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OLGU SUNUMU/CASE REPORT

ATYPICAL PRESENTATION OF UTERINE CERVIX CANCER: A CASE REPORT

Uterin Serviks Kanserinin Atipik Prezentasyonu: Olgu Sunumu

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ABSTRACT

Increases of uterine cervical adenocarcinoma incidence have been observed in recent years. In this report, we present a rare case of cervical adenocarcinoma, which mimics vesicovaginal fistula. A 40-years-old multigravida patient presented with involuntary leakage of urine that began 6 months ago following dilatation and curettage for her pregnancy with missed abortion. During pelvic examination, exfoliation and wetness inperineum was observed but the 'cough stress test' was negative. Nulliparous healthy cervix with clear watery discharge was also observed. Laparotomy with total abdominal hysterectomy and abdominal washing were done. Histological examination revealed diagnosis of cervix adenocarcinoma without lymphovascular and perinueronal invasion and also endometrial adenocarcinoma located on two different focuses without myometrial invasion. An effusive watery vaginal discharge that evaluated mistakenly as urine may be produced by the malignant gynecological adenocarcinoma.

Key words: Symptoms, uterine cervical adenocarcinoma, vaginal discharge.

ÖZET

Son yıllarda uterin serviks adenokarsinom insidansında artış izlenmektedir. Bu yazıda klinik olarak vezikovajinal fistülü taklit eden bir servikal adenokarsinom vakası sunuldu. Kırk yaşında multigravid hasta istemsiz idrar kaçırma şikayeti ile başvurdu ve şikayetlerinin 6 ay önce missed abortus nedeniyle yapılan küretaj sonrası başladığını belirtti. Pelvik muayenesinde perineal bölgede ıslaklık ve eksfoliatif değişiklikler mevcuttu fakat öksürük stress testi negatifti. Sağlıklı görünümde nullipar serviksten gelen şeffaf, su benzeri akıntı vardı. Laparotomi ile total abdominal histerektomi ve abdominal yıkama yapıldı. Histolojik incelemede lenfovasküler ve perinöral invazyonu olmayan serviks adenokarsinomu ayrıca iki lokasyonda myometrial invazyonu olmayan endometrial adenokarsinom tespit edildi. Sonuç olarak yanlışlıkla idrar olarak değerlendirilebilecek yoğun su benzeri vajinal akıntı malign jinekolojik adenokarsinomun göstergesi olabilir.

Anahtar kelimeler: Semptomlar, uterus serviks adenokarsinom, vajinal akıntı.

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INTRODUCTION

Cervical cancer encompasses several histologic types, of which squamous cell carcinoma is the most common. The incidence of invasive cervical adenocarcinoma and its variants has increased dramatically over the past few decades; this cell type now accounts for about 25 percent of all invasive cervical cancers diagnosed in the United States (1).

Clinical manifestations of cervical adenocarcinoma are similar tosquamous cell carcinoma. Many women are asymptomatic and when symptoms occur, post-coital bleeding is the most common one (2). In some cases, a cervical mass is incidentally detected during pelvic examination.In this report, we present a caseof cervical adenocarcinoma with atypical presentation.

CASE REPORT

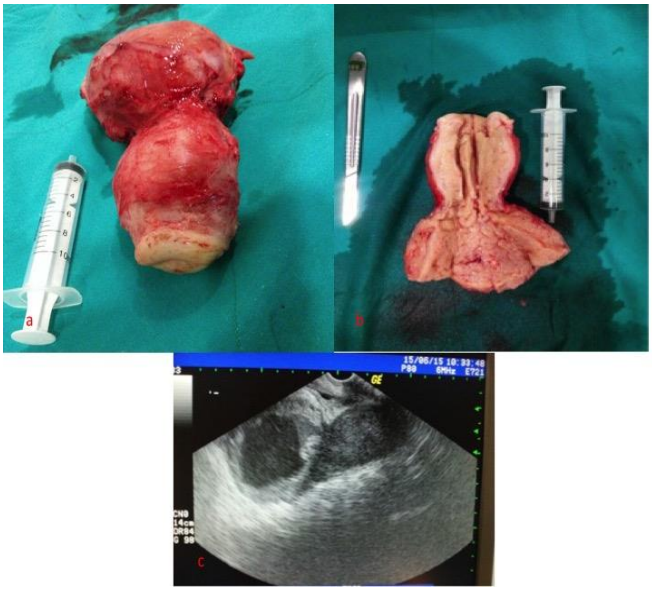
A 40-years-old multigravid woman presented with involuntary leakage of urine that began 6 months ago following dilatation and curettage of her pregnancy with the diagnosis of missed abortion. She also complained about menstrual irregularity. She had three cesarean deliveries in her medical history. During pelvic examination, moist and exfoliation of perineum was observed but the 'cough stress test' was negative and nulliparous healthy cervix with clear, water like discharge was also observed. Cervical cytology could not be performed because of vaginal pooling.Transvaginal ultrasonography suggested suspicious fistula formation between urinary bladder and uterus located on cesarean incision scar. However the three swab test with the bladder filled with methylene blue was negative. Cystography and intravenous urography were also normal. Her laboratory findings including complete blood count, renal and liver functions, and urinalysis were in normal range.

