

LYMPHOSARCOMA OF THE CERVIX

(Report of Two Cases)

by

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Lymphosarcoma of the cervix, with the production of signs and symptoms exclusively or primarily involving this organ, is extremely rare. Since this entity is rather unusual it is considered worthwhile to report two cases recently seen at this hospital.

Case 1.

A 35-year old female was referred to this hospital on the 14th of March, 1968 with the complaints of vaginal bleeding and leucorrhoea for a period of three months. She had seven full term normal deliveries. The last delivery was two and half years ago.

Vaginal examination revealed a large proliferative growth of the cervix. This was seen more on the posterior surface of the cervix. The parametria were free and the growth was not adherent to the rectum.

A hard, nodular mass was felt in the suprapubic region. Liver and spleen were not palpable. Superficial lymph nodes were also not palpable.

Roentgenological examination of the chest did not show any abnormality.

Histological examination of a bit of tissue revealed sheets of small round to oval cells. The nuclei were either darkly stained or vesicular and there was hardly any cytoplasm. A few mitotic figures were present (Fig. 1). Gomori's staining technique for reticulum showed pericellular fine reticular fibres. Biopsy was repeated and more bits from different regions of the large growth were obtained. Histological structure of these bits were identical with that of the

previous biopsy and were consistent with the diagnosis of lymphosarcoma.

Peripheral blood examination revealed haemoglobin to be 7.5 gms per 100 ml., erythrocytes 1.8 millions per cu. mm., leucocytes 4600 per cu. mm., with a differential count of neutrophils 76 per cent, eosinophils 3 per cent, lymphocytes 19 per cent and monocytes 2 per cent. Peripheral blood smear did not reveal any abnormal cells. Platelets were 182000 per cu. mm. Bleeding and clotting times were within normal limits. Sternal bone marrow did not show any evidence of leukaemia.

Urine examination revealed presence of albumin and plenty of pus cells. Malignant cells were not detected in the sample of urine specially examined from this point of view.

The patient was admitted in the ward on the 25th of March as she was feeling very weak due to profuse vaginal bleeding. She received four blood transfusions, 350 ml. each time, during one week. Vaginal bleeding was considerably less; however, she complained of drowsiness and nausea. Her urine output was only 500 ml. per 24 hours and blood urea was 78 mgms. per 100 ml. Patient was treated for uraemia; however, she did not respond to this and died on the 29th April, 1968. She was also given four injections of Endoxan, 200 mgms. each, for her primary disease.

Case 2

A 57-year old female, who had reached menopause eight years previously, was referred to this hospital for vaginal bleeding of one month's duration.

On vaginal examination, an ulcerated growth of the cervix was seen. There was involvement of the parametria and clinical-

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ly this was diagnosed as carcinoma of the cervix. A biopsy from the lesion was taken for confirmation of the clinical impression. Histological examination was consistent with that of lymphosarcoma. The microscopical structure was similar to that seen in the first case.

The patient, however, did not visit the hospital again and so it was not possible to carry out further investigations.

Comments

Lymphosarcoma of the cervix and indeed of the whole female genital tract is extremely rare. This is due to lack of lymphoid tissue in these organs. Such a tumour may be secondary to a generalised disease, but when it occurs as a primary tumour, Hertig and Gore (1960) opine that it arises from lymphoid tissue resulting from previous chronic inflammation.

Stein (1949) reported a case in which chronic lymphatic leukaemia presented as a neoplasm of the cervix in a 57-year old female who complained of vaginal bleeding intermittently for two and half years. The first case in the present report was investigated from this point of view; however, there was no evidence of leukaemia.

Hahn (1958) reviewed several series of cases of malignant lymphoma, totalling 742 cases. In 31 cases (4 per cent) there was evidence of genital involvement. However, amongst these 31 cases the cervix was affected only in a few instances. For the most part the involvement was minimal, an incidental observation in the course of a systemic disease.

In a review of the literature Ober and Tovell (1959) encountered five cases of malignant lymphoma which were primarily located in the uterus, and presented two additional cases of their own. Burrows *et al* (1964) have also described one case of primary lymphosarcoma of the uterus. In all these eight cases, the cervix was affected in five. The first case of the present report also appears to be that of a primary lymphosarcoma of the cervix.

Summary

Two cases of lymphosarcoma of the cervix are reported. At least in one of these, the lesion appears primarily of the cervix.

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Fig. on Art Paper IV