

Gynecologic Malignancies

Caïc bãûnh lý phuû khoa aïc
tênh

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Outline/Objectives

Âñö cæång/Muüc tiãu

- Gestational Trophoblastic Neoplasia

U tãú baìo nuäi coi liãn quan ãñún thai ngheïn

– Partial and Complete Molar Pregnancy

Thai træïng baïn pháön vai toain pháön

– Diagnosis and Treatment

Cháøn àoain vai Äiãöu trë

Outline/Objectives

Âõ cæång/Muüc tiãu

- Cervical Carcinoma
Ung thæ Cæø tæí cung
 - Cytology screening
Xeít nghiãûm Tãú baìo
 - Diagnosis
Cháøn àoain
 - Treatment
Âiãõu trë

Outline/Objectives

Âãö cæång/Muüc tiãu

- Ovarian Cancer

Ung thæ Buãöng træing

- Diagnosis

Cháøn àoain

- Treatment

Âiãöu trë

Outline/Objectives

Âñö cæång/Muüc tiãu

- Endometrial Cancer

Ung thæ Näüi maüc tæí cung

- Workup of postmenopausal bleeding

Tiãún triãøn cuía cháíy maüu sau maïn kinh

- Diagnosis

Cháøn àoain

- Treatment

Âiãöu trë

Gestational Trophoblastic Disease

Bãûnh lýi tãú baìo nuãi coï liãn quan ããún thai ngheìn

- Incidence is highest in Asian women: 1 in 200 pregnancies, lower in United States: 1 in 2000 pregnancies

Bãûnh suáút cao nhất ải phuû næi cháu A Ì: 1/200 phuû næi coï thai, ải Myi tháúp hản : 1/2000 phuû næi coï thai.

- Recurrence rate is 2%
Tyi lãu taïi phaït laì 2%

Gestational Trophoblastic Disease

Bãûnh lyĩ tãú baìo nuãì coĩ liãn quan ããún thai ngheìn

- Associated with dietary deficiencies such as folic acid

Liãn quan vãii sæû thiãúu huýt trong cháú ããü àn nhæ axit folic

- Tissue derived from proliferation of abnormal placental tissue

Mã coĩ nguãön gãúc tæì sæû tàng sinh cuía mã nhau báút thæãìng.

Gestational Trophoblastic Disease

Bãûnh lýi tãú baìo nuãì coì liãn quan ããún thai
ngheìn

- Classification

Phán loaùi

– Molar Pregnancy

Thai trãeing

- Complete Mole

Thai trãeing toàin pháön

- Partial Mole

Thai trãeing baìn pháön

Gestational Trophoblastic Disease

Bãûnh lý tãú baìo nuãì coì liãñ quan ããún thai
ngheìn

– Persistent Gestational Trophoblastic Disease

Bãûnh lý tãú baìo nuãì tãõn taûi coì liãñ quan ããún thai
ngheìn

- Histologically Benign

Mã hoüc laình tênh

- Persistent histologically benign

Mã hoüc luãñ laình tênh

- Persistent histologically malignant

Mã hoüc luãñ aïc tênh

Molar Pregnancy

Thai træïng

- Complete mole-

Thai træïng toain pháön

– only trophoblastic tissue, no fetus, mostly derived from syncytiotrophoblast

chè coi mã lai nuäi, khäng coi pháön thai, háöu hãút phaït sinh tæi lãip hãüp baio lai nuäi

– results from fertilization of blighted ovum by a haploid sperm which duplicates

do sæu thuu tinh cuia træïng bë hoíng vãii tinh truing aân bãui nhán äai

Molar Pregnancy

Thai trãeing

– Genetic makeup is 46, XX

Baín âäö di truyãön lai 46, XX

– Most common type, 90% of all molar pregnancy

Loaûi thæång gàûp nháút, 90% cuía táút cáí thai trãeing

– 15-20% will become malignant

15-20% seî thàinh aïc tênh

Molar Pregnancy

Thai træïng

- Partial mole

Thai træïng bاین pháön

– Focal trophoblastic proliferation in the placenta, derived from cytotrophoblast

Sæû tàng sinh nhanh tấú baìo nuäi
vuìng trung tám áí bاین nhau pháit
xuáút tæì lảip trong laì nuäi

