

Neuroendocrine carcinoma of cervix--- A case report

Mamta Mishra, Neema Sharma, Shreeja Jha

OBJECTIVE—Neuroendocrine tumour can occur at rare site such as cervix. Treatment modalities is not clear and prognosis is said to be poor. For early stages radical hysterectomy followed by chemotherapy or concurrent chemoradiation is suggested. For advance stage it is mainly chemotherapy. Awareness among gynaecologist is essential for timely referral of these aggressive malignancy.

CASE REPORT—A 46-year-old P2L2 presented with irregular bleeding since last 1 years. She had pap smear done a year ago which was normal. On per vaginal examination there was a mass 4cm x 2cm which was arising from posterior lip of cervix. Clinical findings were confirmed during examination under anaesthesia. Parametrium and rectal mucosa appeared free. Histopathology revealed poorly differentiated large cell neuroendocrine tumour of cervix. Immunohistochemistry was done. Ki 67 was very high. PETCT was done. It was suggestive of an FDG avid ill-defined thickening in uterine wall extending in to the upper vagina likely representing a primary mitotic pathology with right paracervical extension with right external and common iliac lymph nodes and no evidence of distant metastasis. She was started on Chemotherapy cisplatin and etoposide. She is stable as of now.

DISCUSSION Neuroendocrine tumours account for only 1-2% of all cervical cancers. These are rare and aggressive cancer of cervix derived from neuroendocrine cells. It is classified as well differentiated and poorly differentiated. Our case was poorly differentiated large cell carcinoma. Due to rarity of these tumour aetiology is poorly understood. Several studies have demonstrated association of [it with HPV](#). But so far, no preinvasive lesion have been identified. So, whether pap smear test which is used worldwide for cervical cancer screening, can be used as a screening test for this cancer, is not known. In our case pap smear done a year ago was normal. It usually present when the disease is in advanced stage. Sometimes, it can present with paraneoplastic syndrome. As these tumours are very aggressive MRI, PET/CT are usually recommended for proper staging and treatment. Knowledge gained from treatment of NEC affecting other sites of origin has been extrapolated to the treatment of cervical NEC.

CONCLUSION

Awareness about this condition is the need of the hour. Multidisciplinary approach is essential for diagnosis and management. Five-year survival for NEC of the cervix is worse than that for other more common types of cervical cancer (36 vs 60-70%).