

A Rare Case of Cervical Clear Cell Adenocarcinoma in Pregnancy

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Abstract

A rare case of clear cell adenocarcinoma of the cervix is reported during pregnancy in non DES exposed women. Cervical carcinoma is the most common cancer encountered during pregnancy. The primary lesion was found at 15 weeks of pregnancy in a case of multigravida of 26 years of age with persistent complaint of bleeding per vaginam. A radical hysterectomy with foetus in situ was performed along with pelvic lymphadenectomy. Histopathology revealed stage IB Clear Cell Adenocarcinoma. Pregnancy provides an excellent opportunity for screening for cervical neoplasia and premalignant disease, especially for women who do not seek or have access to routine health care.

Introduction

Cervical cancer presents as an uncommon concurrent disease in pregnancy. It is a poorly understood condition, poses a therapeutic dilemma to gynaecologist and oncologist and also creates enormous uncertainty and anxiety for the patients and her family. The incidence of cervical carcinoma in pregnancy varies from 1 in 2000 to 1 in 6000 pregnancies.¹

In India, the incidence seems higher as carcinoma cervix tends to occur at an earlier age. Cervical cancer in pregnancy is generally diagnosed in its early stage. Many patients with invasive cervical cancer are completely asymptomatic, and their disease is detected on routine pelvic examination or screening cervical cytology. Women who may have repeated vaginal bleeding and discharge should be evaluated for any gross cervical abnormality. Pelvic pain is less frequent and

may be associated with more advanced disease.²

The incidence of clear cell adenocarcinoma accounts for only 2-3% of all the primary cervical adenocarcinoma. A medline search of the internet revealed only one other reported case of clear cell adenocarcinoma in pregnancy in non-DES exposed female, in English literature.³

Case Report

A 26 year old fourth gravida with two living issues presented with 14 weeks of gestation for antenatal checkup in view of bleeding per vaginam. Threatened abortion was suspected and managed conservatively. On persistence of the same complaint, a thorough examination revealed a presence of 3 cm x 3 cm growth with papillary excrescences arising from the anterior cervical lip which bleeds on touch. On biopsy of the lesion, histopathology revealed invasive adenocarcinoma of the cervix.

Patient and her husband were counseled regarding the treatment modalities for the management of cervical cancer during pregnancy. They opted for radical surgery. Patient underwent radical hysterectomy with foetus in situ along with bilateral pelvic lymphadenectomy. Bilateral ovarian biopsy was performed.

Histopathology revealed the presence of clear cells

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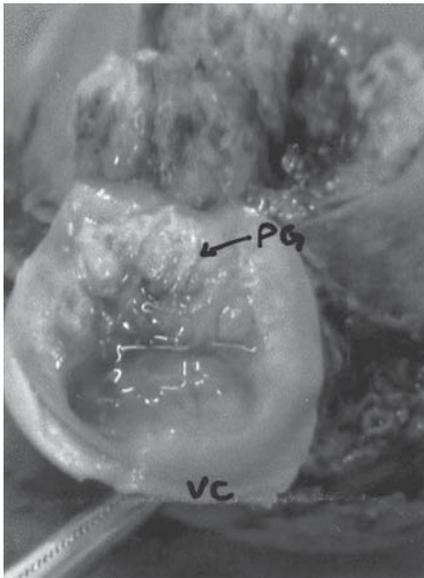


Fig. 1 : Photograph showing a 3 x 3 cm papillary growth arising from anterior lip of cervix

arranged in glandular, tubulocystic and papillary patterns. At many places hobnail cells are seen. Tumour was seen infiltrating more than half of the cervical wall thickness. Staging was confirmed as IB. Lymph nodes, parametrial tissue and ovarian tissue did not reveal any metastasis.

Patient had an uneventful postoperative recovery, being discharged on day 14 of surgery. Patient remains clinically free of carcinoma and without complaint at two months after treatment.