Molar Pregnancy

Thai trứng

– Results from one set of maternal chromosomes and two sets of paternal chromosomes

do sêu kãút háüp cuía 1 bãü nhiãùm sãõc thãø meû vai 2 bãü nhiãùm sãõc thãø bãü

- two sperm fertilize one ovum
2 tinh trùng thuû tinh vãi 1 trứng
- karyotype is 69, XXY
kiãöu nhán lai 69, XXY

– 3% will become malignant

3% sẽ thành ác tính

<i>Characteristic</i> <i>Àâu âiãm</i>	<i>Complete Mole</i> <i>Thai trãng toãn pháö</i>	<i>Partial Mole</i> <i>Thai trãng bãñ pháö</i>
<i>Villi</i> <i>Gai nhau</i>	All edematous <i>Phuì toãn bãü</i>	Some Normal <i>1 säü bñh thãng</i>
<i>Capillaries</i> <i>Mao mãh</i>	Few, no fetal blood <i>Ê, khãng coĩ mãu thai</i>	Some, fetal blood present <i>Ê, hiãu diãu mãu thai</i>
<i>Embryo</i> <i>Phãì</i>	None <i>Khãng</i>	Abnormal fetus <i>Thai báú thãng</i>
<i>HCG titer</i> <i>Àẽnh læãüg HCG</i>	High <i>Cao</i>	Moderately elevated <i>Tàng vầ</i>
<i>Karyotype</i> <i>Kiãø nhãn</i>	46, XX	Triploid (69, XXY) <i>Tam bãü(69, XXY)</i>
<i>Malignant Potential</i> <i>Khãì nàng aẽ têh</i>	15-20%	1-3%

Molar Pregnancy

Thai træïng

- Clinical Presentation (Biãøu hiãûn lám saìng)
- History/symptoms (Bãûnh sæí/triãûu chæïng)
 - Vaginal bleeding (chaíy maïu ám âaûo)
 - Passing tissue: grape-like clusters (mä sáyø: tæïng âaïm giãúng chuìm nho)
 - Nausea/vomiting (Buäön nän/nän)
 - Visual changes, shortness of breath (if pre-eclampsia has developed)

Thay ääøi thë læûc, khoï tháí (näúu tiãön saín giáût âaï phaït triãøn)

Molar Pregnancy

Thai træïng

- Physical Findings (Khaïm lám saing)
 - Uterus larger or smaller than expected by gestational age estimated by last menstrual period
Tæí cung lăin hản hoăuc nhoí hản tuăøi thai tênh tæi ngaiy kinh cuăúi cuing
 - Cervical os may be dilated if passing tissue
Lău căø tæí cung coi thăø bẽ giăin năuu mã thoait ra
 - may find edematous trophoblastic tissue on exam
coi thăø tcm thăuy mã lai nuăi phuì lăn khi khaïm

Molar Pregnancy

Thai træïng

–Lack of fetal heart tones may be noted, particularly with complete mole

Khäng coi tim thai, ââu biãút vãi thai træïng toàn pháön

–Hypertension, tachycardia, protein in the urine when pre-eclampsia develops

Tàng huyãút aïp, nhëp tim nhanh, protein trong næãic tiãøu khi tiãön saïn giáût tiãún triãøn

Molar Pregnancy

Thai trứng

- Physical Findings (Khám lâm sàng)
 - Hyperthyroidism may develop as a result of high HCG levels

Cường giáp có thể tăng lên do mức HCG cao

- tachycardia, increased deep tendon reflexes, hypertension may be noted in these patients

Có thể thấy nhịp tim nhanh, tăng phản xạ

Molar Pregnancy

Thai træiing

– Pre-eclampsia (Tiãön saín giáût)

- hypertension, protein in urine, seizures (eclampsia)

tàng huyãút aíp, protein trong næảic tiãøu, co giáût (saín giáût)

- Diagnosis usually established by ultrasound

Cháøn àoaïn thæảìng dæũa vaìo siãu ám

- Can also suspect diagnosis if uterus is large for menstrual dates and no fetal heart tones are heard

Cháøn àoaïn coĩ thãø nghi ngải nãúu tæí cung lảìn
so vảii ngảiy kinh vaì khãng nghe tháúy tim thai

Molar Pregnancy

Thai træïng

- Treatment
Âiãöu trë

- Dilatation and Curettage (D & C)

