STUMP CARCINOMA

(13 Case Reports)

by

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and

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The possible development of cancer in the cervical stump after subtotal hysterectomy is one of the reasons why this operation has virtually disappeared from gynaecological practise. However, subtotal hysterectomy has to be undertaken in some exceptional circumstances. The carcinoma, usually squamous cell develops de nova and is especially likely when the hysterectomy has been performed for pelvic infections or when the patient is multiparous. From 2 to 6% of all cases of carcinoma of cervix occur in stumps but the incidence varies naturally with the standard of gynaecology in any area. The tumor behaves like any cancer of the cervix but carries less favourable prognosis, because the peritoneal cavity, the bladder and rectum are at the top of the stump, so they become invaded early and also interfere with the application of full dose of radium. The Wertheim operation is more difficult and less complete in these cases because of disturbed anatomy. Five year survival after any method of treatment was formerly 20-30%, but has improved lately upto 60% in advance clinic due to advanced method of treatment.

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Case Reports

The cases were treated in Eden Hospital during the period of 1969 to 1979 when toal 1938 cases of carcinoma of cervix attended the clinic including these 13 cases. The incidence was therefore less than 1%.

Case 1

45 years, had subtotal hysterectomy, 5 years back for bleeding fibrod. Bleeding and pain in the lower abdomen appeared for last 1 year. Diagnosed as a case of stump carcinoma, squamous cell, stage III. She was treated with radiotherapy and could be followed well up to 6 years.

Case 2

54 years, had subtotal hysterectomy for bleeding fibroid 20 years back. The symptoms appeared for last 3 years. Stage III squamous cell carcinoma of stump, bladder base involved. She was treated with radiotherapy but died after 3 years.

Case 4

38 years, had subtotal hysterectomy 10 years ago for ruptured uterus. Symptoms appeared for last year. Diagnosed as squamous cell carcinoma stage III, stump carcinoma. She was treated with external radiation but died within 4 years.

Case 4

42 years, had subtotal hysterectomy due to rupture of uterus, 5 years back. Symptoms appeared for last 1 year. Squamous cell, stage III stump carcinoma She was treated with radiotherapy followed by surgery. Survival for more than 5 years.

Case 5

42 years had subtotal hysterectomy for rupture of uterus 5 years ago. Symptoms appeared for last 1½ year. Diagnosed as squamous cell stump carcinoma, stage III. Treated with telecobalt therapy. Could be followed well upto 3 years.

Case 6

60 years, had subtotal hysterectomy 30 years ago for bleeding fibroid. Symptoms appeared for last 3 years. Stage III squamous cell carcinoma of the stump. She was treated with chemotherapy but died within 1 year.

Case 7

46 years, had subtotal hysterectomy for rupture of uterus 15 years back. Symptoms appeared for last 1 year. Stage III squamous cell carcinoma of the stump. Treated with radiotherapy but died at the 3rd year.

Case 8

60 years, had subtotal hysterectomy 20 years back for chronic pelvic inflammatory diseases. Symptoms appeared for last 2 years. Squamous cell stump carcinoma, Stage III. Treated with radiotherapy but she died at the 4th year.

Case 9

47 years, had subtotal hysterectomy 4½ years back for bleeding fibroids. Symptoms appeared for last 2 years. Stage III squamous cell carcinoma of the stump. Patient was treated with radiotherapy, developed stress incontinence and died at the 4th year.

Case 10

36 years, had subtotal hysterectomy for endometriosis, 5 years ago. Symptoms appeared for last 8 months. Squamous cell carcinoma of the stump, stage III, bladder base involved. Treated with radiotherapy but died at the 3rd year.

Case 11

26 years, had subtotal hysterectomy 2 years back for rupture of uterus. Developed symptoms for last 3 months. Squamous cell carcinoma of the stump, stage I. Treated with radiotherapy, well upto 5 years.

Case 12

50 years, had subtotal hysterectomy 8 years back for endometriosis. Symptoms appeared for last 2 years. Squamous cell carcinoma of the stump stage IV. Treated with chemotherapy but died with 1 year.

Case 13

40 years, had subtotal hysterectomy for chronic pelvic inflammatory diseases 3 years ago. Squamous cell carcinoma of the stump stage III. Treated with Telecobalt therapy but died at the 4th year.

Comments

One of the important after effects of subtotal hysterectomy is stump carcinoma. It is said that when the danger of removing the cervix exceeds the danger of leaving it, the subtotal operation should be done. In Eden Hospital the incidence of subtotal hysterectomy is 8 to 10 per year.

In this series 13 cases of stump carcinoma have been presented and 3 out of these 13 cases (23%) survived more than 5 years. In all the cases cancer developed 2 years after subtotal hysterectomy. The prognosis is worse in case of false stump carcinoma where the disease is detected within 2 years of hysterectomy. With increased age and parity there is a greater risk of developing stump carcinoma. Such chances are greater if subtotal hysterectomy is done for chronic

cervicitis than for fibromyoma of uterus. Roychowdhury (1980) reported that 5 year survival after radiotherapy is about 15%. Currie (1971) had a 5 year survival rate of 66.6%, Kelso and Funnell (1973) a 100% out of 15 patients treated surgically whilst Felcher (1971) noticed no significant difference in treatment with radiotherapy whether the body of uterus had been removed or not.

The incidence of stump carcinoma amongst total cancer cervix cases in this series was 0.68%. It forms about 0.7 to 1% in other reported series (Pearse 1933).

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