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CERVICAL CANCER ASSOCIATED WITH EXTERNALIZED GENITAL PROLAPSE: ABOUT 02 CASES

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SUMMARY

The treatment of cervical cancer has been protocolled, but the management of uterovaginal prolapse associated with carcinoma of the cervix is not standardized and therapy strategies vary considerably among authors. We report a 58-year-old woman presenting a prolapse genital evolving for 2 years and neglected by the patient. Allowed in our department in January 2018. The physical examination found a hysterocele of stage III according to the classification of ICS POP-Q. Cervical biopsies were carried out and examination histopathologic revealed a well-differentiated and invasive carcinoma epidermoid. The pelvic scanner with an injection of a product of contrast showed: a bulky urogenital prolapse with rectocele, cystocele and elytrocele, FIGO IVA. She underwent Concomitant radio chemotherapy. After a multidisciplinary conciliation meeting, taking into account the character locally advanced, a surgery of correction was proposed. Second case: a-79-year-old female presented with 11 months history of post-menopausal bleeding, pelvic pain and sensation of heaviness which was increasing in intensity over than 8 months. Physical assessment showed a large genital prolapse third degree and ulcerous and necrotic lesion at the lower part prolapse. Histopathological examination of cervical biopsies revealed well differentiated and invasive squamous cell carcinoma. She was staging according to the International Federation of Gynecology and Obstetrics staging system 2009 as FIGO IIIB. The patient was treated by palliative chemotherapy. After 3 months, the patient died. **Conclusion:** The rarity of this association explains the difficulties of care encountered and its pathogeny has poorly known hence the importance of multidisciplinary consultation.

KEYWORDS: Genital prolapse; Cervix carcinoma; Surgery; Radiotherapy.

INTRODUCTION

The association of carcinoma of the cervix and uterine prolapse is uncommon and the best treatment approach in such cases is not standardized and varies considerably among authors.[1] Genital prolapse affects 30% of women with a peak incidence at age 60.[2] In France in 2012, the incidence of cervical cancer was 3028 new cases per year with a peak incidence at 40 years.[2] Although these two pathologies are common, the development of carcinomas on uterine prolapse is still rare.[1,2] Few cases have been published which does not allow the comparison of outcomes with different therapeutic approaches.

Abbreviations: FIGO: International Federation of Gynecology and Obstetrics; CT: scanner; ICS POP-Q: Pelvic Organ Prolapse quantification system.

OBSERVATION

Case 1: a 58-year-old woman (5 gestures, 5 parities) presenting a genital prolapse evolving for 2 years and neglected by the patient. Admitted in our department in January 2018 for management of a cervical tumor discovered after postmenopausal bleeding, pelvic pain and feeling of heaviness that would evolve for 04 months, without associated digestive urinary symptoms. No history of concomitant illness was present or risk factors.

The physical examination found a stage III hysterocele according to the ICS POP-Q classification. The entire uterus protrudes from the vulva, irreducible (complete procidence). This uterine prolapse measured approximately 10 cm with the presence of an exulcerated uterine prolapse lesion located above and at a distance from the cervical orifice (Figure 1). The rectal examination showed a parametric bilateral invasion. Cervical biopsies were performed and histopathological examination revealed well-differentiated and invasive squamous cell carcinoma. Pelvic CT with contrast injection showed: a large urogenital prolapse with rectocele, cystocele, and elytrocele (Figure 2). Presence of a burgeoning tumor process interesting the genital sector and extending to the vulva measuring 97.5 × 67 × 37.5 mm. It infiltrates the floor of the bladder at the top, the perineum at the bottom and comes into contact with the rectum backward.

There were multiple retroperitoneal and pelvic lymphadenopathies of varying sizes. She directed according to the International Federation of Gynecology and Obstetrics System 2009 as FIGO IVA. The patient was surgically challenged as the stadium was locally advanced. Concomitant chemo radiotherapy was indicated (46Gy; 2Gy by fraction; 23 fractions with cisplatin 40mg / m2 / weekly) and then the patient was referred for brachytherapy which could not be performed because it is technically not feasible due to the stage of prolapse. After a multidisciplinary board meeting, given the locally advanced nature, catch-up surgery was proposed.

