# CARCINOMA OF CERVIX ASSOCIATED WITH GENITAL PROLAPSE

## (A Study of 12 Cases with Case Reports)

by

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Association of carcinoma of cervix with genital prolapse is uncommon inspite of constant irritation, friction and ulceration of the cervix in a case of genital prolapse. In an earlier study, Roychowdhury (1967) reviewing the literature observed only 125 cases and he himself reported another 12 cases. In view of its importance, it is worthwhile to report 12 such cases attending Eden Tumor Clinic during a period of 9½ years, from January 1969 to August 1979 among 1938 cases of cancer cervix. The incidence of this association amongst total cases of carcinoma of cervix was thus 0.57% against 2% as reported by Roychowdhury (1967) earlier.

### CASE REPORTS

#### Case 1

Mrs. T.K., 55 years, para 13 + 0, was admitted on 31-3-1973 for something coming down per vagina for last 14 years burning pain and blood stained discharge for 8-10 months. She had second degree uterine prolapse. L.C.B. 13 years ago. Menopause 12 years back. There was a proliferative growth over the anterior lip of the cervix. Uterus was retroverted smaller than normal, mobile. Both parametria, vagina, bladder base and rectal mucous membrane were not involved. There was moderate cystocele and rectocele. Smear-malignant cells; cervical biopsy—epidermoid carcinoma grade II. Diagnosis—second degree prolapse with cervical cancer stage I, with cystocele and rectocele. Mitra's operation was performed. Diagnosis of cancer was confirmed microscopically. Pelvic lymph nodes not involved. She was followed up for 4 years, no recurrence or complications.

#### Case 2

Mrs. J.D., 70 years, para 10 + 1 was admitted on 13-1-1978. for something coming down per-vagina—15 years, postmenopausal bleeding burning sensation and discharge—1 year. L.C.B. —29 years ago, menopause—25 years. There was third degree uterine prolapse with cauliflower—like growth of whole of cervix, involving medial half of parametrium on both sides. Vaginal wall not involved. Bladder base free, cystocele+++, Rectocele+. There was vaginal bleeding rectal m.m. free. The prolapsed uterus could be reduced with difficulty. Smear—malignant cells +, Biopsy—epidermoid carcinoma, grade II. Diagnosis—procidentia with cancer cervix stage II. Mitra's operation was performed. Histology of the specimen, confirmed the diagnosis. There was involvement of obturator group of lymph nodes on left sides. Patient was directed to take postoperative telecobalt therapy. Follow up for 1 year, well.

#### Case 3

Mrs. B.P., 40 years, para 4+1, was admitted on 18-3-1975 for something coming down per vagina for last 8 years, burning sensation, backache, irregular vaginal bleeding and postcoital

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bleeding for last 1 year. L.C.B. 4 years ago. There was second degree uterine prolapse with ulcerative growth involving whole of cervix. Parametrium slightly involved on left side, uterus—R.V., normal in size, mobility partially restricted. Cystocele, rectocele +, perinium—relaxed. Bladder base and rectal mucosa free Smear—malignant cells +. Biopsy—epidermoid carcinoma grade II. She underwent Wertheim operation. Histology confirmed the diagnosis. Lymph nodes not involved. She came in 1977 with vault recurrence, stage III carcinoma. Radiotherapy was given and followed up well till date.

**Case 4**

Mrs. S.G., 50 years, para 2+0, attended hospital on 1-8-1975 for white discharge, vaginal bleeding, pain in abdomen and difficulty in passing urine for 8-10 months. She had a history of something coming down per vagina for last 5 years. L.C.B.—20 years back, menopause—4 years. She was treated earlier with pessary for 3 years. P.V. and P.R.—first degree uterine prolapse with proliferative growth over the whole cervix, parametrium involved up to lateral pelvic wall on both sides. Uterus—R.V. small, fixed, bladder base and posterior vaginal wall involved up to lateral pelvic wall on both sides. Bleeding P. V. +, cystocele +, relaxed perinium +. smear—malignant cell +, Biopsy.—epidermoid carcinoma grade III.

Patient was directed for radiotherapy but recurrence occured in 1978 when re-rediotherapy was advised. However she could not be traced further.

**Case 5**

Mrs. R.B. 52 years, para 4+0 attended hospital on 8-3-1970 with postmenopausal bleeding, difficulty in micturition and white discharge for 7-8 months along with histroy of something coming down pervagina for 3 years. There was second degree uterine prolapse with ulcerated growth on whole of cervix but parametrium free on both sides. Posterior vaginal wall was involved up to ½". Cystocele and rectocele +. Smear—malignant cells +. Biopsy—epidermoid carcinoma. Wertheim operation was done. Histology of the specimen confirmed the diagnosis, lymph nodes not involved. She came in 1972 with vault recurrence when telecobalt therapy was advised but she did not turn up again.

**Case 6**

Mrs. T.D. 46 years, 7+0 attended hospital on 13-4-1975 for something coming down per vagina for 2 years, difficulty in passing urine and vaginal bleeding for 6 months. L.C.B. 5 years back. Menopause—2 years. There was second degree uterine prolapse. There was a decubitus ulcer on the cervix, cystocele +, rectocele +, Posterior vaginal wall involved up to upper I". Parametrium—free. Smear—malignant cell +. Biopsy—epidermoid carcinoma gr II. Werthcim operation done. Histology of the specimen confirmed the diagnosis. Lymph nodes not involved. She was advised post operative radiotherapy and was followed up well and alive up to 1978.