- Nong vai naüo (D & C)**

- Use suction curette if it is available

- Duìng naüo huít nãúu sàôn coi**

- less trauma to uterus and less risk of uterine perforation with suction D & C

- Êt cháún thæång tæí cung vai êt coi nguy cả
thuìng tæí cung khi huít coi nong naüo**

Molar Pregnancy

Thai træïng

- Use intravenous oxytocin drip to control hemorrhage while doing the curettage

Dùng oxytocin nhoí giöüt ténh maûch âãø kiãøm soaít cháý maïu trong khi naôu

- Follow up after treatment

Theo doïi sau âiãöu trë

- Contraception for 1 year after treatment

Traïnh thuû thai 1 nàm sau âiãöu trë

- Follow HCG titers/pregnancy tests monthly to make sure the molar pregnancy does not recur

Theo doïi âënh læãüng HCG/test thæí thai haìng thaìng âãø chàõc chàõn ràòng thai træïng khãng taïi phaït

Molar Pregnancy

Thai træïng

- Recurrence
Taïi phaït

– Use methotrexate to treat recurrence

Dùng methotrexate ããø ãiãöu trë taïi phaït

- very effective
ráút hiãûu quai

- important to detect recurrence early to improve chances of survival
phaït hiãûn taïi phaït sãim seï tàng tyí lâû sãúng

Cervical Carcinoma

Ung thæ cæø tæí cung

- Incidence of cervical cancer can be reduced by screening

Tyí læu màõc ung thæ cæø tæí cung coi thãø giaím nhài theo doii

– screening done by collecting cervical cytology (Pap test)

Sæu saing loüc ææåüc thæüc hiãûn bàong caich thu tháûp caic xeit nghiãûm tãú baio hoüc cuía cæø tæí cung (xeit nghiãûm Pap)

Cervical Carcinoma

Ung thæ cǎø tæí cung

- Cervical cancer starts as pre-invasive lesion: cervical intraepithelial neoplasia

Ung thæ cǎø tæí cung kháii âáöu nhæ laì sæû täøn thæång tiǎön xám láún: tàng sinh näüi maüc cǎø tæí cung

- Pre-invasive cervical neoplasms not visible on physical examination

Caïc kháüi u cǎø tæí cung giai âoaün tiǎön xám láún kháng tháúy âæåüc khi kháim lám saìng

– usually only detected by cytology screening

thæàng chè âæåüc phaít hiǎün nhài xeit nghiãüm tǎú baìo

Cervical Carcinoma

Ung thæ cæø tæí cung

- Risk Factors (Caïc yãúu táú nguy cả)
 - First intercourse at an early age
Giao háüp láön ááöu áí tuäøi nhoí
 - Multiple sexual partners
Vãii nhiãöu baün tçnh
 - Early childbearing
Coí mang sãim
 - Male sexual partner who has multiple sexual partners
Baün tçnh nam giãii coí nhiãöu baün tçnh
 - Venereal infections
Bãûnh hoa liãùu

Cervical Carcinoma

Ung thæ cæø tæí cung

- Risk Factors (Caïc yǎúu táú nguy cả)
 - Suppressed immune system
Hǎu thǎúng miǎùn dĕch bĕ suy giaím
 - HIV/AIDS
 - Cigarette smoking
Huít thuǎúc lai
 - Human papillomavirus infection
Nhiǎùm virrus gáy u nhuĩ áí ngæài (bǎûnh maìo gai)

