NULLIPAROUS CARCINOMA CERVIX

(Report of Two Cases)

by

KH. TOMBA SINGH,* M.D.
S. SANGEETA DEVI,** M.B.,B.S.
and
S. K. BHATTACHARYYA,*** F.R.C.O.G., F.I.C.S.

Here, we are reporting two cases of nulliparous carcinoma of the cervix just to emphasise the role of coitus and not the influence of pregnancy and child birth as a possible cause in the aetiopathogenesis of cervical cancer.

CASE REPORT

Case 1

Mrs. K. P., 40 years Christian female was admitted in the septic ward on 28-2-78 for vaginal bleeding off and on for 6 months and postcoital bleeding for 3 months. In the beginning bleeding was in small amounts without any associated symptoms but later it became profuse and was associated with backache and pain in the lower abdomen. The bleeding used to stop by itself without any treatment and at times she confused the bleeding with her menstruation. There was history of foul smelling vaginal discharge between bleeding episodes. There was constipation, dysuria and frequency of urine since this bleeding episode. She took no medical treatment before.

Menstual History: She attained menarche at the age of 16 years. Her previous cycles were regular with average blood flow lasting for 2-3 days. For the last 6 months her periods became irregular. The last episode of bleeding was 3 days back.

Marital History: She married at the age of 20 in 1957 and was divorced in 1963. She remarried in 1974. She failed to conceive this time also. Her husband has 5 children by his first wife.

She belongs to low-middle class family. There was nothing significant in her past-history.

Cardiovascular and respiratory systems were clinically normal. Liver and spleen were not palpable. There was no lump in the abdomen and no ascites.

On speculam Examination, a ulcerative growth was seen arising from the posterior lip of the cervix almost completely replacing it. A growth from the anterior cervical lip was small and mostly localised at the centre. The growth bled on touch. Necrotic tissue along with fresh blood was present.

On Vaginal examination, uterus was normal in size, mobility slightly restricted. Bleeding was present. A small portion of the upper vagina (less than one-third) was involved.

On rectal examination, there was thickening of the parametrium on both sides. On the right side it was upto medial two-thirds and on the left side it was upto medical one-half. There was slight thickening over the posterior fornix also. Rectal mucosa was free and there was no bleeding.

Cervical punch biopsy was performed on 29-2-78 and patient was investigated further. All other investigations were within normal limits.

Cervical biopsy report was differentiated squamous cell carcinoma of the cervix.

She was discharged from the hospital on

*Assistant Professor.
**Assistant Surgeon.
***Professor and Head of the Department.
Department of Obstetrics and Gynaecology, Regional Medical College Manipur-795 004. India.

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14-3-78 with advice to come for radio-therapy. Patient lost the contact for further follow-up.

Case 2

Patient K.D., 54 years Hindu, female was admitted in the Gynaecology ward on 6-9-79 for post menopausal bleeding for 1 year, becoming intolerable for the last 3 months. She was having watery vaginal discharge for about 6 years. It became foul smelling for the last 6 months.

Menstrual History: She attained menopause at the age of 45 years.

Personal History: She got married at the age of 18 years, had normal family life for about 27 years but without any issue. She became a widow at the age of 48 years.

Social and economic status: She belonged to low-middle class family.

Blood pressure was 110/80 mm of Hg. with a pulse rate of 82 per minute and temperature was normal. Cardiovascular and respiratory system were clinically normal. Liver and spleen were not palpable. There was no lump in the abdomen and no ascites.

On speculum examination a ulcerative growth all around the cervix was seen; bleeding on touch. Vagina was free.

On vaginal examination, uterus-normal in size, anteverted, mobile, firm. Right and posterior fornices slightly thickened and tender. Foul smelling discharge was present.

On rectal examination there was thickening in the right fornix extending upto medial one-third and there was slight thickening of the posterior fornix also. Rectal mucosa was free.

Cervical punch biopsy was taken on 7-9-79 and patient was investigated further. All investigations were within normal limits.

Cervical biopsy report was well differentiated squamous cell carcinoma.

She was advised radiotherapy and was discharged on 25-9-79. She was readmitted to gynaecology ward on 14-2-80 with radiation proctitis and anaemia. Later she developed obstructive features of the large bowel and she was shifted to surgical ward on 28-2-80.

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