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Beyond Bleeding: Atypical Presentations of Endometrial Carcinoma Reveal High-Risk Tumor Biology — A Case Series

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I.INTRODUCTION :

Endometrial carcinoma is the most common gynecologic malignancy in developed countries. Although abnormal uterine bleeding is considered the cardinal sign, some patients present with atypical symptoms that may delay diagnosis. Timely recognition of these presentationsis essential for early detection and optimal management.

This case series addresses the question: which atypical clinical manifestations may indicate high-risk molecular subtypes of endometrial carcinoma in the absence of abnormal bleeding?

II-OBSERVATION:

We report five cases illustrating clinically deceptive presentations of endometrial carcinoma.

Three patients, aged 44, 45, and 60 years, presented with isolated, chronic, non-cyclic pelvic pain without bleeding. Initial imaging revealed heterogeneous intracavitary or cervical lesions with low Doppler vascularization (score 1), which could have been mistaken for low-risk findings. Hysteroscopy demonstrated cerebriform endocervical hypertrophy, atypical vessels, and polypoid intracavitary proliferations. Histology confirmed diverse subtypes, including grade 2 endometrioid adenocarcinoma (NSMP profile), MMR-deficient carcinoma, and clear cell carcinoma.

A fourth patient, a 65-year-old postmenopausal woman, presented with persistent vaginal discharge without bleeding. Imaging suggested a small, heterogeneous endometrial intracavitary lesion. Hysteroscopy revealed an atypical polypoid, hypervascular mass occupying the endometrial cavity. Histology confirmed p53-abnormal endometrial adenocarcinoma.

The fifth patient, aged 58 years, presented with abnormal uterine bleeding in a high-risk oncologic context, including a strong personal and family history of cancers suggestive of Li-Fraumeni syndrome. Imaging showed a heterogeneous, polypoid endometrial mass with partial cervical extension, and hysteroscopy confirmed a friable, polypoid intracavitary tumor. Histology revealed carcinosarcoma with p53 abnormality.

III-DISCUSSION :

Atypical presentations of endometrial carcinoma are often misattributed, leading to delayed diagnosis.

***-Chronic non-cyclic pelvic pain** may be incorrectly attributed to non-gynecologic causes. In our series, it reflected early tumor involvement or specific localization, highlighting the need for gynecologic evaluation even in the absence of bleeding.*

***-Persistent vaginal discharge in postmenopausal** patients is frequently mistaken for benign conditions such as inflammation, infection, or atrophy. Persistent symptoms, however, should raise suspicion for underlying malignancy, particularly when imaging appears subtle but hysteroscopy identifies polypoid or hypervascular lesions.*

***-Abnormal uterine bleeding in a high-risk oncologic context** must be assessed proactively. In patients with suspected Li-Fraumeni syndrome or other genetic syndromes, risk-adapted surveillance could allow detection of small lesions at an early stage, improving outcomes.*

Across these cases, atypical presentations were frequently associated with high-risk molecular subtypes (p53-abnormal, MMR-deficient, clear cell), highlighting that unusual clinical manifestations often reflect distinct tumor biology rather than incidental variation.

IV-CONCLUSION :



Endometrial carcinoma most often presents with abnormal uterine bleeding, its cardinal symptom. However, atypical presentations, frequently mistaken for benign conditions, can conceal high-risk molecular subtypes. Recognizing these less obvious manifestations and ensuring timely evaluation are essential for early diagnosis and improved patient outcomes.