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Reaveling the unseen - advanced cervical cancer after 50 Years without screening.

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Introduction.

A 78-year-old woman presented to the emergency department with recurrent vaginal bleeding over a four-week period, accompanied by nausea and significant unintentional weight loss (10 kg within six months). She had no relevant medical history and had not undergone gynecological examinations or cervical cancer screening for approximately 50 years.

Ultrasound findings.

Transvaginal ultrasound revealed a fixed, solid cervical mass measuring 65 × 65 × 58 mm (Fig. 1), infiltrating the cervix and extending toward the urinary bladder. The anterior uterine wall was irregular, with a cauliflower-like lesion communicating with the bladder, measuring 10 × 11 × 12 mm (Fig. 2). A 5-mm papillary projection was identified in the left ovary (Fig. 3). Transabdominal ultrasound demonstrated bilateral ureteral dilatation with associated bilateral hydronephrosis.

Expanding diagnostics.

Computed tomography confirmed the ultrasound findings and additionally demonstrated bilateral enlargement of the iliac lymph nodes (20 mm on the right and 16 mm on the left).

Laboratory tests revealed renal impairment with elevated serum creatinine (2.93 mg/dL) and reduced eGFR (14.7 mL/min).

Management.

Based on the clinical presentation and imaging findings, cervical biopsy were obtained. Histopathological examination of cervical biopsy specimens confirmed squamous cell carcinoma of the cervix.

Future management.

The patient was subsequently managed with palliative treatment in accordance with oncological recommendations.

Conclusion.

This case illustrates the pivotal role of ultrasound in the initial assessment and staging of advanced cervical cancer, enabling early identification of local invasion and urinary tract obstruction and guiding further diagnostic and therapeutic management.