Cervical Carcinoma

Ung thæ cæø tæí cung

- Squamous cell cancers are the most common type

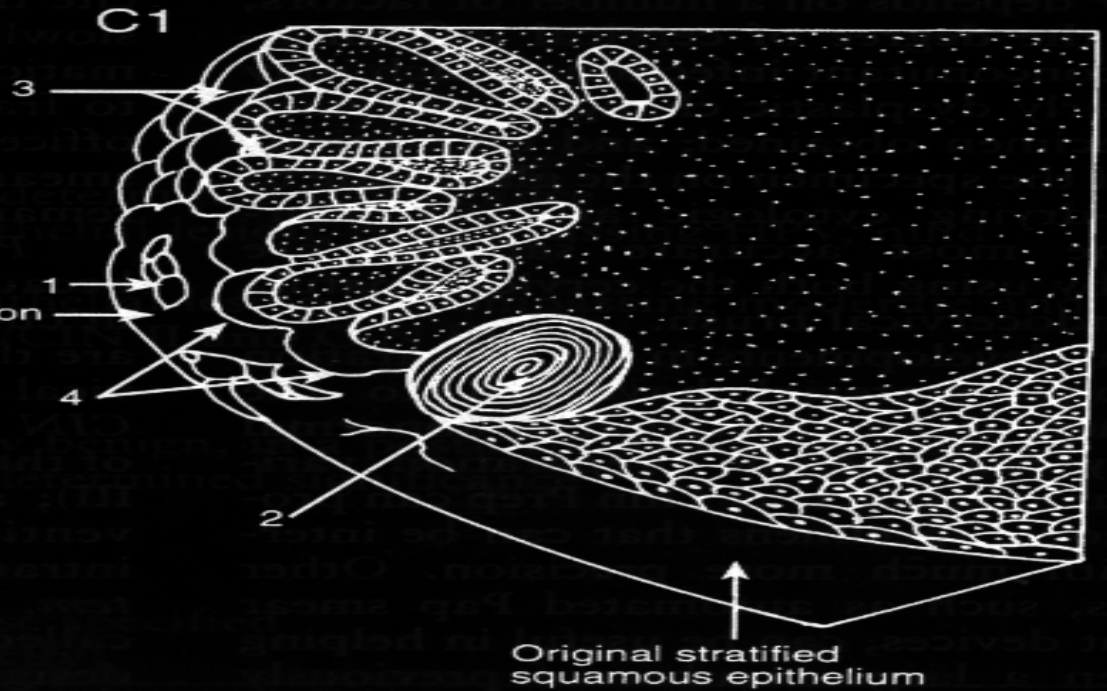
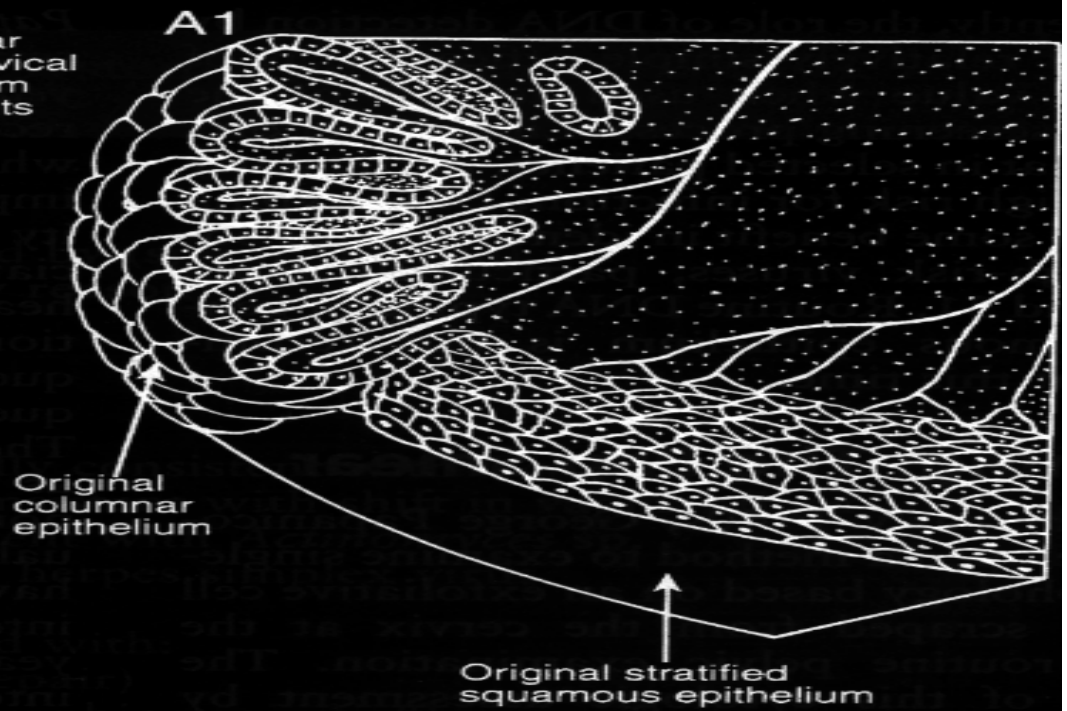
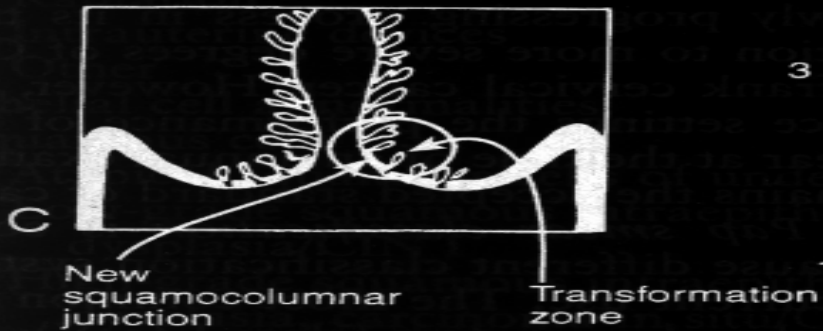
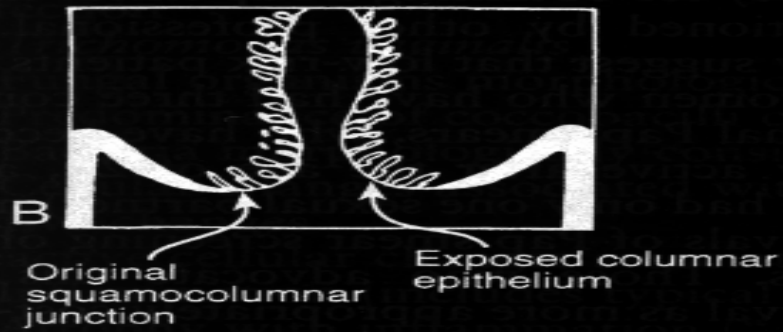
Caïc ung thæ tãú baìo hçnh vaíy laì loaûi hay gâùp nháút

