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A rare case of false positive metastatic nodes detected at PET/CT scan six months after the laparoscopic treatment of a patient with endometrial cancer

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Summary

A 61-year-old woman was admitted to this hospital with a diagnosis of a poorly differentiated endometrioid carcinoma with myometrial invasion greater than 50 % (IBG3) at MRI. A laparoscopic surgical treatment with peritoneal washing, a type A radical hysterectomy, bilateral salpingo-oophorectomy, and pelvic and para-aortic lymphadenectomy were programmed. Six months later the patient underwent a PET/CT scan that diagnosed a suspected recurrence into the lymph node tissue laterally to the left common iliac artery. Then, the patient underwent a second laparoscopic procedure for dissection of the positive tissue at PET/CT scan on the external site of common iliac artery. At histological examination the dissected two lymph nodes were negative for metastasis and the patient was regularly discharged three days after laparoscopy.

Key words: Endometrial cancer; Laparoscopy; Lymphadenectomy; PET-CT; Recurrence.

Introduction

A 61-year-old woman was admitted to this hospital with a diagnosis of a poorly differentiated endometrioid carcinoma with myometrial invasion greater than 50% (IBG3) at MRI.

Case Report

A laparoscopic surgical treatment with peritoneal washing, a type A radical hysterectomy, bilateral salpingo-oophorectomy, and pelvic and para-aortic lymphadenectomy were programmed a with the superior border of the dissection being the left renal vein**.** According to the authors' policy before surgery, the diagnosis was confirmed by the pathologist by reviewing the slides and the patient was asked to sign a detailed informed consent [1].

The patient received antibiotic prophylaxis (cefoxitin 2 grams intravenously) and perioperative low molecular weight enoxaparin (40 mg/24 ours subcutaneously). The postoperative period was uneventful without intraoperative or postoperative complications

Histologic examination confirmed a poorly differentiated endometrioid carcinoma with myometrial invasion greater than 50 % (IBG3). Vaginal cuff brachytherapy alone was prescribed in combination with radiotherapy.

Six months later the patient underwent a PET/CT scan that diagnosed a suspected recurrence into the lymph node tissue laterally to the left common iliac artery [2].

Then, the patient underwent a second laparoscopic procedure for dissection of the positive tissue at PET/CT scan on the external site of common iliac artery (Figure 1). At histological examination, the dissected two lymph nodes were negative for metastasis and the patient was regularly discharged three days after laparoscopy [3] without significative discomfort and with-

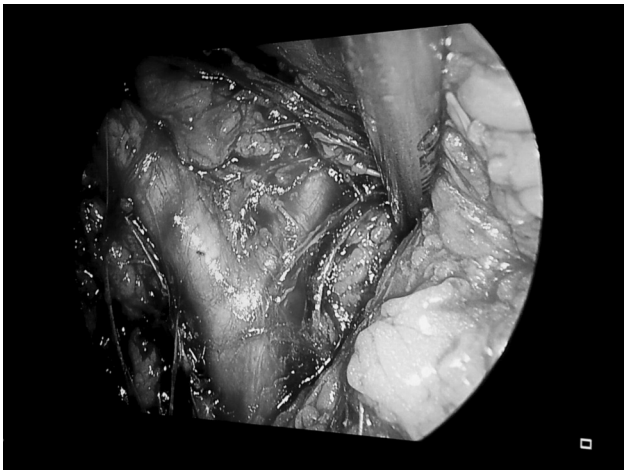

Figure 1. — Laparoscopic dissection of the positive tissue with PET/CT scan on the external site of common iliac artery.

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out side effects.

Several authors reported that laparoscopy can be considered a safe and effective alternative therapeutic procedure to laparotomy for management of recurrences of gynaecological cancer, with a significantly lower morbidity than reported for the open approach and is characterized by significantly shorter blood loss and postoperative hospitalization. The operating time was similar between the two groups, but the recurrence rate, intraoperative and postoperative complications, appeared acceptable and not more than what is traditionally expected with the open approach, although multicenter randomized clinical trials with longer follow-ups are necessary to evaluate the overall oncologic outcomes of this procedure [3-6].

Conclusion

This was the first case of false positive lymph node recurrence detected with PET/CT scan in a patient with endometrial cancer reported in literature.

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