Session No. 4—9th February 1956.
From Unit "B," Kandang Kerbau Hospital for Women.
Moderator: DR. A. C. SINHA.

(a) A Case Of Carcinoma Corpus Uteri

Case Report:

Reg. Bo. 262B. H.A.K. Age 58 years. Para 3+0. Chinese female widowed 35 years ago. Occupation—Domestic servant. Admitted on 2.2.1956.

Chief Complaint: Vaginal discharge — 6 years duration.

Menstrual history: Menarche at 14. Menstrual period regular, 30/3-4. Menopause at 40, i.e. eighteen years ago.

Obstetric history: 3 children, normally delivered. Last one 36 years ago.

History of present complaint: Patient was first seen on 10.10.56 with a history of foul watery blood-stained discharge for the last six years. She had many episodes of frank painless vaginal bleeding two and a half years after onset of this watery discharge.
She had no other symptoms; no less of weight, appetite good. There was no change in bowel and micturition habits.

History of past illnesses: Nill of note.

Clinical Examination: elderly woman, nutrition — fair, clinically not anaemic. Afebrile. B.P. = 110/70. PR = 84/minute. Heart and Lungs N.A.D. Breasts — soft. Liver and spleen — not palpable. Lymphatic system: no palpable lymphatic nodes. C.N.S. — pupils equal and reactive to light. K.J. +/+. PR—both flexor response.
P.V. finding:

(1) vaginal mucosa thin atrophic.
(2) cervix atrophied, represented by a dimple at the dome of the vagina.
(3) uterus somewhat bulky, RV. RF. and pushed slightly to the left; it is mobile.
(4) fornices clear.

P.R. — No secondaries felt.

Provisional diagnosis: Carcinoma of corpus uteri.

Investigations:

(1) Diagnostic D. & C. on 18.1.56 under GA.

Found: Thick necrotic friable endometrial tissue obtained.

Frozen section: "Well marked adenocarcinomatous characteristics. In some areas there is squamous metaplasia."

(2) Laboratory tests:

TR = 3.96 millions.
Hb = 77%.
TW = 8.400; P=71; L—21; M—5; E=3.
Urine — albumin +, sugar nil, P.C. = 8-12. E.C.=3-4; R.B.C.=3-4, few few cranular casts.
Blood urea = 18 mg. %

Treatment: She was admitted on 2.2.56. Panhysterectomy was done on 3.2.56 under GA.

Found at Operation:

(1) No free fluid in peritoneal cavity.
(2) No secondaries detectable on abdominal viscera.
(3) Both ovaries atrophic.
(4) Uterus bulky with nodules involving peritoneal coat and extending along the left round ligament.
(5) Lymph nodes—macroscopically not enlarged.
(6) Section of uterus shows diffused growth, part of which extends almost through the myometrium.

Biopsy report:

"Present section shows columnar epithelium in acini forms and lining papillary processes with marked mitotic activity. Also the muscular wall is being invaded by the cancer cells. Diagnosis—Adenocarcinoma.

Discussion:

DR. N. N. LING: Presented the case.

DR. T. K. CHONG: Read a commentary on the Pathology of endometrial carcinoma and Dr. C. S. Seah on the value of explorative cytology in the diagnosis of endometrial carcinoma.

PROF. B. H. SHEARES: Said that it was important to note the histological pattern in forecasting the prognosis e.g. the highly anaplastic type was the worst and one of his cases died within six months of operation.

DR. C. S. OON: Discussed the place of radiotherapy in the treatment of endometrial carcinoma—both as a primary form of treatment, and as an adjunct to surgery.

DR. A. C. SINHA: Said that most cases of carcinoma of the corpus uteri occurred in women over 30 years of age. The youngest recorded case was in a woman 28 years old (Willis).

DR. C. S. OON: Thought that the relative high incidence of carcinoma in the younger age group was because local women did not live to an old age.

DR. C. S. SEAH: Said that of the fifty-three cases he had screened here by the smear technique, none was found to have endometrial carcinoma.

DR. A. C. SINHA: Classified the treatment of carcinoma corpus uteri into five categories:—

(1) Surgery with or without post-operative radiation.

(p) Pre-operative radiation plus surgery six weeks later.

