SQUAMOUS CELL CARCINOMA IN CHRONIC INVERSION OF UTERUS

(A Case Report)

by

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The clinical association of malignancy in chronic inversion of uterus is rare, hence a case of squamous cell carcinoma of the body of the uterus with chronic inversion of uterus is presented. Following is the case report:

CASE REPORT

Smt. P aged 38 years was admitted on 1-11-78 at the Associated Group of Hospital, Bikaner with the complaints of (i) irregular vaginal bleeding with yellowish discharge for 4 years. (ii) Pain in the lower abdomen for 4 years with no history of urinary and bowel trouble.

Menstrual History: Menarche 14 years. Previous menstrual cycles were regular 4/30 days, average loss, painless. For the past four years, patient was having irregular bleeding per vagina.

Obstetrical History: She had 6 full term deliveries at home. In the last delivery she had retained placenta which could be delivered by massage of abdomen and cord traction by a local dai. Baby expired after twenty four hours. She had retention of urine during puerperium for which she was catheterized. There was no history of prolonged or precipitate labour, no history suggesting of shock and haemorrhage. She was given some drugs for urinary trouble.

General Examination: Patient was anaemic, Pulse 88/minute, Temperature 37°C, Resp. 21/minute. Blood pressure 110/70 mm of Hg. Heart and lungs were normal. All other systems were normal.

Local Examination: On speculum examination, a infected fibroid polyp of about 4" x 4" in size filling the vagina covered with slough was seen. Walls of vagina were normal, discharge was unhealthy and blood stained.

Vaginal Examination: A fibroid polyp of about 4" x 4" protruding in the vagina, with a broad pedicle was felt. There was impression of cervix around the polyp. The uterus was in mid position but exact size could not be made out, fornices were free.

Hence provisional diagnosis of infected fibroid polyp was made. Investigations:—Blood Hb. 7 gm%, T.L.C. 8000/cu mm. D.L.C. Poly 70%, lymphos 28% and eosinophilitis 2%. Bleeding time 2 minutes 30 seconds, Clotting time 3 minutes 35 seconds. Blood urea—23 mg%.

Urine—Albumin and sugar was absent.

Screening Chest:—Normal, E.C.G. tracings were with in normal limits.

She was given antibiotics for seven days and 2 units of blood transfusions with other supportive therapy before she was taken for vaginal myomectomy operation, on 9-11-1978. Under general anaesthesia vaginal examination was repeated and it was found that the case was of chronic inversion of uterus. As inverted body of uterus was big and cervix could not be reached from below, abdomen was opened. On opening the abdomen complete inversion of the ute-

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rus was found. Tubes were oedematous but both ovaries were healthy, they were lying in the cup of fundus. A loop of intestines was adherent to the left side of the uterus. Adhesions were separated by blunt dissection. There was no other abnormality found in the abdominal viscera. By cutting the cervical ring longitudinally posteriorly the inversion of uterus was reduced and a total abdominal hystrectomy was done. Considering the age of the patient, both the ovàries were left behind. The patient stood the operation well, one unit of blood was given during operation.

Gross appearance of specimen—showed enlargement of the uterus to 4" x 4". Cervix was healthy. Endometrial surface was irregular. There was myohyperplasia. Serosal surface was normal. The specimen was sent for histopathological examination. The report showed—Chronic non-specific cervicitis and squamous cell carcinoma of the body of the uterus extending upto serosal surface. (Slide No. 1) Barium meal, Barium Enema, X-ray chest and liver function tests were done to find out any primary lesion, all were normal.

Post-operative period was uneventful, stiches were removed on eighth post operative day. Keeping in view the diagnosis of primary carcinoma of uterus a course of radiotherapy 2000 r/day for fourteen sittings by external route and 5000 r by internal route was given.

At the time of discharge general condition of patient was good. Patient came after three months for follow up, she was keeping good health, and there were no evidence of recurrence.

Comments

Chronic inversion of uterus with malignancy is a rare entity. In the present case, inversion of the uterus was mistaken for infected sloughing fibroid polyp. This mistake is common and is experienced by many of surgeons. Differential diagnosis lies between sloughing fibroid polyp, proliferative carcinoma of cervix, ulcerated prolapse cervix, infected products of conception. It is sometimes difficult to diagnose the inversion of uterus. In the present case, hysterectomy was done because patient had completed her family. As the ovaries were healthy, keeping in view the age of the patient, ovaries were left in. At the time of operation malignancy of the uterus was not suspected as unhealthy endometrial surface is a common feature of chronic inversion of uterus. Hence extended hysterectomy with removal of the vaginal cuff was not done. Abdominal approach for hysterectomy was decided because the uterus was big in size and cervical rim was very high up. As histopathological examination showed malignancy of the uterus, patient was given radiation therapy.