

Signs, Symptoms and Treatment of Uterine Cancer

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Opinion Article

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DESCRIPTION

Two different cancers that arise from uterine tissues are referred to as uterine cancer, often referred to as womb cancer. Uterine sarcoma develops from the uterine muscles or support tissue, whereas endometrial cancer develops from the uterine lining. In the US, endometrial carcinoma is responsible for 90% of all uterine cancers. Changes in vaginal bleeding or pelvic pain are signs of endometrial cancer. Unusual vaginal bleeding or a tumour in the vagina is the signs of uterine sarcoma.

Obesity, metabolic syndrome, type 2 diabetes, using oestrogen pills, a history of tamoxifen usage, late menopause, and a family history of the disease are risk factors for endometrial cancer. Prior radiation therapy to the pelvis is one of the risk factors for developing uterine sarcoma. An endometrial biopsy is often used to make the diagnosis of endometrial cancer. Based on symptoms, a pelvic examination, and diagnostic imaging, uterine sarcoma may be considered as the underlying condition.

While uterine sarcoma is more difficult to treat, endometrial cancer is curable. Surgery, radiation therapy, chemotherapy, hormone therapy, and targeted therapy are all possible treatment options. Over 80% of women survive more than 5 years of following diagnosis.

Around 3.8 million women were affected globally in 2015, which led to 90,000 fatalities. Uterine sarcomas are uncommon, although endometrial carcinoma is very prevalent. Uterine malignancies account for 3.5% of all new cancer cases in the US. The median age of diagnosis is 63, with the majority of cases occurring in women between the ages of 45 and 74.

Abnormal vaginal bleeding and discharge can be symptoms of either uterine cancer. Changes in the frequency or duration of menstrual bleeding, as well as new bleeding between periods or after menopause, can all be considered abnormal. Abnormal vaginal bleeding and discharge can be symptoms of either form of uterine cancer.

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Changes in the frequency or duration of menstrual bleeding, as well as new bleeding between periods or after menopause, can all be considered abnormal. Sensations of new or escalating pelvic pressure or discomfort may potentially be signs of uterine tumour growth.

It is unknown with certainty what the causes of uterine cancer may be, while hormone imbalance is mentioned as a risk factor. Any of these results call for additional examination by a physician. It is believed that oestrogen receptors, which are known to be present on the cell surfaces of this form of cancer, interact with the hormone to promote enhanced cell development, which can subsequently lead to cancer.

Hereditary Leiomyomatosis and Renal Cell Carcinoma (HLRCC) syndrome, a history of using tamoxifen, a history of infantile retinoblastoma, and past radiation therapy to the pelvis are risk factors for uterine sarcoma.

A clinician may conduct a pelvic exam to visually examine the internal pelvic organs. Additionally, a pap smear test may be performed to the cervix sides and collect cells for examination under a microscope and testing. To get a sample of the uterine lining tissue, a dilatation and curettage procedure is frequently used. An ultrasound is frequently used to check for tumours.

Depending on the type of cancer and the tumor's stage, uterine cancer treatment may vary. Minimally invasive surgery is preferred in the early stages. There are five basic treatment modalities utilized for endometrial cancer: surgery, radiation therapy, chemotherapy, hormone therapy, and targeted therapy. Surgery is the most frequent form of treatment for endometrial cancer, and typically involves a total hysterectomy, which involves removing the uterus. Ovaries and fallopian tubes can also be removed after hysterectomies in a procedure known as a salpingo-oophorectomy. Endometrial cancer may also be treated with hormone therapy, which aims to stop the proliferation of cancerous cells. Monoclonal antibodies, mTOR inhibitors, and signal transduction inhibitors are a few examples of targeted therapies that selectively target cancer cells.