(3) Pre-operative Deep X-Ray plus surgery six weeks later.

(4) Primary radiotherapy (Heyman).

(5) Primary radiotherapy followed by surgery in cases of failures (Heyman).

The collective figures of both American and European authors emphasised the value of surgery over radiotherapy.

PROF. B. H. SHEARES: Spoke on endometrial hyperplasia and endometrial carcinoma, stating that it was extremely difficult to diagnose borderline case until some definite criteria could be laid down as to the characteristics of early malignant cell changes. This had a bearing on the published statistical figures of over-enthusiastic operators.

DR. T. BALASINGHAM: Spoke on the classification of endometrial carcinoma into 4 groups on the basis of Broder's classification.

DR. A. C. SINHA: Emphasised the value of survery over primary radiotherapy and in this connection quoted Heyman:—

	No. of cases	*5 year survival*
I. Hysterectomy and Post-operative irradiation -	211	73.5%
II. Preoperative intra-cavity radium and surgery -	60	70%
III. Primary intra-cavity radium - - -	1017	66.8%

"I have never claimed that primary radio therapy in the treatment of carcinoma corpus uteri is superior to other methods. I cannot agree, however, with those who claim that hysterectomy is the method of choice. Primary radiotherapy is equally justified at institutions where the necessary technical facilities are available and treatment handled by gynaecologists experienced and trained in radiotherapy." He also quoted Cade as saying that the greatest advance in the treatment of carcinoma in general was that one had a choice of treatment.

PROF. B. H. SHEARES: There was nothing cut and dry as yet in the method of treatment in cancer; definitive treatment however, in carcinoma of the corpus uteri was surgery, the reason being that one-third of the cases are complicated by fibroids and other associated pelvic pathology. Furthermore. the time interval between radiation and surgery in carcinoma corpus uteri should be 3 weeks, and in carcinoma cervix 6 weeks.

DR. A. C. SINHA: Was of the opinion that in view of the lymphatic drainage of the corpus uteri, one could never hope to attain the ideal principles of radical surgery.

PROF. B. H. SHEARES: Commented that in the treatment of carcinoma corpus uteri he removed the upper 1/3 of the vagina in addition to pan-hysterectomy because of the danger of spread of carcinoma, (cases of recurrence have not been seen below this level). Further, he advocated removal of as much parametrium as possible because of the danger of secondaries in lymph nodes, which might be resistant to radiation.

DR. C. S. OON: Said that Winterton of Middlesex Hospital did a full Wertheim's operation for carcinoma of the body involving the lower 1/3 of the uterine cavity—with a mortality rate of 3%. This was a point in favour of surgery.

PROF. B. H. SHEARES: Said that Sheffey noted residual carcinoma in the glands of the parametrium after radiation.

A Case of Pregnancy with Right Sided Hydronephrosis, Hydroureter and Postmaturity.

Case Report:

Regd. No. 22995. L.H.N. Age 30 years. Gravida 4. Para: 3.
Booked Case. Admitted on 21.12.1955 at 3.05 p.m.
L.M.P. = 16.4.55: Period of Gestation —42 weeks.
E.D.D. = 23.1.56.

Previous Obstetric history:
All pregnancies ended in normal deliveries and were alive, except the 3rd child who died at age of 50 days—(cause not known).

Present history:
Patient was referred on 19th October, 1955 to the Antenatal Clinic from Surgical Unit "B"—as a case of 6 months pregnancy with Right Hydroureter and a Right Hydronephrosis, and requesting antenatal supervision.

Symptoms:
1. Painless Haematuria for first 3 months (dating from March 1955).
2. Frequency of micturition — same duration.

In July patient came with the above complaints to General Hospital, Singapore, and was admitted into the Medical Ward for a period of 10 days and thereafter followed-up as an Outpatient. Later, she was referred to Surgical Unit "B" for further investigations, and was admitted into the Surgical Ward on 12th. October, 1955 (Reg. No. 25188). Investigations done included:—

(a) Urine — microscopic examination showed Albumin +. R.B.C. — 100 to 150. P.C. 10 to 12.

(b) Urinary culture showed:—

(1) Non-Haemolytic Streptococcus.

