

PROGNOSIS AND MANAGEMENT OF CERVICAL CANCER — MISMANAGED BY HYSTERECTOMY

By

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SUMMARY

Much has been said for the early detection of Cancer Cervix. Pap smear and Colposcopy are two important methods for this. In spite of this knowledge, it is observed that many doctors are going for improper treatment of Cervical Cancer either with the diagnosis of it or without screening for it. We, at Gynec. Oncology Department of Gujarat Cancer and Research Institute and M.P. Shah Cancer Hospital, Ahmedabad studied 23 cases of Cancer Cervix diagnosed after hysterectomy (done outside) from January, 1985 to December 1986. Detailed history with operative details, surgeon's qualification, place of surgery, histopathological diagnosis etc. were obtained. Patients were investigated and treated accordingly. Majority of patients were of age group 31-50 years (78.26%), rural (73.91%), Hindu (91.30%) and from lower socioeconomic group (91.30%). Eleven cases (47.83%) had menstrual complaints before surgery. Total hysterectomy was performed in 10 cases (43.48%) and pan hysterectomy in 5 cases (21.74%). The diagnosis was pre-operative in 3 cases (13.04%), of type III B in 60.87% and made within one year in 78.26% cases. Twelve cases (52.17%) were operated by Gynaecologists and 17.39% in institutes. Only 18 cases took treatment. Of these, 9 (50%) took external radiation and 7 (38.89%) cases took external + intra cavity radiation. They were followed up for a minimum period of one year. At the end, 33.33% developed recurrence within one year, 53.33% cases showed no evidence of recurrence. We conclude in a way of reminding our colleagues not to forget screening every woman for cervical malignancy before going for any surgery.

Introduction

Much has been said for the early detection of Cancer of Cervix. It is greatly

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emphasized upon the young Gynaecologists during their studies how important the Pap.smear and Colposcope are!! No doubt that colposcope is not available at every place, but instead, pap.smear is a very simple test to detect such a miserable condition in its early stage.

In spite of the knowledge of these as-

pects of detection of Cancer Cervix, it has been observed that more and more Doctors are going for improper or incomplete treatment of Cervical Cancer. They have been going for hysterectomies even in presence of Cervical Cancer. We have studied such cases who came to our Institute with manifestations of Cancer Cervix after hysterectomy done outside.

Material and Methods

A retrospective randomised study was carried out at the Gynaec Oncology Department of Gujarat Cancer and Research Institute and M. P. Shah Cancer Hospital, Ahmedabad. All those patients who attended our Department as cases of Cancer Cervix detected after hysterectomy (done outside) during the year 1985 and 1986 were analysed. Total of 23 such cases out of 1550 cases attending our O.P.D. from January 1985 to December 1986 were studied thoroughly.

A detailed history with special reference to the operative details—wherever possible, the surgeon, place of surgery and the histopathological report were obtained. Clinical examination done and staging of the disease was done. Patients were investigated—both haematological and radiological—and biopsy from the disease was taken. Thus after complete evaluation, management was decided. It was in the form of surgery, radiotherapy or chemotherapy. At the end of it, the end results of therapy given were also analysed in the form of death/survival of patient with the disease or free of disease.

Analysis and Discussion

Of 23 cases, 2 cases (8.7%) were under the age of 30 years and 3 cases (13.04%) were of more than 50 years; remaining

TABLE I
Sociodemographic Pattern

	No. of cases
31-50 years of age	18 (78.26%)
Hindu	21 (91.30%)
Rural	17 (73.91%)
Lower socioeconomic group	21 (91.30%)

18 cases (78.26%) were between 31-50 years of age. Majority of them (91.30%) were Hindu and were from rural areas (73.91%) and of low socio-economic group (91.30%). None of them was unmarried.

Most of the patients were referred to us after hysterectomy and with the diagnosis of Cancer of Cervix.

TABLE II
Chief Complaints

	No. of cases
Discharge P/V	10 (43.48%)
Bleeding P/V	9 (39.13%)
Pain in abdomen	7 (30.43%)
Menorrhagia	7 (30.43%)
Postcoital bleeding	1 (4.35%)
Postmenopausal bleeding	3 (13.04%)

These patients presented with the common symptoms of discharge per vaginum (43.48%), bleeding per vaginum (39.13%) and for pain in abdomen (30.43%). When asked in retrospect about their problems before surgery 11 cases (47.83%) had menstrual disorders in form of menorrhagia (30.43%), postcoital bleeding (4.35%) and post-menopausal bleeding per vaginum (13.04%). One patient was operated for a cervical polyp that looked malignant clinically. These 12 cases should have been investigated further to ruled out any malignancy and then only subjected to surgical treatment.

