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Cervical Cancer Complicating Pelvic Organ Prolapse: A Case Report

Drissi Maniani Abdelilah[1], Sahar Merbouh[1] , J.Hounayda[1], Latib Rachida[1], Omor Youssef[1], Karima El matar[2] and Habibchorfa sara[2]

[1]Department of Radiology, Faculty of Medicine and Pharmacy of Rabat, Oncology National Institute, IbnSina University Hospital, Rabat, Morocco.

[2]Department of Gynecology-obstetrics, Oncology and High-risk pregnancy Souissi Rabat.

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ABSTRACT

The **c**ervical cancer is the most common gynecological malignancy in the world, its incidence is greatly reduced thanks to screening methods. The Pelvic organ prolapse increases with age, obesity, and parity. The Cervical cancer complicating uterine procidence is a rare event and requires a multidisciplinary approach.

Introduction

The cancer of the cervix is a frequent pahology, it is the third most common gynecologic malignancy, and the pelvic organ prolapse occurs in up to 20% of women, but its association with cervical cancer is a rare entity and requires a special therapeutic approach.

Case Report

We present the case of a 53-year-old woman, Gesta 4 Para 4, with no particular history, followed in our department for cervical cancer, she presented urgently for a bulging vaginal bleeding. The Clinical examination revealed a complete and irreducible urogenital prolapse with palpation of a friable cervical mass. A pelvic MRI revealed a large ptosis of the uterus and the bladder, with a tumoral process of the cervix (Figure 1). An abdominal scan objectified the presence of liver metastases (Figure 2). The patient received three radiotherapy sessions but the evolution was marked by a rapid deterioration in her general condition and the patient died one month after the initial presentation.

Discussion

The uterine prolapse is the herniation of the uterus into or beyond the vagina as a result of failure of the ligamentous and fascial supports. It often coexists with prolapse of the vaginal walls, involving the bladder or rectum.

Although uterine prolapse and carcinoma of the cancer of the cervix a common event, their association is very rare, In a retrospective review, Grigoriadis reported that the incidence of cervical cancer in women undergoing a vaginal hysterectomy for pelvic organ prolapse was 0.3% [1]

The uterine prolapse has increased over the past two decades, occurring most often in older obese and multiparous women. it was recently estimated that it affects 20% of women in the United States, compared to 11% in previous studies, This contrasts with the rarity of cervical cancer which has considerably declined in the United States since introduction of Papanicolaou smear in 1943. [2]

The average age of patients with procidence and cervical cancer was 68 years with a duration of prolapse of 147 months according to a serie of cases of Matsuo. [3]

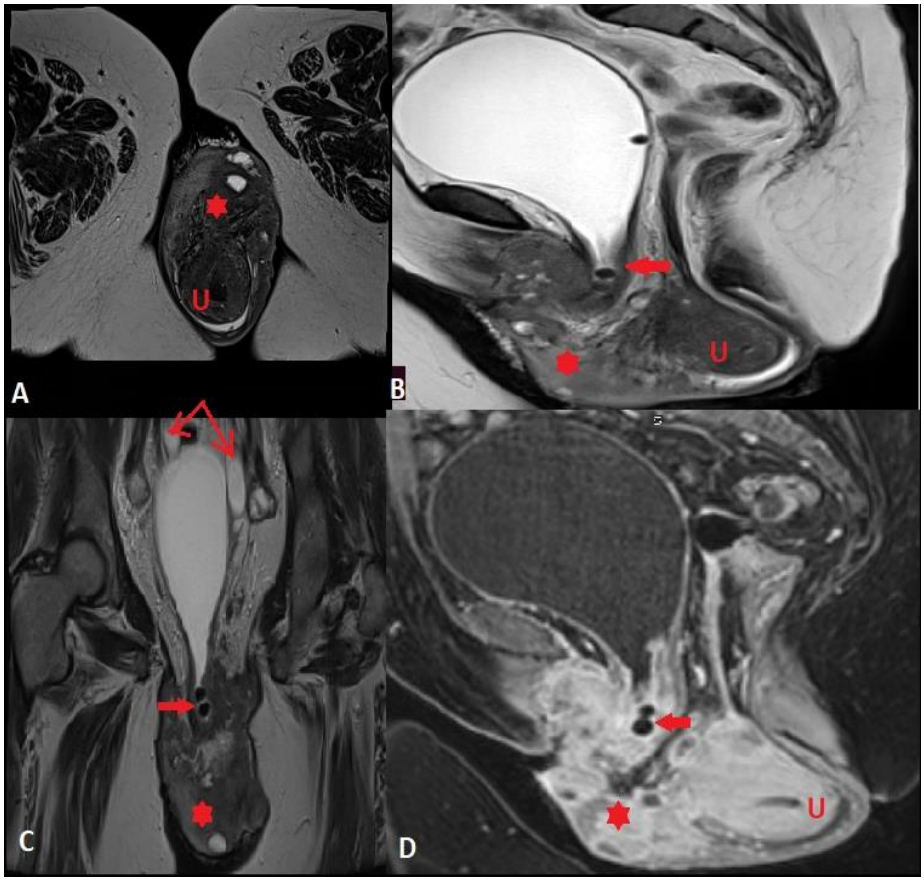
Many cases are subclinical and not appreciable on the basis of vaginal examination, and the uterine prolapse is present for at least 10 years. it can result in non-specific vaginal signs, namely the sensation of bulging or protuberance or even a vaginal swelling, sometimes we can have urinary, intestinal and sexual signs (Incontinence, Dyspareunia, etc.), the pelvic examination should be performed at using a speculum during a Valsalva maneuver to establish the compartments of the affected vagina (anterior, posterior, or apical) and define the extent of the prolapse. A common complication of procidence is ulceration in the area most dependent on prolapse, often the cervix. [2,4]

