

Advanced Carcinoma of Cervix in a 24 year old Woman : A Case Report

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Abstract

Carcinoma of cervix is most common genital tract malignancy in India. It has two bimodal age pattern one at 35 year and another at 65 year. Incidence of carcinoma of cervix at young age is very rare. Here we present an advanced case of cancer cervix in a 24 year old woman. A 24 yrs old, nullipara woman presented to gynecology OPD with complaints of foul smell discharge per vaginum and post coital bleeding pervaginum since 2 months. On examination a large ulceroproliferative growth was present which involved whole cervix, vagina, fornices and extended up to lateral pelvic wall. Histopathological came out as large cell non-keratinizing squamous cell carcinoma. As clinical diagnosis was Carcinoma cervix stage 3B, patient managed on chemoradiation. Along with implementation of public health programme, targeting young People to avoid high risk sexual behavior, avoid tobacco, the most important measure to prevent invasive cancer in young women is inclusion of HPV vaccine in national vaccination schedule

Keywords: Carcinoma of cervix; Young woman; Human pailloma virus vaccine.

Introduction

Carcinoma of cervix is most common genital tract malignancy in India. It has two bimodal age pattern one at the age of 35-40 years another is

at 60-70 years. Incidence of carcinoma of cervix at young age is very rare although cytologic abnormality is very common at this age group due to high prevalence of human papillomavirus infection, a sexually transmitted infection. Here we present an advanced case of cancer cervix in a 24 year old woman.

Case Report

A 24 yrs old lady, nullipara, married for 2 years with history of 1 spontaneous abortion 1 yr back attended Gynaecology OPD for the first time with complaints of foul smelling vaginal discharge and post coital bleeding since 2 months. She had one episode of heavy vaginal bleeding 2 months back. She attained menarche at 12 years of age and her menstrual cycles were regular with average amount of blood flow lasting for 4-5 days. There was no history of sexual exposure before marriage and also no history of multiple sexual partner of the patient and her husband, who is a farmer by occupation. The couple have not adopted any kind of contraception. The patient belong to a low socioeconomic class and is a home-maker and nonsmoker.

On examination, extreme pallor was present, pulse rate-120/min & BP:110/80 mmHg. Lymph nodes were not palpable. Other systemic

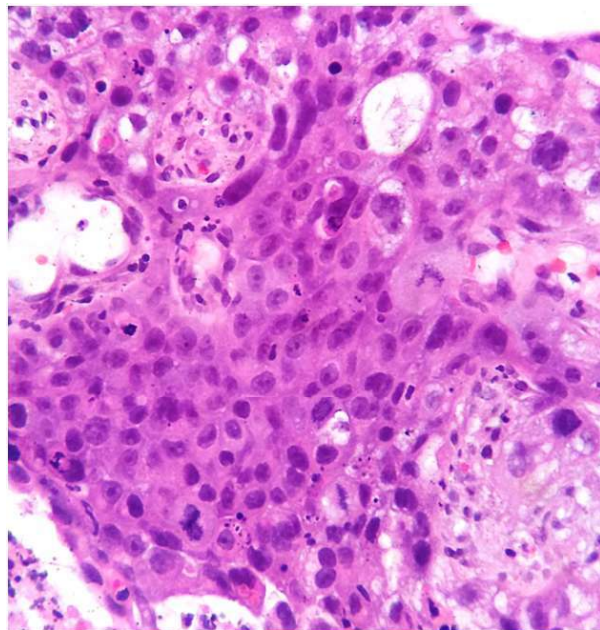


Fig. 1: Legend-Histopathology showed nests of neoplastic squamous cells with no keratin pearls confirming the diagnosis of large cell non keratinizing squamous cell carcinoma (H & E, 40x).

examinations were within normal limit. On Per speculum examination, a large ulcero-proliferative growth involving cervix, all fornices & upper 2/3rd of vagina was seen.

