

Endometrial Cancers in Rural Women Population in Indian Geography: Histological Cue

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Compared to western women population, the women folk in India are quite different in being more vulnerable to reproductive or gynecologic cancer for the following reasons [1-3].

1. Most of the uterine cervical cancer patients in India belong to rural communities.
2. The rural women are unaware of Pap smear test.
3. Awareness about hormone assay for estrogen and progesterone among the post-menopausal women is totally lacking.
4. These women are also ignorant or careless about self-hygiene of sexual parts or regions.
5. Sexual promiscuity among the male partners being more common the wives of these men are at high risk.
6. For gynecologic cancers, sexually transmitted causative microbes include the syphillitics, spirochete, Trichomonas, vaginalis, Herpes simplex-2, and Human Papilloma virus and HIV etc [4].
7. The transformation of normal endometrial tissue though promoted by genetic and environmental factors, culturally specific factor and ethnicity also play a causal role [5].

The cancer disease management needs appropriate histopathological cues. The characterization of specific changes could be related to some factors other than specific ethnicity and haplo group origin.

From our survey, the uterine or endometrial cancer in this geography (Oriental India-Tamil Nadu) was found in women age 53, 55, 62, (Menopausal) patients Fig-1. (Figure 1)

Reveals the glandular arrangement of uterine tumour cell mass, The tumour arrangement in the endometrium reveals also the papillary or cribriform pattern with a lining of cuboidal or tall columnar anaplastic cells with hyperchromatic mildly pleomorphic nuclei. Observations in light microscope reveal the fact that the normal tissue has been replaced by the glandular adenocarcinoma cells in different profiles.

The histopathological features of human endometrium may show uniform picture irrespective the woman belonging to different geography and ethnicity but the present study views the above malignant changes, especially in rural post-menopausal women as a reflection of infection related ones in view of their lack of self-reproductive hygiene, low economy and deficiency of the cancer preventing factors, like anti-oxidants Vitamins, etc. The above cancer could not have arisen spontaneously but due to mutations only. As per the

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Received 16 May 2021; Accepted 29 May 2021; Published 31 May 2021

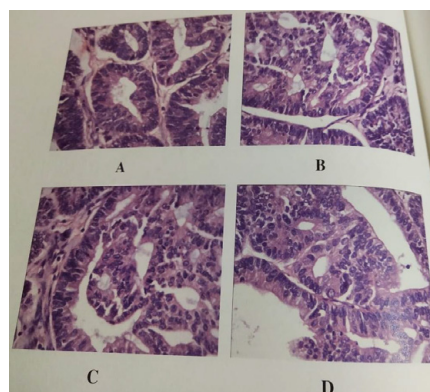


Figure 1 : Adenocarcinoma.

A, B, C, D: Glandular arrangement of uterine tumour cells mass.

theory of infection and cancer Karp William Blattner (1999) the malignancy in uterine may be construed as a survival mechanism of cancer cells against the onslaught and chronic infection of the microbial population both organ specific and non-specific category. It is also inferred that chronic infections would have caused ROS induced inflammation and cancer in these women unaware of such intricacies.

The present study also elucidated the fact that developing countries are in a long way off from establishing a society of germ free / infection free women folk population.

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How to cite this article: Dr. K. Ramalingam, Dr. T. Rajeshwari, Dr. P. Karnan and Dr. A. Anbarasu. "Endometrial Cancers in Rural Women Population in Indian Geography: Histological Cue." *J Cytol Histol* 12 (2021): 571.