

Early Detection of Cervical Cancer in Peri-menopausal Women: A Case-Based Approach

Case report

Objective:

This case is reported to emphasize the importance of thorough evaluation of peri-menopausal vaginal bleeding in patients on HRT. Despite the absence of systemic symptoms, normal cervical smear history, and otherwise reassuring clinical presentation, a suspicious cervical lesion was identified. An endocervical biopsy revealed squamous cell carcinoma, confirming the presence of cervical cancer. Histological examination of the uterus following hysterectomy revealed CIN 1. This case underscores the significance of vigilant assessment for early cervical cancer, even in patients with seemingly benign presentations, and the role of early intervention for favorable outcomes

Case Report:

A 52-year-old woman, on HRT for two years, presented with intermittent peri-menopausal vaginal bleeding. She reported two episodes in November and December 2023, each lasting two days. The bleeding was mild, pinkish, and without clots. She had no associated symptoms such as abdominal pain, weight loss, or anorexia. Her obstetric history included two SVDs, and she had no significant gynaecological or family history of cancer. She was up to date with her cervical smears, and her BMI was 25, with a WHO performance status of zero. On examination, a speculum examination revealed a suspicious reddish area on the cervix. TVS showed a ET of 3.3 mm, with no adnexal mass or free fluid. A cervical biopsy of the suspicious area confirmed squamous cell carcinoma, and the patient was referred to a MDT for further evaluation.

Subsequent imaging, including a non-specific PET-CT scan, led to a decision for a TRH+ BSO. Histological examination of the uterine sample confirmed CIN 1, which indicated early-stage cervical pathology

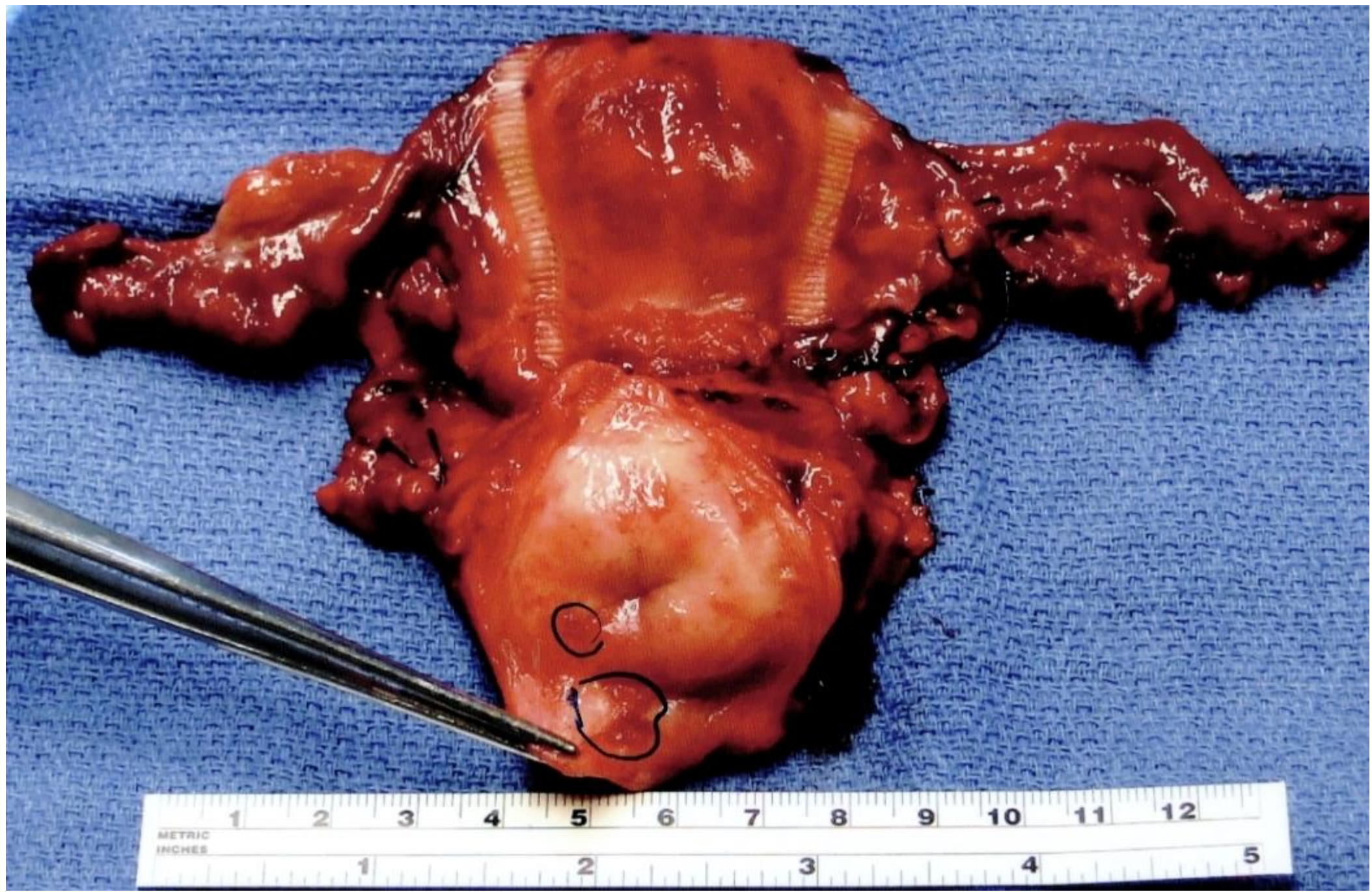
Discussion:

This case highlights the complexity of diagnosing cervical cancer in peri-menopausal women, particularly when clinical features are non-specific.

This case also underscores the need for a multidisciplinary approach in managing cervical cancer. Through a combination of clinical examination, imaging, biopsy, and surgical intervention, early detection of cancerous tissue was achieved. The histology results following hysterectomy confirmed CIN 1, emphasizing the benefit of early intervention to improve patient outcomes.

Conclusions:

This case demonstrates the critical role of thorough evaluation in detecting early cervical cancer, especially in peri-menopausal women on HRT. Even in the absence of systemic symptoms or abnormal smear histories, timely detection and biopsy of suspicious lesions can lead to early diagnosis and intervention. This highlights the importance of vigilant screening and maintaining a high index of suspicion when evaluating postmenopausal vaginal bleeding.



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