The informed consent of the patient for diagnostic laparotomy and possible further hysterectomy were gathered before surgery. Beside the presence of mild fluidaccumulation, uterus was slightly greater than normal size and unexpectedly soft regarding tissue consistencyand a solid lesion was palpated underurinary bladder with normal appearing ovaries and tubes. Abdominal hysterectomy was performed togetherwith sampling of the accumulated fluid in abdomen with the suspicion of utero abdominal fistula.The solid mass was revealed to be a firm mass of uterine cervix as tissue dissection advanced. The operation was ended without further intervention and suspicion suggesting malignancy. Macroscopic examination of the pathologic specimen showed rough plication of endometrial cavity including serous fluidfilled smooth uterus and barrel shapedcervix (Figure1). Microscopic examination revealed cervix adenocarcinoma without lymphovascular and perinueronal invasionand also endometrial adenocarcinoma located on two different focuses with 0.3 and 0.6 mm diameter without myometrial invasion. Abdominal washing was also malignant. She has undergone definitive surgery and chemotherapy afterwards.

DISCUSSION

Invasive cervical cancer is one of the most common malignanciesin women (3). The mortality and incidence of cervicalcancer have dramatically declined over the past five decades as a result ofsuccessful screening programs (4).

Figure 1. Macroscopy (a, b) and ultrasonography (c) of cervix and uterus.



However adenocarcinoma of the cervix has become more common over the years, while squamous cell carcinoma has become less prevalent. Squamous cell carcinoma precursors are frequently diagnosed in Pap smears, and can generally be readily visualized by colposcopy and eradicated. On the other hand, adenocarcinoma precancerous lesions are often difficult to diagnose, and invasive adenocarcinoma is usually present by the time the tumor is detected (5, 6). The most common symptoms at presentation are irregular or heavy vaginal bleeding and post-coital bleeding (2). Some women complain about a vaginal discharge that may be watery, mucoid, or purulent and malodorous. This is a nonspecific finding and may be mistaken as in our case. Watery vaginal discharge was considered as urine in light of her medical history. Mowat and Land (7) reported a similar case report-presenting symptom of profuse watery vaginal discharge, which was initially evaluated as urinary incontinence or a fistula. Their case had these symptoms for 11 years with normal cervical examination and smears. Even though we could not perform Pap smear test in our case, cervical examination did not remind us cervical pathology. Substantially the certain reason of watery discharge was realizedintraoperatively.

There arealso other unusual presentation forms of cervical adenocarcinoma in the literature. Pelvic or lower back pain radiating lower extremities may also project advanced disease that was absent in our case. Gastrointestinal or urinary symptoms, such as pressure-related complaints, constipation hematuria, hematochezia, are uncommon and suggest advanced disease. Gotoh et al. described an extremely rare case of cervical adenocarcinoma with large cystic lesions (diameter of more than 10 cm), which resulted in urinary obstruction. It is noteworthy that the large multiple-cystic tumor in the douglas pouch without accompanying watery discharge was difficult to differentiate from ovarian tumor (8).

Abdulhathi et al. reported a case of cervical adenocarcinoma presenting primarily as advanced ovarian cancer with the primary site totally asymptomatic (9). In their report, the patient presented with ovarian mass and the cervical carcinoma was totally asymptomatic and discovered post operatively after the histologic examination. Yamashita et al. reported a cervical adenocarcinoma case resemble nabothian cyst and the patient had only mucoid vaginal discharge clinically (10). These tumors as well as being subtle and presenting in diverse clinical findings may also obstruct the pathological diagnosis and microscopic evaluation may also be challenging (11).

As a conclusion, there is no certain clinical presentation for cervical adenocarcinoma. When a patient presents with a history of effusive watery vaginal discharge, an initial step is establishment of the fluid beingwhether urine or not. This may play an essential role in the differential diagnosis and management of disease.

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