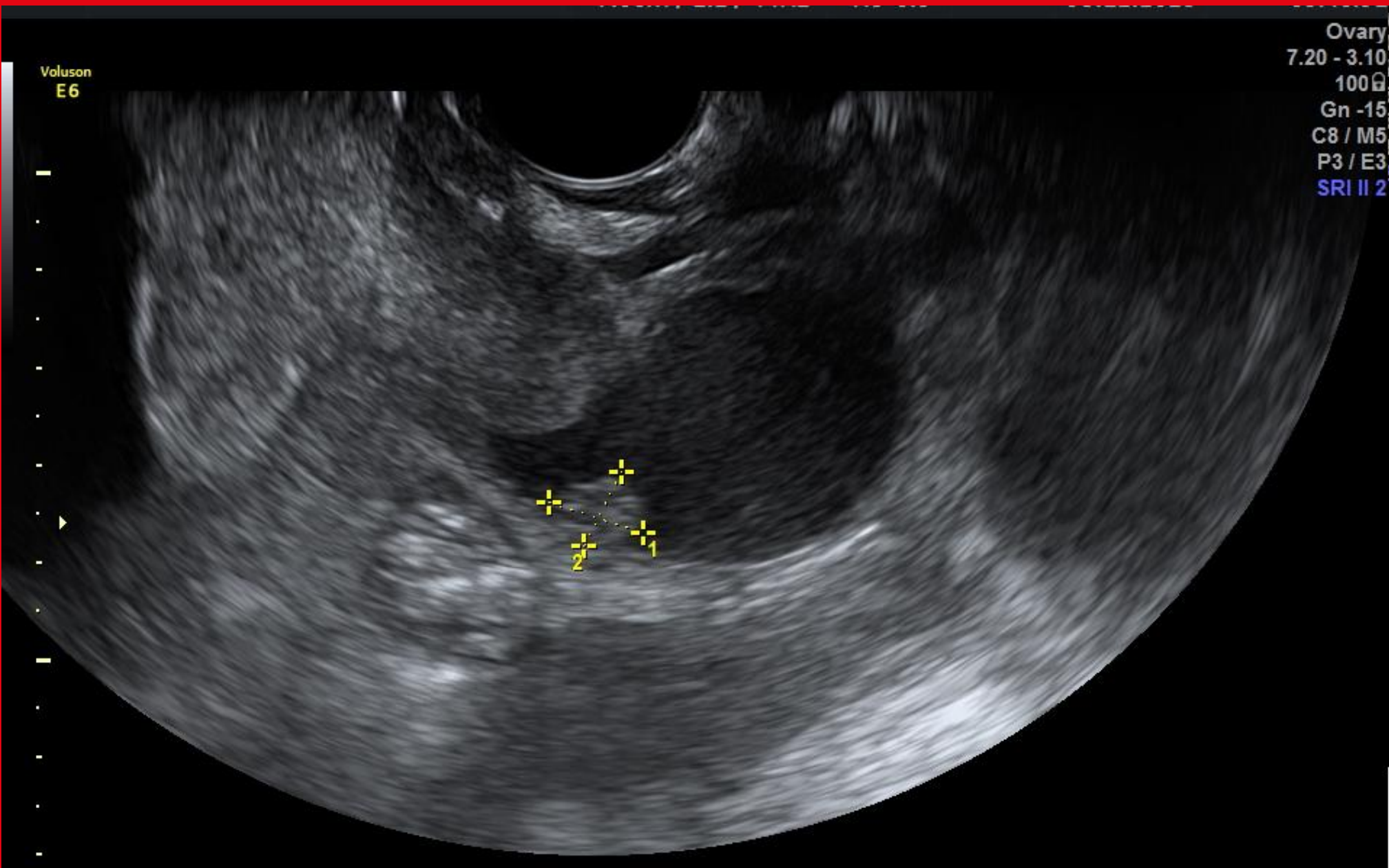


Figure 1. *Picture of the solid cervical mass infiltrating the bladder.*

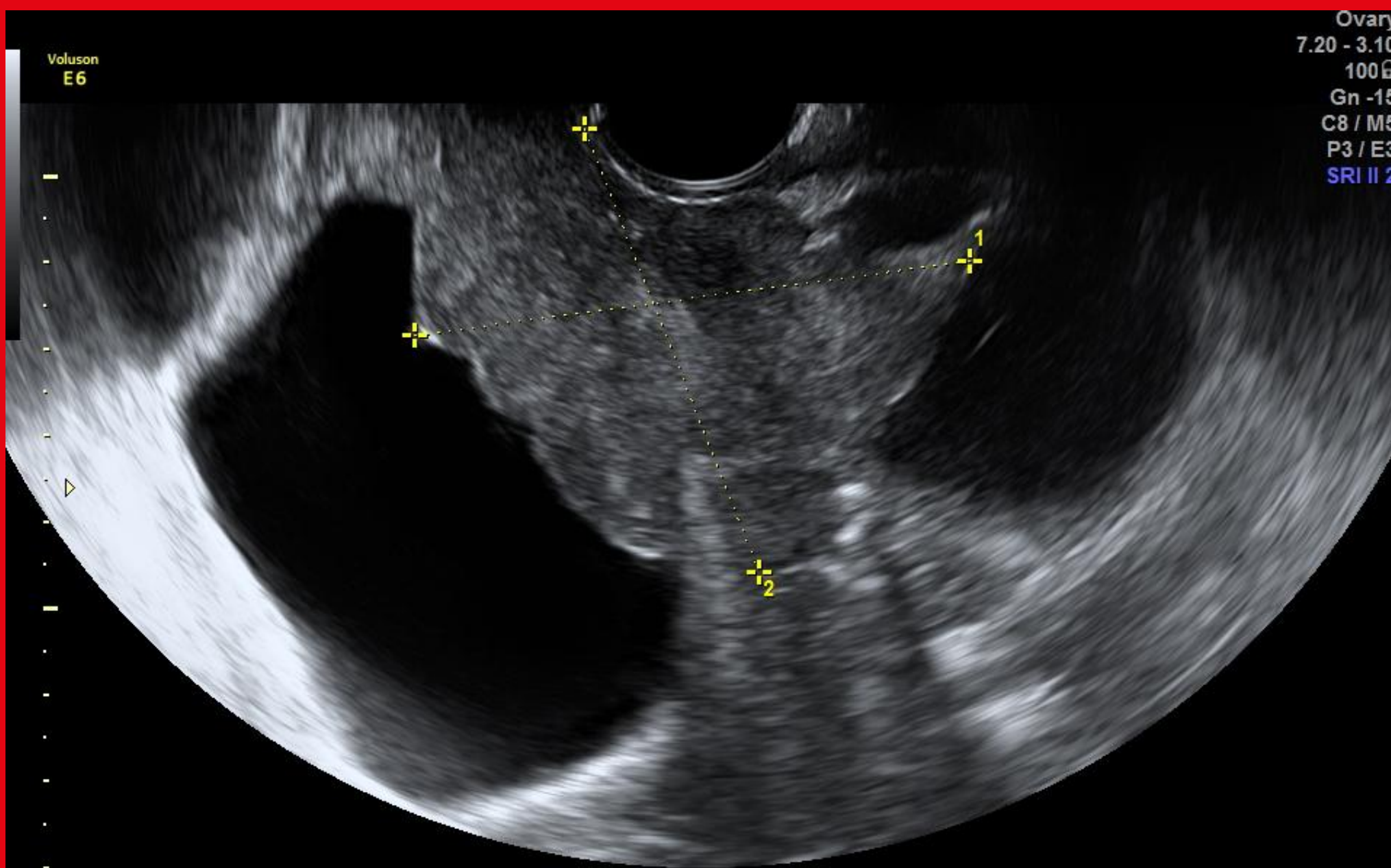