– develop at the transformation zone

gia tàng áí vùng biãún âäøi

– human papillomavirus is linked to over 90 % of all squamous cancers of the cervix

trãn 90% caïc ung thæ tãú baìo hçnh vaíy cuía cæø tæí cung coì liãn quan âãún virus gáy u nhưi áí ngæãii



Cervical Carcinoma

Ung thæ cæø tæí cung

- 85% of cervical cancer is of the squamous type, 15% from glandular tissue

85% ung thæ cæø tæí cung
thuäüc loaûi hçnh vaíy, 15% tæi
mä tuyãún

Cervical Carcinoma

Ung thæ cäø tæí cung

- Symptoms:

Triãûu chæïng

- bleeding after intercourse

cháíy maïu sau giao háüp

- abnormal menstrual bleeding

kinh báút thæàng

- pain, blood in urine or from rectum in advanced cancers

âau, maïu trong næãïc tiãøu hoàüc tæì træüc traìng khi ung thæ tiãún triãøn

Cervical Carcinoma

Ung thæ cæø tæí cung

- Signs/Physical exam findings

Caic dáúu hiãúu/thàm khaiim lám saìng

-large mass on cervix which bleeds easily

khäúi lâin áí cæø tæí cung dău cháíy maïu

-lack of urine production from blocked urinary tract/ureters

Êt næãic tiãøu do tàõc ngheîn âæãìng

tiãøu/niãúu quain

Cervical Carcinoma

Ung thæ cæø tæí cung

- Cervical cancer spreads directly to bladder, rectum and pelvic lymph nodes

Ung thæ cæø tæí cung xám láún
træûc tiãúp âãún baìng quang,
træûc traìng vai haûch cháûu

Cervical Carcinoma

Ung thæ cǎø tǎi cung

- Staging/classification of cervical cancer

Âaĩnh giai giai ãoãun/phán loaũi ung thæ cǎø tǎi cung

- Stage 1: Cancer confined to cervix

Giai ãoãun 1: Ung thæ cõn khu truĩ á cǎø tǎi cung

- Stage 2: Cancer extends beyond cervix but not to the pelvic wall, not beyond the upper two-thirds of the vagina

Giai ãoãun 2: Ung thæ væãüt ra khoĩi cǎø tǎi cung nhæng chæa ãũn thảnh khung cháũ,

Cervical Carcinoma

Ung thæ cǎø tǎi cung

– Stage 3: Cancer has extended to pelvic wall, cancer involves the lower one-third of vagina, ureter is blocked by cancer

Giai ãoaùn 3: Ung thæ ãaî lan räüing ããún thàình khung cháûu, ung thæ xám láún ããún 1/3 dǎãii cuía ám ãaûo, niãûu quaín bẽ cheìn bǎii ung thæ