Discussion

Clear cell adenocarcinoma has been most commonly seen in women with a history of in utero exposure to DES. These tumours can also develop in the absence of exposure to DES. Information on the clinical behavior, pathology, and prognosis of these tumours is sparse and inconsistent, because they are very rare. Clear cell adenocarcinomas account for 4-9% of adenocarcinomas of the cervix. The biological behaviour and prognosis of clear cell adenocarcinomas are poorer than those of squamous cell carcinomas and non clear cell adenocarcinomas. The 5- year survival rate

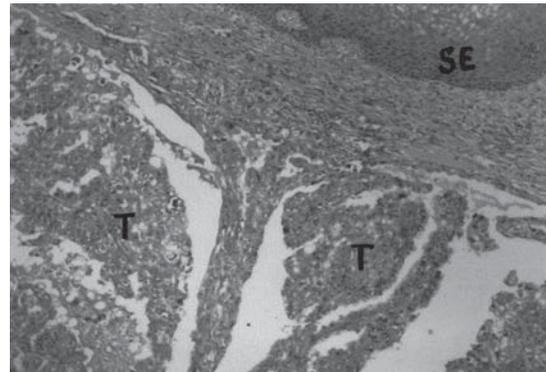


Fig. 2 : Photomicrograph showing ectocervical squamous epithelium(upper right corner) with a tumour in underlying stroma. The tumour cells are arranged in tubulocystic and papillary pattern (H and E,100X)

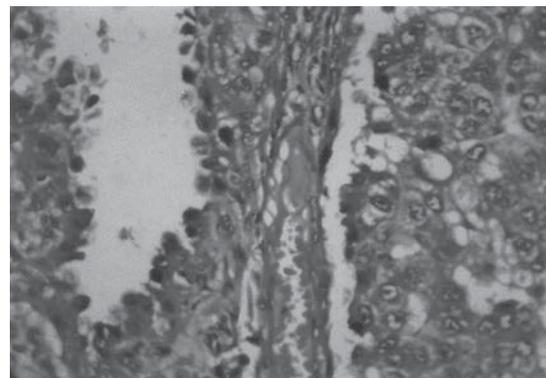


Fig. 3 : Photomicrograph showing tumour cells with vesicular nuclei, prominent nucleoli and clear cytoplasm.(H and E, 200X)

of 67% has been reported in patients with stage Ib-IIb disease.⁴

The majority of the studies in the literature do not report any difference in the prognosis of invasive cervical cancer during pregnancy. Pregnancy did not affect the survival of women with invasive cervical cancer. Stage for stage, treatment for cervical pregnancy is the same as that given in the nonpregnant stage⁵. Planned treatment delay is generally acceptable for stage I patients if the cancer is detected in the final trimester and patient is willing to continue their

pregnancy.⁵

Conclusion

When cervical cancer is suspected or diagnosed during pregnancy, the clinician must confront the potential risk to both mother and the foetus. Due to relative infrequency of this condition, guidelines for the management are not clearly defined. The overall prognosis, stage for stage, of pregnant women with this disease is similar to nonpregnant patients.

Early pregnancy gives a unique opportunity for diagnosis of premalignant and malignant disease of cervix. One part of a routine examination in early pregnancy is speculum examination and taking a smear from ectocervix and endocervix for cytological examination. Examination during pregnancy enables visualization of the complete transformation zone because of the eversion of squamocolumnar junction. Hence, a screening pap smear should be a routine

component of antenatal checkup, especially for female who do not undergo gynaecological examination regularly.

Reference

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TRANSIENT ISCHAEMIC ATTACKS : UNSTABLE, TREATABLE, NEGLECTED

Unfortunately, despite ample evidence that thrombolytics improve outcome after an acute ischaemic stroke, very few patients receive this treatment. Results from several randomised trials have shown that the risk of ischaemic stroke in high-risk individuals can be significantly reduced by strategies such as blood-pressure lowering, statin therapy, antithrombotic drugs, and carotid endarterectomy. About 30-40% of patients with ischaemic stroke have had an earlier transient ischaemic attack (TIA) or minor stroke. Recent studies suggest that after a TIA, the 90-day risk of a subsequent stroke is as high as 10.5%, and almost half these strokes could occur within the first 2 days.

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