PROCIDENTIA AND CARCINOMA OF CERVIX

by

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and

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The occurrence of carcinomatous changes in an ulcer over a completely prolapsed cervix and uterus has been reported to be exceptional. Diaz Bazan (1963) reported 184 cases from the world literature, including his own. Shah (1965) reported 3 cases from the Indian literature. The infrequency of reports in Indian literature, although the incidence of carcinoma of cervix and uterovaginal prolapse is remarkably high among the Indian patients in the same age group, attest to somewhat diminished incidence of cervical cancer in procidentia cases. There has been an apparent rise in the incidence of this condition for the last three or four decades and periodic reports in the literature indicate that this condition is not an extreme rarity, and that etiology is still unexplained.

CASE REPORT

G.B., aged 45 years, married para 6, menopausal woman was admitted on 11-10-71 from the out patient department for something coming out per vaginam for the last 8 years and leucorrhoea for the last one year. The patient had attained menarche at the age of 11 years. Her menstrual cycles had been regular.

On general examination the patient was averagely built and nourished. Clinically she appeared to be slightly anaemic. Her B.P. was 120/80 mm Hg and her pulse was 74 per minute.

Gynaecological examination revealed complete prolapse of the uterus which could be reduced with difficulty. The uterus was normal in size, retroverted and mobile. There was thickening in both the fornices. The cervix was hypertrophied and congested. A proliferative growth was seen involving the whole circumference of the cervix which bled on touch (Fig. 1). Rectal examination revealed parametrial involvement on both sides which did not extend upto the lateral pelvic wall.

Investigations

Haemoglobin—60 per cent; blood urea—22 mg per cent; blood sugar 65 mg per cent; X-ray chest—normal and 1 V.P. findings normal.

Treatment: Initial biopsy of the cervical growth was reported as squamous cell carcinoma of cervix (Fig. 2). Following the report, a total vaginal hysterectomy with bilateral salpingo-oophorectomy and partial colpotomy along with bilateral extraperitoneal pelvic lymphadenectomy (Mitras operation) was performed on 2-11-71. This operation was followed by pelvic irradiation. The patient was discharged in a satisfactory condition, in the middle of December.

Follow-up: The patient had been coming regularly for follow-up since the last four months and her condition is satisfactory. There is no recurrence.

Comments

The protruding cervix in complete prolapse is liable to chronic trauma and irri-

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QUESTIONS and ANSWERS

Question:

I would be greatly obliged if the salient features of the new abortion law are brought out as it pertains to the practising Obstetrician and Gynaecologists.

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Answer:

The salient features of the Medical Termination of Pregnancy Act 1971 briefly are as follows:

1. Apart from therapeutic abortion, abortion is now permitted under the following circumstances also:

(a) When in the opinion of a medical officer, acting in good faith, the continuance of pregnancy would involve risk to the life of the pregnant woman or grave injury to her physical or mental health (in determining whether the continuance of pregnancy would involve such grave injury to the health, account may be taken of the pregnant woman's actual or reasonably forseeable environments)—
This means that abortion is now permissible for socio-economic reasons.

(b) When there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

(c) Pregnancy due to contraceptive failure.

(d) Pregnancy following rape.

(e) Pregnancy in a woman who has not attained the age of 18 years or who having attained the age of 18 years, is a lunatic, shall be terminated, except with the consent in writing of her guardian.

(f) Lastly, in all other cases, the consent of the pregnant woman only is necessary for termination of pregnancy.

2. The Act permits termination of pregnancy by a Registered Medical Practitioner recognised by the State authorities for such purposes. The opinion of one such Registered Practitioner only is required, if the pregnancy does not exceed 12 weeks. If it exceeds 12 weeks, but does not exceed 20 weeks two registered practitioners must agree.

3. All practitioners who desire to participate in this programme, should apply with their credentials and qualifications to the State Government (Directors of Health Services) for registration as Medical officers, capable of carrying out termination of pregnancy. They will be issued certificates giving them permission to do so. Without this permission it will be unwise to undertake termination under this act, as the law permits only such certified doctors to participate in this programme.

4. This procedure can be carried out only in institutions recognised by the Government. For this purpose, medical officers running private nursing homes will have to apply to the Director of Health Services of their States for certification, after inspection, of their nursing homes to be recognised as centres where this proce-

tation, and should predispose to malignant change, yet neoplastic changes seldom occur in cases of procidentia. No satisfactory explanation has been advanced for this apparent paradox, although excess keratinization, lessened vaginal secretions and inadequate blood and lymph supply have been suggested as predisposing causes.

Patients with group A blood do have a higher incidence of cancer of cervix than patients with other blood groups. Estimates of the ABO frequencies have not been calculated in genital prolapse. At present, it is premature to suggest that patients with blood group other than blood group A are less apt to have carcinoma of cervix.

The incidence of carcinoma of cervix is very high in age group 35-45 years. Likewise, the incidence of prolapse is very high in this age group. It is a remarkable fact that even in countries where the incidence of both these diseases is high, the incidence of cancer of the cervix or vagina in cases of prolapse is markedly low. The reported incidence is as low as 0.2 per cent (Smith) to as high as 4 per cent (Diaz-Bazan). Chowdhury (1966) analysed 52 cases of operable carcinoma of cervix and in 7 cases there was associated prolapse of the uterus. Although this study does not give an exact estimate of the incidence, as inoperable and irradiated tumours were excluded. There is an apparent rise in the incidence in recent years which is considered to be due to awareness among the gynaecologists to do a routine biopsy of all trophic ulcers and thorough histological examination of the specimens after operation.

The treatment may be either by surgery or by radiotherapy or a combination of both. Mitra's operation is the treatment of choice. Radiotherapy is not contraindicated (Way 1951). Special care should be taken to prevent overirradiation of vital structures which are distorted in cases of procidentia. The prolapse may be permanently cured as a result of this treatment. With advanced malignancy, the tissues become fixed following radiotherapy and prolapse as a result, is reduced.

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See Figs. on Art Paper I