true pelvis and spread into the abdomen or to distant organs.

### Treatment [Return to top](#)

Women with the early stage 1 disease may be candidates for treatment with surgical [hysterectomy](#), but removal of the tubes and ovaries (bilateral salpingo-oophorectomy) is also usually recommended for two reasons. [Tumor](#) cells can spread to the ovaries very early in the disease, and any dormant [cancer](#) cells that may be present could possibly be stimulated by estrogen production by the ovaries.

[Abdominal hysterectomy](#) is recommended over [vaginal hysterectomy](#) because it affords the opportunity to examine and obtain washings of the abdominal cavity to detect any further evidence of cancer.

Women with stage 1 disease who are at increased risk for recurrence and those with stage 2 disease are often offered surgery in combination with [radiation therapy](#). [Chemotherapy](#) may be considered in some cases, especially for those with stage 3 and 4 disease.

### **Expectations (prognosis)** [Return to top](#)

Because endometrial cancer is usually diagnosed in the early stages (70% to 75% of cases are in stage 1 at diagnosis; 10% to 15% of cases are in stage 2; 10% to 15% of cases are in stage 3 or 4), there is a better probable outcome associated with it than with other types of gynecological cancers such as cervical or [ovarian cancer](#).

The 5-year survival rate for endometrial cancer following appropriate treatment is:

- 75% to 95% for stage 1
- 50% for stage 2
- 30% for stage 3
- less than 5% for stage 4

### **Prevention** [Return to top](#)

Women who are taking estrogen replacement therapy should also take these precautions. Any of the following symptoms should be reported immediately to the doctor:

- [bleeding](#) or [spotting](#) after intercourse or douching
- bleeding that lasts longer than 7 days
- periods that recur every 21 days or less
- reappearance of blood or staining after six months or more of no bleeding at all

### **TCM Treatment Approach:**

1. Herbal medicine/Formula
2. Acupuncture and Moxibustion
3. Qigong and other therapies
4. Medicated Diet and Lifestyle

### **Differentiation of common syndromes:**

Total Syndromes:

- (1) Blood stasis due to stagnation of Qi
- (2) Stagnancy of cold and dampness
- (3) Deficiency of both Qi and Blood

#### **1. Blood stasis due to stagnation of Qi**

Distending pain and tenderness in the lower abdomen one or two days prior to or during menstruation accompanied with fullness sensation in the chest, hypochondrium

and breast, deep-purple blood with clots, relief of pain after discharge of clots, ecchymosed on the tongue edges, string-like pulse.

#### **Herbal medicine treatment**

Therapeutic principle: Regulating the flow of Qi and removing blood stasis to alleviate the pain.

Recipe: Modified decoction for dissipating blood stasis under diaphragm.

Chinese angelica root (Dang gui), Chuanxiong rhizome (Chuan xiong), Red peony root (Chi shao), Peach kernel (Tao ren), Safflower (hong hua), Bitter orange (zhi qiao), Trogopteris dung (wu ling zi ) at 10 g each; Corydalis tuber (Yan hu suo), Sichuan chinaberry (Chuan lian zi), Lindera root (Wu yao), Nutgrass flatsedge rhizome (Xiang fu) at 12 g each.

#### **Acupuncture and Moxibustion**

Therapeutic principle: Regulating the Circulation Of Qi, activate blood, resolve blood stasis and relieve pain by using points mainly from the Ren meridian and the Liver meridian of Foot Jueyin.

Prescription: Taichong (LR3), Sanyinjiao (SP6), Hegu (LI4).

### **2. Stagnancy of cold and dampness**

Symptoms include distending pain in the lower abdomen several days prior to or during menstruation, which can be relieved by warmth, menstrual flow scanty in amount, dark in colour and with clots, pale tongue with white and greasy fur, and deep and tense pulse.

#### **Herbal medicine treatment**

Therapeutic principle: Warming the channels and expelling dampness to arrest pain.

Recipe: Modified decoction for Removing blood stagnation in the lower abdomen.

Common fennel fruit (Xiao hui xiang), Cinnamon bark (Rou gui) at 6 g each; Chinese angelica root (Dang gui), Chuanxiong rhizome (Chuan xiong), Red peony root (Chi shao), Corydalis tuber (Yan hu suo), Myrrh (mo yao), Cat-tail pollen (Pu huang) at 10 g each; Trogopteris dung (wu ling zi ), Poria (Fu ling) at 12 g each.

#### **Acupuncture and Moxibustion**

Therapeutic principle: Expel pathogenic Cold by Warming, the meridians and collaterals and resolve dampness and blood stasis by using points mainly from the Ren meridian and the Spleen meridian of Foot Taiyin.

Prescription: Qihai (RN 6), Tianshu (ST 25), Mingmen (DU 4), Sanyinjiao (SP 6)  
Ciliao (BL 32)

### **3. Deficiency of both Qi and Blood**

Symptoms include vague pain in the lower abdomen during or 1-2 days after menstruation which can be relieved by pressing, scanty menstruation with reddish and

thin blood, accompanied with lack of vitality and asthenia, pale tongue with white and thin fur, thready and weak pulse.

### **Herbal medicine treatment**

Therapeutic principle: Invigorating Qi and enriching Blood to alleviate pain.

Recipe: Modified Dysmenorrhea-curing decoction.

Ginseng (Ren shen) 3 g; Astragalus root (Huang qi) 15 g; Chinese angelica root (Dang gui), Chuanxiong rhizome (Chuan xiong), Prepared rehmannia root (Shu di) at 10 g each; White peony root (Bai shao), Nutgrass flatsedge rhizome (Xiang fu), Corydalis tuber (Yan hu suo) at 12 g each.

### **Acupuncture and Moxibustion**

Therapeutic principle: Replenish Qi and blood by using points, mainly from the Ren meridian and the Stomach meridian of Foot Yangming.

Prescription: Guanyuan (RN 4), Shenshu (BL 23), Zusanli (ST 36), Sanyinjiao (SP 6). Decoct the above drugs in water for oral administration.