Most common (endometroid Adenocarcinoma) → HCG
This with malignant mesenchymal component → Malignant Mixed Mullerian tumor

ENDOMETRIAL CARCINOMA:

- 6th - 55 to 60 →
- most carcinoma in higher income countries
- Abnormal proliferation of the endometrial gland
Relative to the stroma, serous
WHO organization — endometrioid
⇒ Endometrial epithelial tumor.
↳ endometrioid intraepithelial neoplasia
⇒ Mixed epithelial & mesenchymal tumor
- Adenomyoma of the uterine corpus
- Adenosarcoma of "
⇒ Mesenchymal tumor
- Uterine leiomyoma
- Uterine leiomyosarcoma

ENDOMETRIOID ENDOMETRIAL CARCINOMA:

- Endometrioid carcinoma is a malignant epithelial neoplasm show varying proportion of glandular, papillary And solid Architecture

Risk factors:

→ endometrial hyperplasia with Atypia. ⇒ estrogen excess
→ Obesity, DM, HTN

PATHOGENESIS:

Refer Fig 22.18 pg 813

__/__/____

→ Mutation in tumor suppressor gene PTEN

↓

Mutation in mismatch Repair gene (MLH1)

(Result in microsatellite Instability)

↓

Atypical hyperplasia (Precancer.

↓

Adenocarcinoma (Endometrioid)

⇒ MORPHOLOGY:

- Localized polypoid growth
- Large tumor show area of hemorrhage & necrosis.

⇒ MICROSCOPY:

- Glandular pattern: Tumor consist of irregular, complex glandular
- Tumor cell: are lined by columnar tumor cell with pseudostratified nuclei (Resemble normal epithelium)
- Nuclei → ovel bland to markedly pleomorphic
- ↑ Mitotic count

Grading

- well differentiated → easily Recognizable glandular pattern
- Poorly diff. → solid sheet without Recognizable gland
- Moderately diff → well formed gland And solid sheet of malignancy

→ seen in postmenopausal.
→ No Association with estrogen exposure.

SEROUS ENDOMETRIAL CARCINOMA:

Diffuse marked nuclear pleomorphism
Show papillary glandular growth patterns.

PATHOGENESIS:

⇒ mutation of TP53 of Atrophic endometrium
↓ Lead to
Serous endometrial intraepithelial carcinoma (SEIC)
↓
Serous Adenocarcinoma

MORPHOLOGY

It is precursor lesion that Arise from a polyp
- form bulky masses or deeply invade the myometrium

MICRO
⇒ complex papillary Architecture.
Glands: elongated And irregular with slit like luminal space.
→ marked cytologic Atypia.
→ N/C Ratio
→ mitotic figures
→ prominent figures.

C/F → Irregular or postmenopausal vaginal bleeding.
Diagnosis → Examination of tissue obtained by biopsy or curettage