Cervical Carcinoma

Ung thæ cæø tæí cung

–Stage 4: Cancer has spread outside of pelvis or to the lining of the bladder or rectum

Giai ãoaûn 4: Ung thæ ãaî lan ra khoíi khung cháûu hoàûc ããún ranh giãii giæia baing quang vaì træûc traing

Cervical Carcinoma

Ung thæ cæø tæí cung

- Therapy
Âiãöü trë

- Radical surgery-remove cervix and surrounding tissue, remove pelvic lymph nodes

Pháøu thuáût tiãût càn cæøt boí cæø tæí cung vai mã xung quanh, naüo haüch cháüu

Cervical Carcinoma

Ung thæ cæø tæí cung

– Radiation-treat pelvis with radiation

Xaû trë vuìng khung cháûu

- Radiation as effective as surgery in curing cervical cancer

Xaû trë cuìng coi hiãûu quai nhæ pháøu thuát trong âiãöu trë ung thæ cæø tæí cung

- Radiation can be given to patient by temporary implants inserted into uterus

Xaû trë coi thãø duìng cho bãûnh nhán bàòng caìch ààút taûm thài nhæìng áúng phoìng xaû vaìo trong tæí cung

Endometrial Cancer

Ung thæ næüi maüc tæí cung

- Endometrial cancer is the most common genital tract malignancy in the United States

Ung thæ næüi maüc tæí cung lài bãûnh lyĩ aïc tênh âæåìng sinh duüc thæåìng gàûp nháút áí Myĩ

- More common in women after menopause
Thæåìng gàûp hản áí phuû næĩ sau maĩn

Endometrial Cancer

Ung thæ næüi maüc tæí cung

- Risk factors

Caic yãúu táú nguy cả

- Obesity (Beïo phç)

- Hypertension (Tàng huyãút aïp)

- Diabetes (Âaïi thaïo âæång)

- Use of estrogen (Duìng estrogen)

Endometrial Cancer

Ung thæ næüi maûc tæí cung

- Endometrial hyperplasia often develops before endometrial cancer

Quaï saïn næüi maûc thæàng phaït triãøn træãic ung thæ næüi maûc tæí cung

- Patients with hyperplasia are at higher risk for developing cancer of the endometrium

Caïc bãûnh nhán coi quaï saïn næüi maûc lai coi nguy cả cao hản trong viãûc phaït triãøn ung thæ næüi maûc tæí cung

Endometrial Cancer

Ung thæ næüi maüc tæí cung

- Patients with hyperplasia should be treated with progestins or hysterectomy if atypical cells are associated with the hyperplastic cells

Caïc bãûnh nhán bẽ tàng saín næüi maüc cáön âæåüc âiãöu trë vãi progestins hoàüc càõt tæí cung nãúu coi caïc tãú baìo báút thæåìng hiãûn diãûn cùìng caïc tãú baìo tàng saín

Endometrial Cancer

Ung thæ näüi maûc tæí cung

- Symptoms

Caic triãûu chæïng

– Bleeding after menopause is most common symptom

Chaíy maïu sau maïn kinh lai

triãûu chæïng thæåïng gàûp nháút

Endometrial Cancer

Ung thæ næüi maüc tæí cung

- Women who develop endometrial cancer before menopause will have abnormal menstrual bleeding

Nhæîng phuû næî bë ung thæ næüi maüc tæí cung træåic khi maîn kinh seî coï kinh nguyãût báút thæåìng

Postmenopausal Bleeding

Chảy máu sau mãn kinh

- Most postmenopausal bleeding is from benign conditions

Hầu hết các chảy máu sau mãn kinh là lành tính

- Most common benign causes are endometrial polyps, sub-mucosal fibroids and atrophy of the endometrium

Các nguyên nhân lành tính phổ biến nhất là polyps nội mạc tử cung, u xơ dưới niêm mạc và teo nội mạc tử cung

Postmenopausal Bleeding

Chảy máu sau mãn kinh

- Cancer and hyperplasia are present in 20 % of women with postmenopausal bleeding

Ung thã vại tàng sáin gâúp áí 20% phuû næi coi chảy máu sau mãn kinh

- A biopsy should be performed to evaluate the endometrium in women with postmenopausal bleeding