TABLE III
Type of Surgery

	No. of cases
Subtotal	3 (13.04%)
Subtotal \bar{c} BSO	2 (8.70%)
Total	10 (43.48%)
Total \bar{c} BSO	5 (21.74%)
WM	2 (8.70%)
Not known	1 (4.35%)

It is interesting to note that these patients had undergone various types of hysterectomy. Two cases (8.7%) who came with a chit mentioning Wertheim-Meig's operation, did not however produce any histopathological report of the parametrial tissue, lymph nodes, vaginal cuff and/or margins. Thus it becomes very obvious that instead of Wertheim Meig's operation, it was probably pan hysterectomy. Five cases (21.74%) underwent subtotal hysterectomy (with or without the adnexal removal). This suggests advancement of disease that was missed or ignored and which probably did not allow the person to accomplish even a total or pan hysterectomy. In 65.22% cases of total or pan hysterectomy, the trauma of surgery could have been prevented by proper pre-operative evaluation of the patient with special screening for carcinoma cervix.

Majority of patients (78.26%) were diagnosed within one year (30.43% within one month only). These cases were probably harbouring the disease at the time of surgery and not diagnosed before that.

It is always taken for granted that before going for any surgical procedure, the surgeon weighs the pros and cons of it and is always well aware of the consequences. Thus a Gynaecologist is the best person to treat the female genital tract lesions. Hence it becomes a very

sad affair to note that the present study revealed 52.17% of Gynaecologists to be responsible for improper treatment of cancer cervix. For general surgeons and other medical graduates it is advisable not to venture for such surgery.

Similarly it is really disgraceful to see that 4 cases (17.39%) were operated in teaching Institutes. Though a relatively small figure, it becomes a much more magnified figure when we think of all the postgraduate students who might—in future—take up such wrong habits.

TABLE IV
Diagnosis and Staging

	No. of cases
Pre-operative	3 (13.04%)
Post-operative	20 (86.96%)

	No. of cases
Stage I type	1 (4.35%)
IIB type	4 (17.39%)
IIIB type	14 (60.87%)
IV type	1 (4.35%)
Nil	3 (13.04%)

This table shows that 20 cases (86.96%) were diagnosed to have Cervical Cancer only after the histopathological report was obtained. But what we want to stress upon here is those 3 cases (13.04%) where Cervical Cancer was diagnosed before surgery and yet improper treatment was given to these patients. At least these cases should have been managed correctly. All these three cases were operated by Gynaecologists.

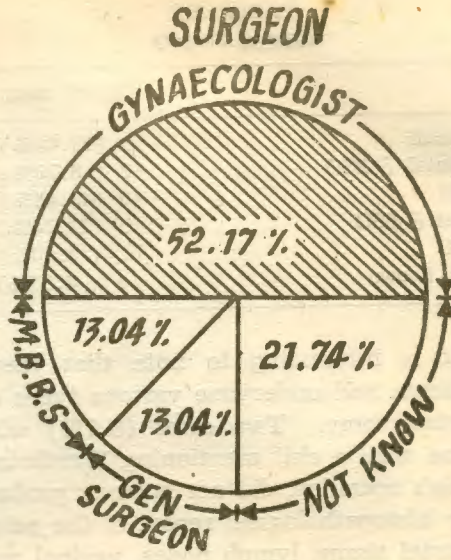
On clinical examination, 60.87% cases presented with growth at vault and its spread mimicking cancer cervix stage IIIB. If this is the state of vault within one year of surgery, it would have really been a tough task even to perform a total hysterectomy! It is incredible to think

how these operations were carried out in presence of extensive disease!!