**Case 7**

Mrs. J.B.S., 48 years, para 7+0 attended hospital on 5-8-1976 with history of something coming down per vagina—6 years, white discharge and vaginal bleeding—1 year. She had also occasional retention of urine. L.C.B.—6 years back. Menopause 3 years. There was second degree uterine prolapse with cystocele +++ and rectocele +. There was an ulcerative growth on the posterior lip of the cervix. Parametrium, vagina, bladder and rectum not involved. Smear-malignant cells +, biopsy-epidermoid carcinoma grade II. Mitra's operation was performed. Histology of the specimen confirmed the diagnosis and there was no nodal involvement. She was being followed up till date, no recurrence.

**Case 8**

Mrs. B.S., 66 years para 5+0 attended hospital on 8-12-1973 for something coming down per vagina-8 years, postmenopausal bleeding, white discharge difficulty in passing urine for 1 year. There was first degree uterine prolapse with ulcerative growth of the posterior wall of the cervix which bled on touch. There was mild cystocele and perinium was relaxed. Parametrium, vagina, bladder and rectum—free. Smear—malignant cells. Biopsy—epidermoid carcinoma grade I. Schauta's operation was performed. Histopathology of the specimen confirmed the diagnosis and there was no nodal involvement. She was followed well and alive up to 1977.

Case 9

Mrs. S.D., 47 years, para 3+0 attended hospital on 8-7-1974 for something coming down per vagina for 3 years following a repair operation 4 years back and postmenopausal bleeding for last 6 months. Menopause—3 years, L.C.B.—12 years ago. There was second degree uterine prolapse with an ulcerative growth on the anterior lip of the cervix which bled on touch. Cystocele +, rectocele +, parametrium, vagina, bladder base and rectal mucosa free. Smear—malignant cells +, biopsy—epidermoid carcinoma grade I. The patient was a case of heart disease, hence was unfit for operation. She was advised radiotherapy which she did not take and died due to malignant cachexia.

Case 10

Mrs. L.G., 65 years, para 5+0 attended the hospital on 8-5-1976 with history of something coming down per vagina for 14 years, white discharge and vaginal bleeding for 2-6 months. Menopause—15 years back, L.C.B.—19 years back. There was first degree uterine prolapse with moderate cystocele and rectocele. Uterus—R.V. smaller than normal, motility restricted. There was an ulcerative growth involving whole of the cervix. Parametrium was involved up to medial half on left side. There was a decubitus ulcer also. Smear—malignant cells +. Biopsy—epidermoid carcinoma grade II. Mitra's operation was performed but patient died on the 4th post-operative day due to pulmonary embolism. Histology of the specimen—confirmed the diagnosis and there was no nodal involvement.

Case 11

Mrs. S.B., 50 years para 10+0 came on 26-6-1973 for something coming down per vagina for 14 years, white discharge and urinary difficulty—1 year. Menopause—6 years back; L.C.B.—7 years back. There was first degree uterine prolapse with cystocele +. There was a proliferative growth on the left corner and anterior lip of cervix, which bled on touch. Uterus—R.V., small and mobile, Parametrium, vagina, bladder base and rectal mucosa free. Smear—malignant cells +, biopsy—epidermoid carcinoma grade II. Mitra's operation was performed but patient died due to peritonitis on the 10th postoperative day. Histopathology of the specimen confirmed the diagnosis and lymph nodes were not involved.

Case 12

Mrs. S.D., 51 years, para, 6+0 attended the hospital on 2-2-1979 for something coming down per vagina for 8 years, white and blood-stained discharge for 9 months. Menopause—8 years, L.C.B.—10 years back. There was second degree uterine prolapse with cystocele + and rectocele +. The prolapse could be reduced. The whole of cervix was covered with an ulcerative growth. Vagina was involved but parametrium, bladder base and rectal mucosa were free. Smear—malignant cells +. Biopsy—epidermoid carcinoma grade II. Wertheim operation was performed followed by postoperative Telecobalt therapy. Histopathology of the specimen confirmed the diagnosis. There was no nodal involvement. She was being followed up for last 8 months, alive and well.

*Discussion*

Twelve cases of uterine prolapse associated with carcinoma of cervix have been presented. The incidence was 0.57% among total cancer cases (1938) treated in this hospital. It has long been established clinically that the prolapsed cervix (Jeffcoate 1975) although exposed to constant mechanical irritation is remarkably free from the risk of cancer. This was explained by supposing that its displacement removed it from the environment of a vagina made harmful by exudate (Dewhurst 1976).

In this series most of the patients were in the postmenopausal period and the last childbirth was in between 6-29 years ago and all the patients excepting 2 were para 3 or above. This observation is quite compatible with the incidence in parity in cancer cervix. However, the important observation is that patients with uterine prolapse for more than 10-15 years are more likely to develop a malignant change in the cervix. This was also the observa-

tion of Roychowdhury (1967). This may be due to increased degree of uterine prolapse with advancing age and parity resulting in more irritation and susceptilibity of cancer of cervix.

In this series most of the cases were of cancer cervix grade I or II and there was not a single case of grade IV, suggesting thereby that the grading was quite favourable in majority of the cases.

The present study showed that the prolapsed condition of uterus does not afford complete protection against carcinoma of cervix as believed by many (Dewhurst 1976). Hence it may be suggested that a thorough investigation is necessary in all cases of prolapsed uterus in advanced age especially with decubitus ulcer, including vaginal cytology and multiple biopsies and also even if there is no obvious lesion.

*References*

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