Figure 2. *Picture of the anterior uterine wall with cauliflower-like lesion.*

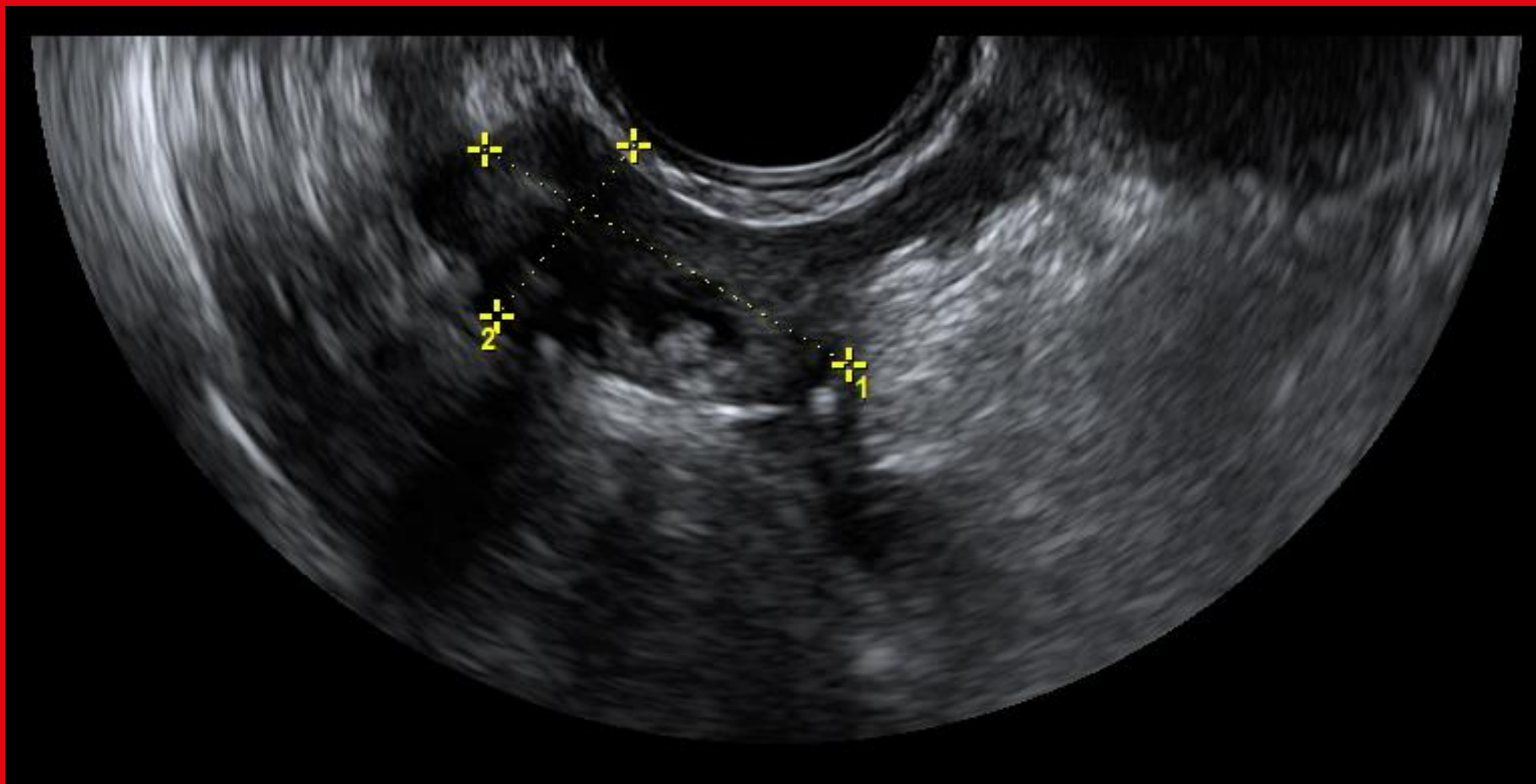


Figure 3. *Picture of the left ovary with pappillary lesion.*