



Research Paper

Squamous Cell Carcinoma of cervix

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Introduction

Pre-invasive as well as early invasive cervical cancer usually is asymptomatic and is detected during screening procedures. However, advanced-stage cervical cancer almost always presents with abnormal vaginal bleeding or foul-smelling vaginal discharge. Here we report a case of cervical cancer with unusual presentation of mass coming out of the introitus.

Case Report

A 70 year old woman presented to the gynaecology department with complaint of a mass coming out of the introitus since 3 months. There was associated backache and dribbling of urine since last one month. Patient is postmenopausal since 20 years. She is P4L4 with all full term vaginal birth. Patient has no past history of diabetes, hypertension, asthma, tuberculosis, PID. Patient was thin built and cachectic. She had mild pallor. There was no lymphadenopathy, no oedema. Her cardiorespiratory examination findings were within normal limit. In perabdominal examination, there was no palpable lump. There was no organomegaly.

Local examination revealed a mass coming out of the introitus measuring 6*4 cm with a pedicle

attached to it. The mass had foul odour and was fragile.

On gynaecological examination, the mass was seen to arise from post lip of cervix. The mass was pedunculate. The pedicle measured around 5 *1.5 cm. Uterine sound could be inserted from cervical opening felt at 2 o'clock position. Utero cervical length measured was 5 inches. Size of uterus was normal. On Per rectal examination, it was found that parametrium was thickened up to pelvic wall. The patient underwent routine blood investigation and viral serological test which were all within normal limit.



Discussion

Advanced-stage cervical cancer presents mostly with abnormal vaginal bleeding. This is the rare case of cervical cancer without complaints of vaginal bleeding. Duration of her complaints (Backache and White discharge from vagina) was for 3-4 months. Dribbling of urine since 1 month with on and off kind of fever. There are only few other cases reported in the literature, pre- setting silently of cervical cancer without vaginal bleeding. She was advised for the radiotherapy In 2001, a case was reported from USA, where a 60-year-old lady with right upper quadrant pain, diarrhoea, and urinary incontinence was found to have stage IV B cervical cancer. Here, CT scan clinched the diagnosis.^[1]

Another case was of a 51-year-old lady who was referred to ENT department with a 2-week history of a lump on the right side of her neck. On routine examination, cervix appeared normal to the naked eye and cervical smear was normal. MRI revealed a highly abnormal cervix, diffuse- ly infiltrated by an intermediate to high T2 signal intensity mass measuring approximately 3 × 4× 3.5 cm.^[2]

There have been reports of some other cases with atypical presentation of cervical cancer. However, all of these were either diagnosed or treated cases of cervical cancer. Six cases of duodenal metastasis have been reported in literature.^[3]

Though we feel that over the years we have been able to understand each and every aspect of cervical cancer from its etiological agent Human papilloma virus to pathogenesis to its metastatic pathways, still this cancer as mentioned above has posed challenges for the clinicians with its unusual recondite presentations. These cases highlight the importance of out-of-the-box thinking and joining the blocks of history, imaging, and histology together to reach the diagnosis for an accurate management.

References

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