

Rare Malignant Cervical Tumours – Case Report

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Out of all gynaecological malignancies commonest is squamous cell cervical carcinoma. But two unique cases of cervical cancer seen in the last year are worth reporting. First is chondrosarcoma & second is leiomyosarcoma found in an adolescent girl. In both cases the origin was cervical and body of the uterus was not involved.

Case-1 : A 45 years old, known diabetic female reported in OPD with the complaint of intermenstrual spotting of two months duration. Her previous menstrual history was normal. Per speculum examination revealed 2 small sessile cervical polyps of size of 1 cm and 2.5 cm diameter arising from posterior cervical lip. So polypectomy D & C was advised. But the patient refused admission and reported back after 2 months. During this period she took treatment from some private hospital where some intervention had led to profuse vaginal bleeding.

By this time, per speculum examination showed that whole of the cervix was replaced by big, polypoidal, friable growth which bled on touch profusely. However uterus and adnexa were normal on vaginal exam. Biopsy was taken and she was fully investigated. Ultrasound examination showed large well-defined 68mm x 87mm heterogenous mass in the cervical region. Bladder, rectum and other abdominal organs were normal.

HPE of biopsy showed, amidst extensive necrosis, lobules of cellular cartilage scattered amidst which were round to ovoid, small to moderate sized cells with clear cytoplasm and hyperchromatic pleomorphic nuclei. Few tumour giant cells and bits of normal looking stratified squamous epithelium were also seen. (Photo-1) So diagnosis of chondrosarcoma (of malignant mullerian origin) was made.

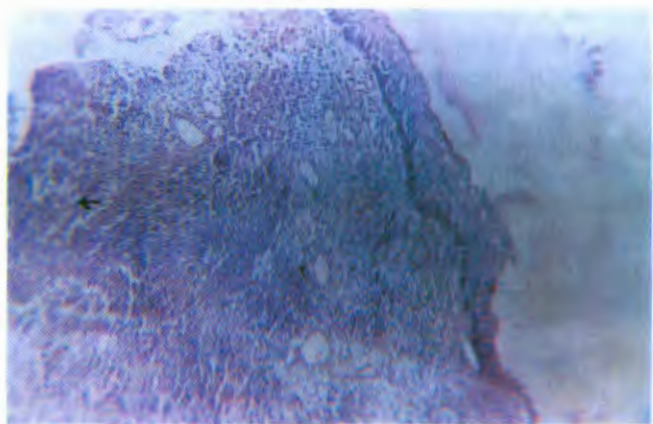


Fig 1 (a) Microphotograph (H&E x 50) showing stratified squamous epithelium and chondroid tissue (arrow).

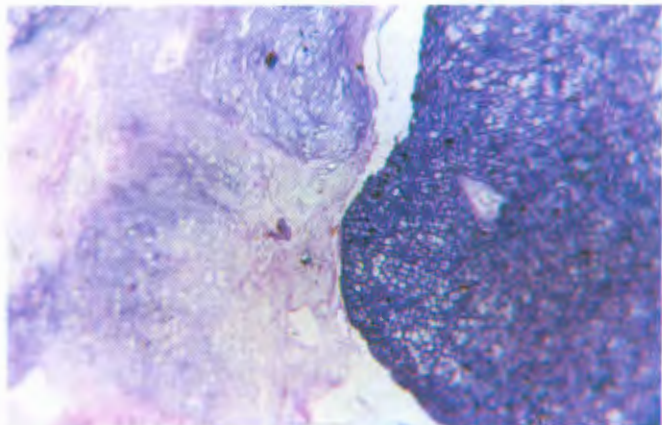


Fig I (b) Microphotograph (H&E x 200) showing mature and immature chondroid tissue

On reassessing the patient after 10 days per vaginum examination revealed extension of growth to upper vagina and parametrium short of pelvic walls. So

the patient was subjected to CT scan which showed heterogenous cervical growth with 6.4cmx6.6cmx9.0cm area of necrosis having air in it, vaginal wall thickened to 15mm & right obturator lymph node enlarged to 2.8 cm diameter. However parametrial or pelvic wall involvement, ascites, involvement of adjacent organs were not seen.

As the patient was presently inoperable due to virulent progression of malignancy, she was referred for radiotherapy and further management.

Case-II : 17 year old young unmarried girl reported in OPD with history of foul smelling vaginal discharge for 6 months and retention urine off & on with regular menstruation. She was severely anaemic. Ultrasound examination showed mass in cervical region surrounding the uterus. One finger vaginal examination showed huge necrotic mass distending whole vagina. Uterus and cervix could not be felt. Patient bled profusely and went in hypotension after examination. Friable pieces of growth were sent for HPE & report showed pleomorphic malignant mesenchymal tumour. At places clear cells (epitheloid) pattern was seen with extensive haemorrhage & necrosis (Photo-II). So diagnosis of leiomyosarcoma was made.

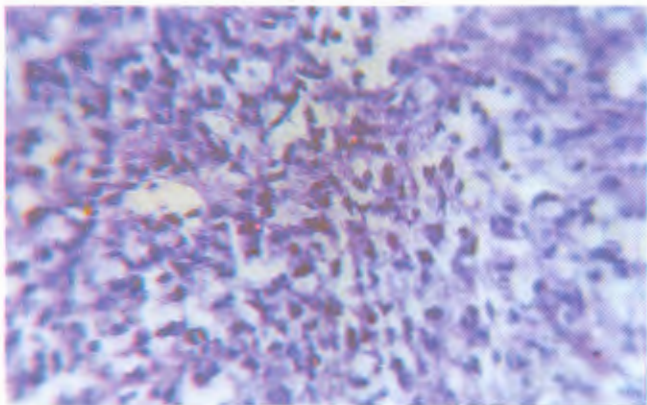


Fig 2 : Microphotograph (H&E x 200) showing clear cells and epitheloid cells

Haemostatic dose of radiotherapy reduced the tumour to one third of its size & repeat examination, showed only cervical involvement. Uterus was normal sized. MRI also ruled out parametrial, vaginal, bladder or rectal involvement.

Total abdominal hysterectomy with bilateral salpingo-oophrectomy and removal of vaginal cuff was done. Per-operative no secondaries were found in the abdomen. Peritoneal fluid was free of malignant cells. Post-operative chemotherapy was given. Patient is asymptomatic till now.