Importance of cytology in the detection of endometrial lesions

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Received: November 2018/ Published: December 2018

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ABSTRACT

This study reports a 66-year-old woman's cytology, presenting atrophic epithelium with inflammatory background. Three-dimensional glandular cell groups were found with cellular overlap, anisokaryosis, enlarged nuclei, moderate hyperchromasia, nucleoli and gross uneven chromatin. The cytology diagnosis was Atypical Glandular Cells, Not Otherwise Specified, with inflammation. A biopsy was performed later, diagnosing endometrioid endometrial adenocarcinoma. The patient was subjected to a total hysterectomy with bilateral anexectomy, confirming the diagnosis.

The atypical glandular cells diagnosis is defined by the presence of altered glandular cells, with more changes than reactive/repair but without unequivocal adenocarcinoma characteristics. Most times, these cases follow up is benign, but a significant subset show a High Grade Squamous Intraepithelial Lesion or a glandular neoplastic lesion, and it's not uncommon to find a connection between Atypical Glandular Cells and the presence of adenocarcinoma of uterine cervix, endometrium, ovary and fallopian tube. Cytology has a relatively high specificity detecting endometrial pathologies, presenting a major role diagnosing neoplasms. This time, recognizing atypical glandular cells led to an endometrial adenocarcinoma diagnosis.

Key-words: Cytopathology; Atypical glandular cells; Endometrial adenocarcinoma.