Case 2: A 79-year-old female presented in our department with 11 months history of post-menopausal bleeding, pelvic pain and sensation of heaviness which was increasing in intensity over than 8 months. Altered urinary and bowel habits were noted too. No history of any comorbid illness was present. She reported two risk factors: age and multiple parity (10 children). Physical assessment showed a large genital prolapse third degree. Whole uterus protruded from vulva (complete procidemia). This uterus prolapse was measuring over than 20 cm × 8 cm. An ulcerous and necrotic lesion at the lower part prolapse was observed, corresponding to cervical tumor (Figure 3). Digital rectal examination showed a bilateral parametrial invasion. Cervical biopsies were performed and histopathological examination revealed well differentiated and invasive squamous cell carcinoma. Pelvis magnetic resonance imaging (MRI) has demonstrated a large ptosis of the uterus vagina and bladder. The upper part of bladder remains over the pubis. Cervical tumor measuring 80 mm × 50 mm × 65 mm in T1 hypo signal and T2 hyper signal with bilateral parametrial invasion were noted. No pelvic lymphadenopathy was found. She was staging according to the International Federation of Gynecology and Obstetrics staging system 2009 as FIGO IIIB. After multidisciplinary board meeting, the patient starts palliative chemotherapy. Given the locally advanced character, no surgery or chemo radiation were done. After 3 months of treatment, she died.

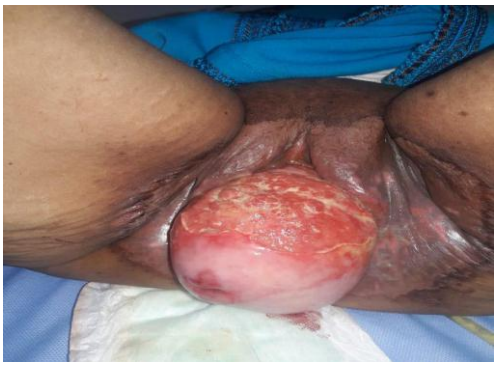

Figure 1: cervical cancer on prolapse after external radiotherapy 46Gy.

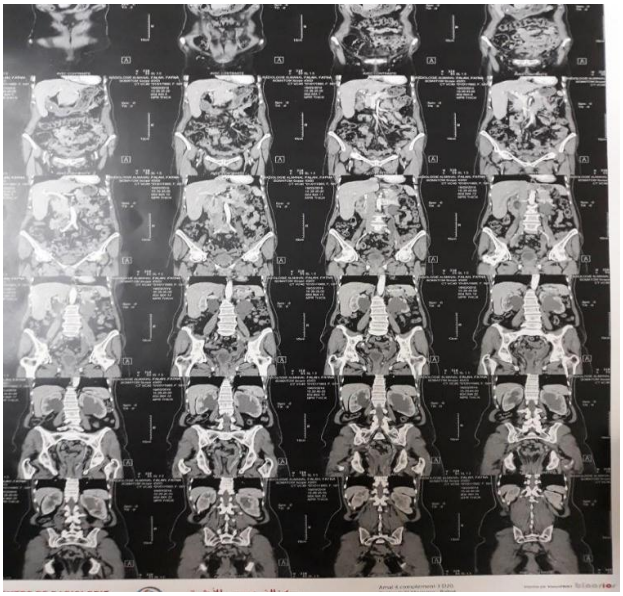

Figure 2: Abdominal-pelvic CT, coronal sections showing uterine prolapse.

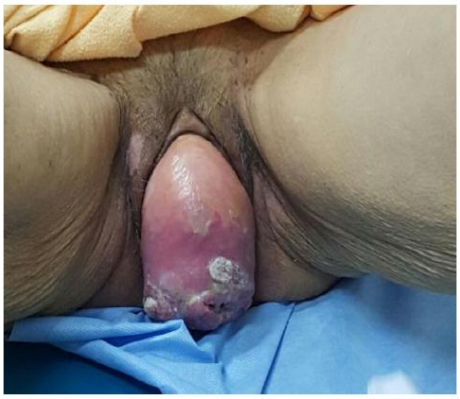

Figure 3: Complete genital prolapse and externalized cervix.