Cáön sinh thiãút âãø âaïnh giaï næüi maüc tæí cung áí caïc phuû næi coi chảy máu sau mãn kinh

Endometrial Cancer

Ung thæ näüi maüc tæí cung

- Physical Examination

Khaïm lám saìng

– Uterus may be enlarged in advanced cases

Tæí cung coï thãø låïn trong caïc træảìng
hảüp âaî tiãún triãøn

- Diagnosis is made by taking a biopsy of the endometrium by curettage

Cháøn âoaìn dæûa vaìo naüo sinh thiãút
näüi maüc

Endometrial Cancer

Ung thæ näüi maüc tæí cung

- Treatment

- **Âiãöu trë**

- Hysterectomy (**Càõt boí tæí cung**)

- Biopsy of the pelvic and para-aortic lymph nodes should be done in deeply invasive cancers

- **Trong caïc træåìng háüp ung thæ xám láún sáu cáön sinh thiãút caïc haùch vuìng cháuu vai caùnh ääüng maùch chuí**

- Radiation (**Xaù trë**)

Ovarian Cancer

Ung thæ buäöng træïng

- Most cancers of the ovary arise from the surface epithelium

Háöu hãút caïc ung thæ cuía buäöng træïng phaït triãøn tæi bãö màût biãøu mã

- In women under age 20, the most common cancers of the ovary arise from the germ cells

Ái caïc phuû næi dæãii 20 tuäøi, caïc ung thæ buäöng træïng phãø biãún nháút phaït triãøn tæi caïc tãú baìo máöm

Ovarian Cancer

Ung thæ buäöng træing

- Cancer of the ovary spreads throughout the peritoneum

Ung thæ buäöng træing lan räüing ra cáí phuïc maüc

- Most cancers are found when they have spread throughout the peritoneum

Háöu háút cáic ung thæ âæåüc phaït hiãûn khi chuïng âaï lan ra cáí phuïc maüc

Ovarian Cancer

Ung thæ näüi maüc tæí cung

- Symptoms

Caic triãûu chæïng

– Pelvic pain (Âau vuìng khung cháûu)

– Abdominal bloating (Buông to)

– Constipation (Taïo boïn)

– Nausea, weight loss, poor appetite

Buäön năn, giaím cán, àn keïm ngon

Ovarian Cancer

Ung thæ näüi maüc tæí cung

- Physical Exam Findings

Khaim lám saing

- Large rounded abdomen (Buông to troìn)

- Fluid wave can be detected with ascites

Coï thãø phaít hiãün dáúu soing vâu cùng vãi
cãø træãing

- Pelvic mass (Khäúi áí khung cháúu)

- Lymph nodes in the groin or above the clavicle
may be enlarged

Haûch läin áí beün hoãuc trãn xæång àoìn

Ovarian Cancer

Ung thæ näüi maüc tæí cung

- Diagnosis

Cháøn âoaïn

- Only can make diagnosis by laparotomy

Chè coi thãø cháøn âoaïn khi mái äø buüing

- Diagnosis can be suggested by x-ray based studies such as Computed tomography (CT) scans or ultrasound

Cháøn âoaïn coi thãø âæåüc gäüi yï dæüa vaìo X quang nhæ chuüp càõt läip âiãün toaïn hoàüc siãu ám

Ovarian Cancer

Ung thæ näüi maüc tæí cung

–CA-125 is a serum protein that is elevated in many patients with ovarian cancer

CA-125 lài mäuít protein huyăút thanh tàng
lăn ái nhiăöu bãûnh nhán bẽ ung thu
buăöng trăëing

- Mostly useful in following the progress of the cancer after treatment

Phăön lâin coi êch âăø theo doîi diăùn tiăún
cúa ung thæ sau âiăöu trë

Ovarian Cancer

Ung thæ näüi maüc tæí cung

- Treatment (Âiãöu trë)

- Surgery: remove all of the visible cancer, remove uterus, fallopian tubes and ovaries, biopsy pelvic and para-aortic lymph nodes

Pháøu thuáût: càõt boí toain bäü khäúi ung thæ tháúy âæåüc, càõt boí tæí cung, voii træïng vai buäöng træïng, sinh thiãút haûch vuìng khung cháúu vai caûnh ääüing maûch chuí

- Chemotherapy- usually for 3-6 months after surgery

Hoäi trë liãüu-thæmìng cho 3-6 thæing sau pháøu