

150–300 mg pamidronate daily tolerated treatment reasonably well but those receiving 450–600 mg daily had an unacceptable incidence of adverse events. The toxicities in patients receiving the effervescent tablet, at all dose levels, tended to be worse and in view of its inconvenient mode of administration, this formulation will not be studied further. 5 patients taking the effervescent formulation and 2 receiving the enteric-coated capsule stopped treatment because of poor tolerability.

Studies of oral pamidronate as an adjunct to systemic therapy are now indicated. Toxicity was infrequent with the enteric-coated capsule at a dose of 150–300 mg daily and is therefore suitable for further study. However, the search continues for an even better tolerated formulation.

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Primary Squamous Cell Carcinoma of the Endometrium

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PRIMARY SQUAMOUS cell carcinoma of the endometrium is a rare and interesting malignancy which was first described by Fluhmann in 1928 [1]. Absence of a glandular carcinoma and no connection between the tumour and the stratified squamous epithelium of the cervix constitute diagnostic elements, frequently called Fluhmann criteria. Only 26 cases have so far been reported.

2 women (59 and 62 years old) with postmenopausal bleeding (1 also with pyometra) presented to our department. Fractional curettage showed squamous cell carcinoma of the endometrium with intact basal membrane. Both patients had a radical hysterectomy with bilateral lymphadenectomy. Microscopic examination showed that the endometrial cavity was lined by squamous epithelium, continuous with a normal endocervical mucosal layer. The exocervical epithelial lining showed no signs of malignancy in both pieces. The neoplastic squamous epithelium

of the uterine cavity showed infrequent epithelial pearls, occasional intercellular bridges, 1–2 mitoses per high-power field, moderate keratinisation-forming cordons and scattered islands, and was regarded as a moderately differentiated squamous cell carcinoma. The tumour penetrated one third of the full thickness of the myometrium. The endometrium next to the squamous carcinoma showed proliferation. Meticulous sections of the cervix and endocervical canal and the examined lymph-nodes revealed normal histopathology.

It is believed that the totipotent cells lying beneath the columnar epithelium may be transformed to squamous metaplasia under the influence of senile involutions, pelvic irradiation, vitamin A deficiency, or a chronic irritating process such as pyometra, uterine prolapse or eversion, intrauterine device and external irritants which are potential precursors of squamous cell carcinoma [2]. As in our 2 cases, published reports reveal that this is a disease of the postmenopausal period [3]. Our 2 cases were in oestrogen deficiency, which has a prominent oncogenic role in the overall histogenesis of this kind of malignancy [4–6].

Clinically, primary squamous cell carcinoma of the endometrium does not differ significantly from the epithelial endometrial malignancies, but it carries a poor prognosis. Local invasion of the myometrium was 80% during the first surgical procedure. Endometrial squamous cell carcinoma has a shorter symptomatic period than endometrial adenocarcinoma and 5-year survival is less than 20% (56.3% for adenoachantoma and 35.3% for adenosquamous endometrial carcinoma). Although vaginal cytology permits earlier and accurate diagnosis, for definite diagnosis the cervix must be examined to exclude squamous cell carcinoma [7]. Once diagnosed, immunohistochemical markers (cytokeratin, [EMA]) must be looked for. It is difficult to determine the best treatment due to the limited number of cases reported. Hysterectomy alone or hysterectomy plus adjuvant radiotherapy (pre-operative or postoperative) is the common mode of therapy. Chemotherapy is not helpful. Surgical treatment is mandatory if feasible, but adjuvant radiotherapy does not improve the prognosis when myometrial invasion and distant metastases exist [8, 9]. Primary squamous cell carcinoma of the endometrium is more lethal than the other varieties. 7 deaths within 26 months and 6 surviving patients have been reported to date [10]. The survival of our 2 cases is 19 months and 6 years, respectively.

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