DISCUSSION

The existence of cervical carcinoma and uterine prolapse remains a rare condition and the pathophysiology is poorly understood. Most reported cases are prolapsed for more than 10 years, suggesting that lesions appear after a long latency period.[1,3] The extra-vaginal location of the uterus would be a protective factor for cervical cancer while others believe that the neoplastic lesion of the cervix is related to epithelial erosion by rubbing against clothing. This is explained by the assumption that its displacement removes it from the environment of the vagina, rendered harmful by exudates.[4] In our case, the prolapse of the patient only existed for 2 years and the symptoms for about 2 months. Given the presence of bleeding on genital prolapse, the first diagnosis to be eliminated (by frequency argument) is that of endometrial and non-cervical involvement. Frick et al. retrospectively analyzed 644 hysterectomy specimens from patients undergoing genital prolapse. No cases of cervical injury existed.[5]

Therefore, the best treatment is not defined when cervical cancer is associated with a complete uterine prolapse. Although it should not have to differ from treatment of cervical cancer without prolapse, the special anatomy can be difficult for the application of standard treatments.[6]

In cases of cervical cancer with fully externalized prolapse, the first pelvic radiotherapy can be performed,[7] but it seems more appropriate to reserve it in cases where the surgical treatment is not feasible, during an extension of the cancer neck beyond the plane of dissection, because it does not support the externalization of prolapse.[2,7] An extension of cervical cancer beyond the plane of dissection makes it difficult to treat prolapse, which is usually associated with cystocele and rectocele. In our situation, primary surgery was not indicated because of the locally advanced nature of the tumor. Until now, there is no consensus of support for this association.

Since 1999, following the results of five randomized clinical trials, concomitant chemo radiotherapy has become the standard of care for high-risk and advanced cervical cancer patients and has been proposed as an alternative to radical hysterectomy. In patients with tumors confined to the cervix but greater than 4 cm (Ib2).[6] In contrast, some authors advocate surgery for the association of genital prolapse and cervical cancer (2,7,8). However, pelvic radiotherapy can be performed.[5] But it seems more appropriate to reserve radio chemotherapy when the surgical treatment is not feasible.

Cabrera et al. described a case of complete prolapsed cervical adenocarcinoma successfully treated by surgery (radical laparoscopic hysterectomy with lymphadenectomy) and adjuvant chemo radiotherapy.[6] Given the locally advanced stage (stage IVA of the FIGO classification), our first case underwent after chemo radiation a catch-up surgery. The second patient died after 03 months.

CONCLUSION

The rarity of this association (cancer of the cervix and prolapse of the uterus) explains the difficulties of care encountered and its pathogeny has poorly known hence the importance of multidisciplinary board meeting. However, further studies are needed to determine the best therapy in cases of association of carcinoma of the cervix with uterovaginal prolapse.

Ethics Approval and Consent to Participate.

Written informed consent was obtained from the patients and her family for publication of this case report and any accompanying images.

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RÉFERENCES

1. Pardal C, Correia CR, Serrano P. Carcinoma of the cervix complicating a genital prolapse. BMJ Case Rep., 2015; 2015.
2. Vieillefosse S, Thubert T, Trichot C, Deffieux X. Cancer du col et prolapsus génital extériorisé. Prog En Urol. Juin, 2014; 24(8): 533-4.
3. Iavazzo C, Vorgias G, Vecchini G, Katsoulis M, Akrivos T. Vaginal carcinoma in a completely prolapsed uterus. A case report. Arch Gynecol Obstet, 275(6): 503-5.
4. Jeffcoate TNA. Principes de gynécologie. 4e édition. London: Butterworth, 1975. 759.
5. Frick AC, Walters MD, Larkin KS, Barber MD. Risk of unanticipated abnormal gynecologic pathology at the time of hysterectomy for uterovaginal prolapse. Am J Obstet Gynecol. Mai, 2010; 202(5): 507.e1-507.e4.
6. Cabrera S, Franco-Camps S, García Á, Vergés R, Díaz-Feijoo B, Pérez-Benavente MA, et al. Total laparoscopic radical hysterectomy for cervical cancer in prolapsed uterus. Arch Gynecol Obstet. Juill, 2010; 282(1): 63-7.
7. Reimer D, Sztankay A, Steppan I, Abfalter E, Lunzer H, Marth C, et al. Cervical cancer associated with genital prolapse--a brief review of the literature and long-term results of successful treatment with radiochemotherapy and surgery in a very frail patient. Eur J Gynaecol Oncol, 2008; 29(3): 272-5.
8. Loizzi V, Cormio G, Selvaggi L, Carriero C, Putignano G. Locally advanced cervical cancer associated with complete uterine prolapse: Cervical cancer, uterine prolapse. Eur J Cancer Care (Engl). 18 août 2009; 19(4): 548-50.