ANAPLASTIC CARCINOMA CERVIX IN A GIRL AGED 14 YEARS

(A Case Report)

by

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Uterine carcinoma in children though a rarity is much more cervical than corporal. Great majority of cervical growths are adenocarcinoma while a few may be of epidermoid type. These neoplasms in children differ from those in adults in three ways i.e. worse prognosis, extreme rarity and histologically in being adenocarcinomas.

Anaplastic carcinoma of cervix has not been reported earlier though Gillbert in 1932 reported one case of large anaplastic carcinoma of body uterus. The present case is being reported as the first case of anaplastic cervical carcinoma in childhood.

Case Report

A young unmarried girl aged 14 years reported with a large growth lying outside the vulva of 6 months duration and history of vaginal bleeding off and on intermenstrually. Menarche was at the age of 12½ years with menstrual formula of 3/30 days.

She was second in birth order with one elder sister and two younger brothers. Her infancy and childhood had been uneventful without any serious prolonged illness for which she may have taken any medication for a long time. There was no family history of such a disease or of having taken drugs or hormones by her mother during her pregnant state.

On examination, a bluish red polypoidal growth, necrotic at places, foul smelling, 10 cms round in size was lying outside the vulva. It was badly infected. The growth was arising mainly from the posterior lip of the elongated cervix, the upper part of which looked relatively healthy. A small sized rubber ring pessary was constricting the elongated cervix, which had been inserted by some midwife presuming the case to be a case of prolapsed uterus. Size of uterus could not be made out because of the big size of growth which did not allow internal examination.

Biopsy sections showed stratified squamous epithelium and ulcerated endocervical tissue. In the depth of section there were present clumps or nests of cells. The tumour cells had scanty indistinct cytoplasm. They showed hyperchromatic large rounded or ovoid nuclei with evidence of mitosis. At places fibrous stroma separating the tumour cells was present. Although some clefts or spaces were seen in some of the tumour cell groups, no definite gland formations—tubules or papillary arrangement was seen. A diagnosis of cervical carcinoma was made.

Two weeks later, complete local excision of

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the growth was done taking 2.5 cms of apparently normal looking cervix above the growth (Fig. 1). Operative and post-operative period was uneventful with early recovery. Internal examination findings two weeks after the excision showed cervix in normal position, normal to feel with anteverted nullipaorus mobile uterus and clear fornices. On speculum examination cervical stump looked healthy.

Excised growth histologically showed sheets, groups or nests or anaplastic cells with prominent ovoid or rounded nuclei showing evidence of hyperchromatism and variation in size. Mitotic activity was very prominent at places. At other places the neoplastic cells were getting transformed into spindly cells with hyperchromatic nuclei and increased mitosis—thus typing the neoplasm to be anaplastic carcinoma with sarcomoid changes (Fig. 2).

Healthy looking cervical stump showed microscopic infiltration by the neoplastic cells.

The patient was built up to 12 gms% haemoglobin by repeated blood transfusions during this time and radical hysterectomy was planned.

On examination prior to surgery under anaesthesia, after 4 weeks time, cervix was directed backward and was normal to feel A hard fixed mass occupied mainly the left half of the pelvis—reaching upto lateral pelvic wall and arising out of the pelvis into the left iliac region and lower part of the left lumbar region. Right side parametrium was free. Uterus could not be felt separate from this mass.

On speculum examination, cervix had a small raw area about 5 mm in size on its anterior lip which bled on touch. Posterior lip was apparently normal.

Thus surgery was deferred and patient was put on requisite Cobalt therapy. At the end of the irradiation course, vaginal examination showed cervix flushed with surface and could not be defined. A hard mass arising from the pelvis size 7-8 cms transversely and 4-5 cms from above downwards was located. She was advised combination cytotoxic drug therapy, but she left the hospital and was lost to further follow-up.

Discussion

Cervical carcinoma in children are very rare—by 1962 in the pathological monograph (Willis, 1962) only 30 cases have been reported. The youngest child reported with carcinoma cervix was 6 months old child.

The presenting symptoms in cases with adenocarcinoma or mesonephric carcinoma are mainly vaginal bleeding, growth, vaginal discharge or coccygeal pain. Histological picture is largely to be depended upon in typing the neoplasm.

Grossly polypoidal cervical growths may be carcinomas, sarcoma botryoides or benign mesonephric papillary tumour.

While mesonephric carcinoma of cervix is histologically characterised by endothelium like or cuboidal cells lining cystic or tubular spaces, glomeruloid structures, neoplastic clear cells tubular architecture resembling mesonephric ducts or tubules —these were absent in the above reported case.

Absence of myxomatous tissue and primitive skeletal muscle excluded the possibility of sarcoma botryoides.

Benign mesonephric papillary tumours which histologically contains mixture of squamous and cuboidal or columnar epithelium of endocervix or ectocervix also did not fit into the present histological picture.

The characteristics of increased mitotic activity with hyperchromatism and presence of spindly cells interspersed with groups and sheets of anaplastic cells differentiated this peculiar type of growth into anaplastic carcinoma with sarcomoid changes.

Summary

A fourteen years old girl was found to have a polypoidal growth 10 cms in diameter hanging outside the vulva which histopathologically showed anaplastic carcinoma of the cervix. Complete local excision of the growth alongwith 2.5 cms of

apparently healthy looking cervical stump was done. Radical surgery was not possible barely 4 weeks after the local excision due to rapidly growing tumour mass filling up pelvis and extending upto 10 cms area in left iliac fossa.

Early diagnosis of vaginal bleeding in children or persistent vaginal discharge should be made and pelvic examination should not be missed. Enthusiastic early treatment should be undertaken.

Cobalt therapy was then instituted.

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See Figs. on Art Paper V