First Documented Case of Endometrial Carcinoma in a Patient Treated with Tamoxifen for Encapsulating Peritoneal Sclerosis

Editor:

Encapsulating peritoneal sclerosis (EPS) is a well-recognized complication of long-term peritoneal dialysis (1–3). Because of its antifibrotic effect, tamoxifen has been proposed as a treatment for EPS (4,5). Tamoxifen may have serious side effects. An increased risk of thromboembolic disease has been recognized in patients treated with tamoxifen for breast cancer (6). There is also well-known relationship between endometrial pathology and tamoxifen use, especially in postmenopausal women (7–9). Several cases of endometrial carcinoma after long-term use of tamoxifen for the treatment of breast cancer have been reported in the literature (9–11).

We report the first documented case of endometrial carcinoma in a patient treated with tamoxifen for EPS.

CASE DESCRIPTION

A 52-year-old woman with end-stage renal disease because of chronic glomerulonephritis was treated with peritoneal dialysis for 12 years. During that period, she had 5 episodes of acute bacterial peritonitis. She eventually presented with progressive failure of ultrafiltration and also with symptoms of bowel obstruction. Computed tomography imaging showed thickening of the peritoneal membrane with calcifications. A diagnosis of EPS was confirmed by peritoneal membrane biopsy.

The patient was transferred to hemodialysis, and treatment with tamoxifen 20 mg daily and corticosteroids was started. She did well while on tamoxifen. Then, after 24 months of treatment, she noticed vaginal bleeding. A gynecologic workup showed endometrial carcinoma. Because of the patient's overall condition, surgeons refused to perform a hysterectomy, and she underwent local irradiation with good results.

After discontinuation of tamoxifen therapy, the patient's obstructive symptoms worsened in terms of food intolerance, vomiting, and weight loss. An extensive gastrointestinal tract workup confirmed worsening of the intestinal obstruction, and everolimus therapy (2×0.5 mg) was started.

The patient reported improvement of her symptoms, and a radiologic bowel passage workup showed significant improvement in the signs of intestinal obstruction. At 14 months after the endometrial carcinoma diagnosis, this patient is still doing well. She is undergoing regular

hemodialysis at the program in our center, and she is receiving nutrition support. She is under regular gynecologic surveillance every 3 months, with no signs of recurrence of the endometrial carcinoma.

CONCLUSIONS

We would like to emphasize endometrial carcinoma as a rare but serious side effect of tamoxifen treatment that should be taken into consideration when tamoxifen is used to treat EPS in female patients.

DISCLOSURES

The authors have no financial conflicts of interest to declare.

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REFERENCES

1. Afthentopouloulos IE, Passadakis P, Oreopoulos DG, Bargman J. Sclerosing peritonitis in continuous ambulatory peritoneal dialysis patients: one center's experience and review of the literature. *Adv Ren Replace Ther* 1998; 5:157–67.
2. Stafford-Johnson DB, Wilson YE, Francis IR, Swartz R. CT appearance of sclerosing peritonitis in patients on chronic ambulatory peritoneal dialysis. *J Comput Assist Tomogr* 1998; 22:295–9.
3. Gayomali C, Hussein U, Cameron SF, Protopapas Z, Finkelstein FO. Incidence of encapsulating peritoneal sclerosis: a single-center experience with long-term peritoneal dialysis in the United States. *Perit Dial Int* 2011; 31:279–86.
4. Allaria PM, Giangrande A, Gandini E, Pisoni IB. Continuous ambulatory peritoneal dialysis and sclerosing encapsulating peritonitis: tamoxifen as a new therapeutic agent? *J Nephrol* 1999; 12:395–7.
5. Eltoum MA, Wright S, Atchley J, Mason JC. Four consecutive cases of peritoneal dialysis-related encapsulating peritoneal sclerosis treated successfully with tamoxifen. *Perit Dial Int* 2006; 26:203–6.
6. Duggan C, Marriott K, Edwards R, Cuzick J. Inherited and acquired risk factors for venous thromboembolic disease among women taking tamoxifen to prevent breast cancer.

J Clin Oncol 2003; 21:3588–93.

7. Nasu K, Takai N, Nishida M, Narahara H. Tumorigenic effects of tamoxifen on the female genital tract. *Clin Med Pathol* 2008; 1:17–34.
8. Cohen I, Bernheim J, Azaria R, Tepper R, Sharony R, Beyth Y. Malignant endometrial polyps in postmenopausal breast cancer tamoxifen-treated patients. *Gynecol Oncol* 1999; 75:136–41.
9. Friedrich M, Villena-Heinsen C, Mink D, Bonkhoff H, Schmidt W. Carcinosarcoma, intraepithelial carcinoma and endometriosis after tamoxifen therapy in breast cancer. *Eur J Obstet Gynecol Reprod Biol* 1999; 82:85–7.
10. Abudu EK, Musa O, Adefuye PO, Abdul Kareem FB, Agboola AO, Banjo AA. Endometrial carcinoma following treatment for breast carcinoma in a Nigerian female. A case report and review of the literature. *Niger Postgrad Med J* 2007; 14:355–7.
11. Mekic-Abazovic A, Beculic H, Music M, Fajkic A, Dervisevic S. Endometrial cancer associated with an increase of CA 15 3 and CA125 in tamoxifen treated patients with breast cancer [Bosnian]. *Med Glas (Zenica)* 2011; 8:68–71.

doi:10.3747/pdi.2012.00074