

Carcinoma Cervix in an Adolescent Girl

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Patient X, 16 yrs. old unmarried Hindu girl, resident of Gwalior presented on 10.12.98 with history of profuse bleeding per vaginum since 2 months. Menstrual History: menarche at 13 yrs, past menstrual cycle 7-8/15-20 days. No history of use of any hormone by self or her mother during pregnancy & no history of exposure to sex.

On examination patient showed tachycardia, Severe anaemia, Hb. 5gms., B.P. 160-110mm, Wt. 30Kg., other systemic examination - NAD except, splenomegaly. P/S, P/V showed a mass 1 x 1.5cm. from anterior lip of cervix, parametrium free uterus anteverted, normal size Ca Cervix II A.

Hb% which was 5gm was brought to 10gm, after 5 blood transfusions, liver function tests and kidney function tests W.N.L., U.S.G. showed hypoechoic mass in cervix 40 x 37mm, suggestive of mass in cervix, cx biopsy showed poorly differentiated adenocarcinoma?

Squamous carcinoma. ECHO - mild M.S. with slight thickening of AML with M.I. grade II. Patient was taken up for Wertheim's hysterectomy with preservation of both ovaries which were suspended in lumbar area, and removal of bilateral, pelvic lymphnodes which were enlarged, and freely mobile. Histopathology showed poorly differentiated adeno-carcinoma involving full thickness of one lip of cervix. Other lip showed chronic cervicitis, Vaginal cuff uninvolved, myometrium, endometrium not involved. All ten lymph nodes free from invasion. Patient was discharged after stitch removal on 15 post-operative day.

Patient again presented with protuse bleeding PV after two months. External radiation of 5000 cGy in 25 fraction & CVR 2500 cGy given on 10.6.99. Patient remained asymptomatic for 2 months, with no locoregional or distant metastasis, but on 16.8.99 she presented with dyspnoea and bilat, secondaries in lungs and died on same day with respiratory failure.