Cervical Cancer: Open Access

Case Report Open Access

Cervical Cancer Invasive the Female Internal Reproductive Organ Corpus and Sigmoid Colon: A Case Report

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Abstract

Early-stage cervical cancer seldom extends to the female internal reproductive organ corpus and invades the serosal layer. Here, we tend to gift a case of cervical cancer extending to the female internal reproductive organ corpus then penetrating the smooth muscle to invade the colon. Tran's abdominal kind C2 pan hysterectomy, bilateral salpingo-oopherectomy, girdle lymphadenectomy, and sigmoid operation were performed. The patient then underwent therapy as she was unable to tolerate chemo therapy. She recovered well and was followed up for fourteen months. Our report reveals that the female internal reproductive organ corpus may be a route of growth metastasis in cervical cancer.

Keywords: Cervical cancer; Female internal reproductive organ corpus sigmoid; Colon tumor metastasis; Tumor staging

Introduction

Cervical cancer remains the fourth most typical cancer in girls, with AN calculable 604,000 new cases and 342,000 deaths according globally in 2020. The progression of cervical cancer typically follows the sequence: incidence within the cervix, downward invasion to the channel, invasion to the parametria, and invasion forward to the bladder or backward to the body part. However, it seldom invades the female internal reproductive organ corpus. Here, we tend to describe the case of a 65-year-old lady World Health Organization bestowed with cervical cancer extending to the female internal reproductive organ corpus then penetrating the smooth muscle to invade the colon [1].

Case presentation

A 65-year-old lady bestowed to the department of medical specialty medicine with a 10-year history of biological time and duct haemorrhage that had been uninterrupted for two months. Physical examination disclosed AN lesion growth (5 cm × three cm) within the cervix and a growth incursive the posterior duct fornix. The left and right parametria and sacral ligaments didn't show thickening or shortening. There have been high levels of epithelial cell cancer substance (19.61 ng/mL), macromolecule substance (CA)-153 (26.3 U/mL), carcinoembryonic substance (CEA) (28.28 ng/mL), and neuron-specific enrolees (NSE) (18.49 μg/L), whereas CA-199 and alpha-fetoprotein levels were traditional (4.77 U/mL and three.20 ng/mL, respectively). Color physicist ultrasound disclosed a sixteen millimetre × nine millimetre low-echo space within the anterior lip of the cervix and punctate blood flow signals (Fig. 1A). The thickness of the mucous membrane was seven millimetre (Fig. 1B). Resonance imaging disclosed a four.3 cm × 4.0 cm × 3.7 cm slightly high-signal shadow on a T2-weighted image and low-signal shadow on a T1-weighted image of the cervix. The lesion reached the serous membrane of the cervix, and therefore the bladder and body part walls weren't thickened. The growth invaded the left wall of the female internal reproductive organ corpus and regionally reached the serous membrane. many enlarged bodily fluid nodes, while not obvious improvement, were found close to the bilateral vessels, measure a most of roughly one.9 cm × 1.1 cm. surgical cervical diagnostic assay disclosed best squamous intraepithelial lesions and focal infiltration (depth of roughly one mm). The surgical clinical designation was stage IIA2 cervical cancer [1, 2].

Intraoperative, it absolutely was found that the left female internal reproductive organ body structure tightly adhered to the colon. What is more, the growth penetrated the left female internal reproductive organ body structure and invaded the serous membrane of the colon. Hence Trans abdominal kind C2 pan hysterectomy, bilateral salpingo-oopherectomy, girdle lymphadenectomy, and sigmoid operation were performed. Operative pathology disclosed that moderately differentiated epithelial cell cancer of the cervix invaded the total cervical layer, extended upward, and penetrated the complete myometrial wall of the body structure uteri. Bodily fluid tube area invasion was determined within the cervix. Growth cells were found within the right parametria and therefore the sacral ligament. The left parametria, sacral ligament, and operation margin of the channel were negative. Forty bodily fluid nodes were examined throughout surgery. One right internal os lymphatic tissue was positive, et al were negative. What is more, the growth invaded the colon from the serous membrane to the sub tissue layer, and therefore the operation margin on either side was negative [3].

Discussion

A large retrospective cohort study unconcealed that the speed of female internal reproductive organ corpus invasion (UCI) is four.9% in cervical cancer. Our recent study incontestable that UCI was seemingly to be incomprehensible designation (10.5%). However, to the simplest of our information, this can be the primary report of early-stage cervical cancer extending to the female internal reproductive organ corpus then penetrating the involuntary muscle to invade the colon. This special case demonstrates a brand new route for tumour metastasis in cervical cancer [4].

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UCI is forgotten by the FIGO staging system, probably as a result of it's tough to find preoperatively. What is more, treatment methods, together with radical surgery and synchronal chemo therapy, don't seem to be altered by the presence of UCI. However, the FIGO staging system considers solely the anatomical compartment unfold of cervical Tumors, and UCI, particularly with myometrial invasion ≥50%, reflects aggressive tumour behavior and is related to cut survival in patients with cervical cancer. Here, we tend to gift a case wherever the patient was preoperatively classified as having stage IIA2 cervical cancer, while not considering UCI. However, surgical–pathological staging unconcealed it to be stage IVB attributable to colon involvement. Thus, UCI is closely associated with the prognostic and staging system. it's price considering whether or not UCI ought to be enclosed in FIGO staging, particularly since the staging is being revised to include imaging and pathological findings [5].

The patient selected surgery rather than chemo therapy thanks to the adverse events related to the latter. During this case, tumour extension to the female internal reproductive organ corpus and colon couldn't be treated with radical chemo therapy as a result of it had been not accurately diagnosed preoperatively. However, in cases of intraoperative diagnosed Tumors regionally invasive the colon, surgery is predicted to fully eradicate the tumour. Within the gift case, no tumour return was determined when fourteen months of follow-up.

PNI in cervical cancer and clinical significance

PNI has been shown to be a crucial pathological feature of cervical cancer and in conjunction with cancer of different organs, together with head and neck, pancreas, colon, rectum, prostate, biliary tract, and abdomen (35-39). PNI is expounded to morbidity and play a key role within the poor outcome and overall survival of the patients.

The treatment of early-stage cervical cancer includes pan hysterectomy and girdle lymphoid tissue dissection, followed by neoadjuvant therapy (NACT) if necessary. This could reach 5-year survival rates of roughly eighty fifth (40-42). Extra adjuvant treatment is taken into account supported the danger factors of return. Well-known unsound factors like lymphoid tissue metastasis, parametrical invasion and surgical process margin involvement may increase the return rate ≤40% in surgical cervical cancer (43, 44). Intermediate-risk factors embody tumour size, depth of stromal invasion, and body fluid tube area invasion (LVSI). However, so far, various large-scale studies in terms of morphologic parameters don't acknowledge PNI and also the histopathological description of parametria has sometimes neglected the existence of PNI [6].

Conclusion

UCI is feasible variety of tumour metastasis in cervical cancer which will got to be thought of in FIGO cervical cancer staging. Once early-stage cervical cancer (IB1–IIA2) extends to the female internal reproductive organ corpus and probably penetrates the complete involuntary muscle, surgery may be a higher strategy for definite designation and may be expected to contribute to radical treatment.

Declaration of competitory Interest

The authors declare that they need no conflict of interest relating to the publication of this case report.

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