(2) Staphylococcus Albus grown.

(X-ray No. 29408 — Date: 20.9.55).

(c) I.V.P. showed that there was a hydrorephosis on the right side but no clear evidence of an obstruction of the right ureter and the ureter was not well outlined. The left side was normal.

(d) Cystoscopy and Retrograde Pyelography was done and the report was that the ureteric catheter passed 16 cm. on the right side, and that retrograde films showed right hydroureter end a right hydronephrosis.

A catheterised specimen of urine was sterile on culture. She was treated with Streptomycin, Urolucosil, fluids and alkalis, and according to the surgical unit, she had shown considerable improvement prior to being referred to the Antenatal Clinic at K.K. Hospital.

Since 19th October, 1955 she has been followed-up regularly at the Antenatal Clinic, her renal condition being controlled with fluids and alkalis only. During the antenatal check-up she was found to be anaemic and was put on Intramuscular Iron. In view of her renal condition along with the presence of anaemia, it was decided to hospitalise her.

Clinical Examination: 21.12.1955.
General: Afebrile anaemia B.P. 100/64.
Pulse 100/minute.
Lungs — clear.
Heart — rough systolic murmur in the 3rd left interspace. No thrill felt.

Heart—rough systolic murmur in the 3rd left interspace. No. thrill felt. (**N.B.**—A diagnosis of a probable atrial Septal defect has been made by the Medical Specialist).

Abdomen—Renal angles—not tender. Kidneys—not palpable.

Obstetric:

Fundus—height of 30 weeks pregnancy. Vertex presenting. Foetal heart sounds heard.

Laboratory tests:

Date: 22.12.55:

TR = 2.93 millions.

Hb = 56%

TW = 13,500. DC. P.80 L.12 M.6. E.2%

22.12.55:

Blood urea = 28 mgm. %

22.12.55:

Catheterised specimen of urine: Albumin +. E.C. few, P.C. 8-10.

26.12.55:

Stools showed few round worm ova.

30.12.55:

X-ray of chest—showed moderate enlargement of heart but not pathognomonic of congenital heart.

Management and Treatment:

1. Rest in bed.
2. Injection Imferon 2 c.c. stat and daily for 7 days.
3. Injection Plexan 4 c.c. stat and daily for 7 days.
4. Vitamins.
5. Fluids and Alkalis.

Progress Notes:

Patient has remined afebrile throughout her stay in hospital. There has been improvement in the blood picture. At present—TR = 3.63. Hb = 69%. Latest blood urea = 49 mgm. %.

Urinary check-up:

There has been some regularity and findings are as follows:—

Date	Albumin	E.C.	P.C.	R.B.C.	Others
4.1.56	Alb: +	E.C. 3-4	P.C. 5 -7	—	—
19.1.56	Alb: +	E.C. 2-3	P.C.10-15	—	—
24.1.56	Alb: +	E.C. 2-3	P.C.60-70	—	Few gran: casts.
26.1.56	Alb: +	E.C. 2-3	P.C. 8-10	—	—
31.1.56	Alb: +	E.C. 3-4	P.C.12-15	RBC 20-25	—
3.2.56	Alb: +	E.C. few	P.C.60-80	RBC 8-12	—

Patient had a normal delivery at 7.20 p.m. on 6th February, 1956.

Female baby — B.W. 7 lbs.

Discussion:

DR. R. LOH: Presented the case.

DR. C. S. OON: Gave a commentary on the physiology of the upper urinary tract during pregnancy.

DR. A. C. SINHA: Stated that it was a well-known fact that the dilatation of the ureters in pregnancy was physiological and was caused by progesterone. What was the cause of the hydronephrosis in this case?

PROF. B. H. SHEARES: Suggested a thorough investigation of the patient's urinary tract after delivery as the calyces appeared more dilated than one would expect in a normal pregnancy.

DR. T. W. RODDIE: Mentioned that in the investigation of a large number of cases in England showing marked hydronephrosis during pregnancy, none was found to have these changes on doing intravenous pyelographs 6 weeks and 3 months after delivery.

DR. J. S. WEE: Said he had a few cases of hydronephrosis and hydroureter in this hospital, which resolved spontaneously after delivery without any specific treatment.