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## A CASE OF ENDOMETRIAL CANCER PRESENTING WITH MALIGNANT SPINAL CORD COMPRESSION

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Malignant spinal cord compression (MSCC) is one of the most disabling complications of cancer metastasis and an oncological emergency requiring prompt diagnosis and treatment. A 65-year-old woman presented with vaginal bleeding and a huge uterine tumour. Cytological test of uterine cervix was negative and that of the endometrium was not possible. Magnetic resonance imaging (MRI) revealed a heterogeneous solid tumour and uterine leiomyosarcoma was suspected. She underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy. Histopathological examination revealed mixed carcinoma (small cell carcinoma and endometrioid adenocarcinoma) of the endometrium. She presented with upper abdominal pain, back pain, cystoplegia and paraplegia of lower extremities postoperatively. Magnetic resonance imaging revealed bone metastasis with destruction of the eighth thoracic vertebral body as the sites of metastasis. She was diagnosed as having MSCC. Following administration of dexamethasone, she underwent vertebrectomy and posterior spinal fusion, and postoperative radiation therapy was performed to total of 20Gray in 4 fractions. The histopathological studies revealed malignant cells. We diagnosed this lesion as metastasis from endometrial cancer. However, her symptoms were not improved. Although she received two courses of systemic chemotherapy consisting of paclitaxel and carboplatin, CT scan of the chest revealed new lung metastatic lesion, and she selected the best supportive care. She died 4 months after hysterectomy.

### Biography

Taga is an obstetrician and gynecologist from Japan. She is currently working in a hospital in Kurashiki City.

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