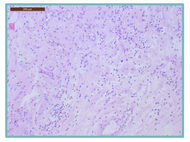
A case of Cervical Cancer in Pregnancy- a Clinical Conundrum

Miss Nishita Mehta (MRCOG), Mr Kevin Hayes (FRCOG)
Department of Obstetrics and Gynaecology, St George's University Hospital NHS FT

Objective

Although cervical cancer is the commonest gynaecological malignancy seen in pregnancy, its diagnosis is challenging. Contributing factors include an overlap between cancer and obstetric symptoms, and that pregnancy itself causes significant physiological changes in the cervix.

We present a case of cervical cancer in pregnancy, which although posed a difficulty in diagnosis, was correctly managed due to the perseverance of the clinicians involved and cooperation from the patient. What further added to the clinical conundrum was that this case also turned out to be a rare histological type of cervical cancer.



Histopathological appearance of cervical deciduosis

Case Report

- A Primigravida came in at 33 weeks' gestation with an episode of bleeding per vaginum.
- Speculum and vaginal examination elicited an abnormal cervix. Her last smear, 2 years ago, was normal. As this was an IVF pregnancy, the cervix would also have been visualized at the time of implantation.
- Colposcopy was done- the visual diagnosis was that of cancer, and biopsies were taken. Although an MRI pelvis confirmed a 5cm cervical mass, biopsies showed deciduosis and stated that there was no evidence of malignancy. Cervical deciduosis is known to mimic cancer.
- She went into preterm labour at 34+2 weeks and had a Caesarean section, as per MDT recommendation.
- A further examination with biopsies (of good adequacy) conducted 4 weeks postpartum again showed glandular tissue but without overt carcinoma.
- The clinical impression remained that of cervical cancer and repeat biopsies under GA 5-6 weeks postpartum, eventually showed HPV independent Adenocarcinoma of gastric type. As it was clinically stage 3 cancer, she was referred for chemoradiotherapy.

Discussion

Important learning points-

- Thorough clinical examination is irreplaceable in the diagnosis of any clinical condition.
- Gastric-type adenocarcinoma of the cervix is a rare variant. Unassociated with HPV infection, these typically present at a higher stage, and thus have worse outcomes.
- It is essential to have a holistic view of the situation and not allow investigations to unduly sway the clinical impression, especially in pregnancy. Deciduosis can indeed look like cervical cancer but will regress postpartum hence the need for close follow up and re-biopsy as appropriate.

Conclusion

Clinical judgement is the cornerstone of medicine, and must not be clouded by undue reliance on laboratory investigations. Although every investigation has its place and is an important piece in the puzzle, it is ultimately important to focus on the whole picture. .

References

- Howe T, Lankester K, Kelly T, Watkins R, Kaushik S. Cervical cancer in pregnancy: diagnosis, staging and treatment. The Obstetrician & Gynaecologist 2021; https://doi.org/10.1111/tog.12783
- Gynaecological malignancies in pregnancy, Current Opinion in Obstetrics and Gynecology 2007, 19:140–144
- Karamurzin YS, Kiyokawa T, Parkash V, Jotwani AR, Patel P, Pike MC, Soslow RA, Park KJ. Gastric type endocervical adenocarcinoma: an aggressive tumor with unusual metastatic patterns and poor prognosis. The American journal of surgical pathology. 2015 Nov;39(11):1449.
- Xing B, Guo J, Sheng Y, Wu G and Zhao Y (2021) Human Papillomavirus-Negative Cervical Cancer: A Comprehensive Review. Front. Oncol. 10:606335. doi: 10.3389/fonc.2020.606335
- Stolnicu S, Park KJ, Kiyokawa T, Oliva E, McCluggage WG, Soslow RA. Tumor typing of endocervical adenocarcinoma: contemporary review and recommendations from the international society of gynecological pathologists. International Journal of Gynecological Pathology. 2021 Mar;40(2 Suppl 1):S75.
- Image reproduced from van Diepen DA, et al. BMJ Case Rep 2015. doi:10.1136/bcr-2015-210030 with permission from BMJ Publishing Group Ltd.