TABLE V
Investigations

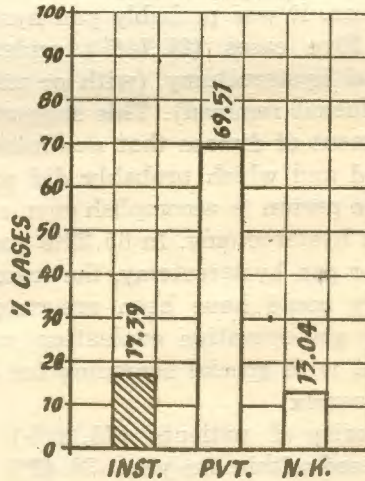
	No. of cases
Biopsy	11
Epidermoid	10 (43.48%)
Adenosquamous	1 (4.35%)
IVP	
Normal	11 (47.83%)
Abnormal	5 (21.74%)

Routinely all patients were subjected to few basic haematological and radiological investigations. One case revealed secondary deposits in liver and one case was severely anemic. The intravenous pyelography reports were possible only in 16 cases. Five cases (21.74%) revealed impaired renal functions in the form of hydronephrosis, hydroureter, displacement of ureter, non-functioning kidney etc. Eleven patients had positive biopsy reports of which 10 cases (43.48%) had epidermoid carcinoma and 1 case (4.35%) has adenosquamous carcinoma.



2 a

PLACE OF SURGERY



2 b

TABLE VI
Management (18 cases)

	No. of cases
Surgery	1 (5.56%)
Ext. RT	9 (50.0%)
Ext. RT + ICR	7 (38.89%)
CT	1 (5.56%)

OPERATION - DIAGNOSIS INTERVAL

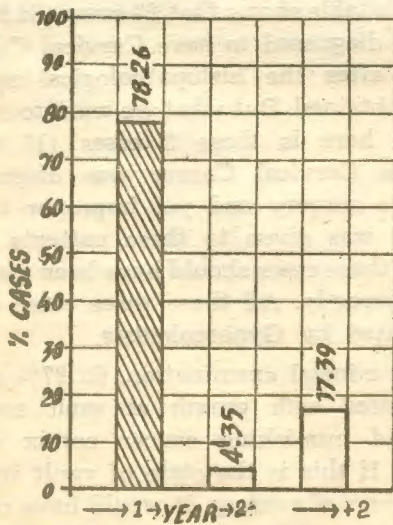


Fig. 1

This is the important aspect of present study. Of 23 cases, 5 cases decided not to take any type of treatment. According to them, the surgery was complete because they were relieved of their original symptoms. The remaining 18 cases were treated mainly by radiotherapy (16 cases—88.89%). One case (5.56%) was operated for Wertheim Meig's operation but she died of recurrence after 9 months. Another case (5.56%) refused to take radiotherapy and hence was given chemotherapy (Cisplatin 50 mg., Endoxan 500 mg.) but eventually she also expired. Nine patients (50.0%) received only external radiation while 38.89% patients were supplemented with intracavitary (intravaginal) radiation.

Fig. III

Survival After Complete Therapy

	No. of cases
No treatment	5
CT	1
Incomplete RT	2
<hr/>	
D O D	2 (13.33%)
AWD	5 (33.33%)
NED	8 (53.33%)
Lost to F. up	3
Still F. up	5

All these cases were followed for a minimum period of one year. Five patients took no treatment, one took only chemotherapy and two of them took incomplete radiotherapy.

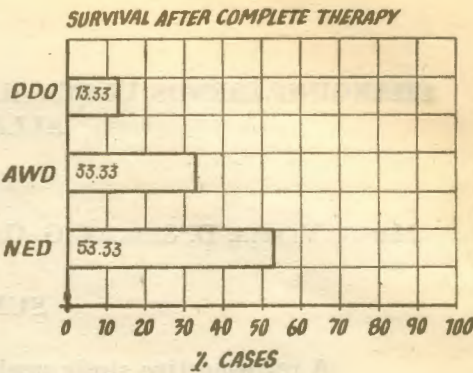


Fig. 3

Of remaining 15 patients, 2 cases died of disease (13.33%) and 5 cases (33.33%) are alive with disease. They developed recurrence within one year. Three out of the remaining 8 cases were lost to follow-up. Five patients with no evidence of disease are still continuing the follow-up. Thus the patients with no evidence of disease forms 53.33% of these 15 cases but 34.78% of the whole series.

Conclusions

Looking at these results we must keep in mind basic things like screening the patients, proper evaluation with special attention to malignancy. We as Gynaecologists, must understand the significance of proper surgery by a well-trained person in a well-equipped hospital. This will definitely minimise the trauma of a hysterectomy in cases of Cervical Cancer. We must also not forget the role of radiotherapy in the management of Cancer Cervix.