Per vaginal & per rectal examination revealed involvement of bilateral parametrium upto lateral pelvic wall. Her routine blood investigations were as follows: Blood group- B negative, Hb 5.3 gm%, total count- 34,000 Differential count: neutrophil 93%, lymphocytes-2%, monocyte-3% & eosinophil-2%, liver function and renal function test were within normal limit. Viral markers were negative. CE-CT abdomen & pelvis showed large heterogeneously enhancing soft tissue mass lesion measuring 8*9*9.6 cm involving cervical and lower uterine region extending inferiorly upto lower third of vagina with parametrial stranding and no evidence of bilateral hydronephrosis or extension into pelvic side wall suggestive of Carcinoma cervix Stage IIIA.

Considering the findings of examination, a clinical diagnosis of carcinoma cervix Stage IIIB was made. Correction of anaemia was done with transfusion of packed red blood cell and cervical biopsy was taken. Histopathological examination showed large cell non-keratinizing squamous cell carcinoma. (Fig. 1) Oncologist consultation was made and the patient was advised for chemoradiotherapy which the patient is presently on.

Discussion

Cancer cervix is most common gynecological malignancy in the world [1] but it is very rare in young age group. Various risk factors for carcinoma of cervix are initiation of sexual activity at early age, multiple sexual partners, partner who is having multiple sexual partners, infection with human papilloma virus multiparity, advanced age, lower socioeconomic status and infection with HIV. Ironically present patient was not having these risk factors and surprisingly she developed advanced carcinoma cervix at age of 24 years. She got married at the age of 22 years, She was not having premarital sexual relationship, nullipara, HIV negative. There was no history of other sexually transmitted disease. Her partner is also in monogamous relationship. We do not know her Human papilloma virus status. Except low socioeconomic status there was no risk factor present in this case. Although associations of cancer cervix with oral contraceptive pill is more with endocervical adenocarcinoma variety. This patient was not on oral contraceptives. Patient may be genetically predisposed to cancers but her family history was negative for cancer.

One study from Nigeria mentioned only 0.1% of cervical cancer occurs before age of 21 years [2].

Another Study from UK Showed significant increase incidence of carcinoma cervix in young population of 20–29 years [3].

This study confirms the steady rise in incidence of cervical cancer in young women as observed by Foley *et al.* [4] In this study they found decrease age at peak cases of carcinoma cervix especially in young age. In three, five year time periods there is bimodal distribution in incidence with age in each period. The age at maximum incidence of the first peak has declined from 40 years in the 1982–1986 period to 38 years for 1992–1996 and then to 33 years for 2002–2006.

Invasive cervical cancer is usually preventable with proper screening and follow-up, which permit for diagnosis and management of most lesions before invasion. Cervical cancer screening in women younger than 21 years is considered to be less useful than for elder age groups, consequently, all national organizations have recommended to increase the age of initiation of screening in spite of onset of sexual activity [5,6,7]. Cancers that do appear in young age have been suggested to be less diagnosed by conventional screening, or more aggressive and likely to appear during screening intervals [8]. Cervical cancer

is uncommon in young women, yet cytologic abnormalities detected with Pap tests are very frequent because of the high prevalence of human papillomavirus, a sexually transmitted infection, in these women. An abnormal Pap test result can lead to being labeled with a sexually transmitted disease, apprehension, extensive surveillance, and invasive measures [9]. When precancerous lesions are detected, they frequently are treated with excisional procedures, which are associated with poor pregnancy outcomes, including preterm delivery [10]. Precancerous lesions detected in young women frequently spontaneously regress without treatment [11].

Given its short-term (pain, bleeding, and discharge) and long-term (increased risk of preterm delivery) risks and the high probability of regression among young women, available data suggest that screening women younger than 21 years would cause more harms than benefits; [11] therefore, all screening organizations now recommend against screening before age 21 years. Therefore, widespread vaccination in young women may be a better and more effective strategy for preventing cancers in young women, because we can look forward that it will be 70%–80% effectual and without the harms of screening. Costs of vaccination would be less in comparison to treatment of invasive cancer which require huge sum of money.

Conclusion

Along with implementation of public health program, targeting young people to avoid high risk sexual behavior, avoid tobacco, the most important measure to prevent invasive cancer in young women is inclusion of HPV vaccine in national vaccination schedule.

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