An Interesting case of Rhabdomyosarcoma of the Cervix in a Young Girl.

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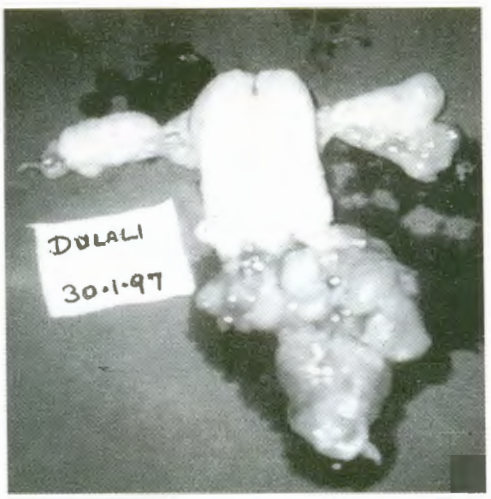
Genital tract tumours during childhood and adolescence are fortunately uncommon. Among the more common malignant tumours of the childhood is the Embryonal Rhabdomyosarcoma, also known as "Sarcoma Botryoides" because of its clinical appearance of a grape like clustered mass. The location of these tumours in the mullerian duct tissues tends to rise with age. Therefore, it is usually found in the vagina during infancy and early childhood, in the cervix during the reproductive years and in the body of the uterus during postmenopausal years.



Our patient, Dulali, a young unmarried girl of 14 years presented on 8.11.96 with the complaints of irregular vaginal bleeding and foul smelling discharge since one and a half years. She had attained menarche at 12 years and for the first 6 months her cycles had been regular. At the onset of the above symptoms, she had taken local ayurvedic treatment for the initial 8-9 months. When there was no relief, she visited a local doctor, in July '96, who noticed a growth in the vagina and removed it, the histopathology of which revealed adenomatous polyp of cervix. When her symptoms and signs persisted, she was referred from Malkera Collieries to our hospital.

On admission, on 8.11.96, the patient had moderate pallor but her general condition was satisfactory. An examination under anaesthesia on 11.11.96 revealed a soft, irregular, yellowish, fleshy growth arising from the cervix almost filling up the vagina up to the lower one-third. However, the vaginal walls were free and the uterus was mobile and of normal size. Biopsy was taken from two sites and histopathology showed large number of undifferentiated round cells, stellate cells and spindle cells scattered over a loose myxomatous tissue. Stroma cells had hyperchromatic nuclei presenting bizarre sarcomatous appearance in favour of Pleomorphic Rhabdomyosarcoma.

She was put on combination chemotherapy with Vincristine, Adriamycin and Cyclophosphamide but before the third course, surgery was decided upon as the growth had not decreased. On 30.1.97, total abdominal hysterectomy with bilateral salpingo-oophorectomy was carried out. Histopathology of the tissue from growth and cervix revealed the same appearance of rhabdomyosarcoma as described earlier. The uterine endometrium & myometrium, both tubes and ovaries and vaginal cuff were free from disease.

She was given post operative radiotherapy followed by 6 courses of chemotherapy with the VAC regime. The patient is still under follow up and was last seen in Feb. '98, when she was found to be free from any disease clinically and radiologically.

Real progress has been made in the past few years in the management of Rhabdomyosarcoma. In the past, only extensive radical surgery provided any real hope of cure but with poor survival rates. It is norw realised that the response of this tumour to appropriate chemotherapy, and to a lesser extent, radiotherapy, has been very promising. However, surgery in combination with the above, gives the best results as seen in this case