Imaging is essential for the diagnosis based on a CT scan or better a pelvic MRI which makes it possible to assess the degree of uterine ptosis, to assess the condition of the prolapsed pelvic organs (utero-vaginal prolapse, cystocele, peritoneocele, etc.) as well. to define the affected compartments (anterior, posterior, middle) and to define the stage of prolapse: Stage I - the uterus is in the upper half of the vagina,Stage II – the uterus has descended nearly to the opening of the vagina,Stage III – the uterus protrudes out of the vagina,Stage IV – the uterus is completely out of the vagina. [3,5]

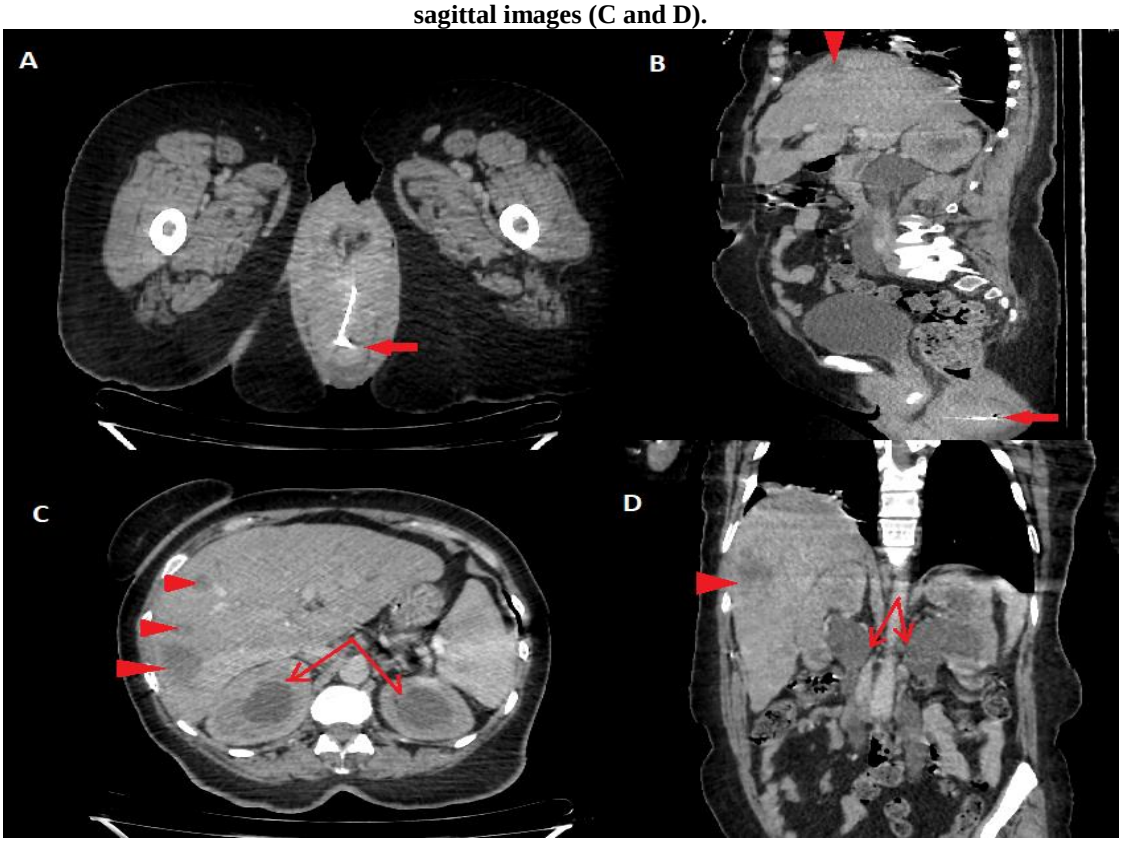
Treatment strategies for cervical carcinoma are dictated case-by-case depending on the stage of the disease, the presence or not of metastases and the patient's performance status. The treatment options used in cases of association of pelvic organ prolapse with a cervical cancer essentially include radiochemotherapy with obliterating vaginal surgery, hysterectomy with pelvic lymph node dissection followed by radiotherapy. [4,6]

Tele:

E-mail address: abdelilah1991drissi@gmail.com



Pelvic MRI with T2-weighted axial (A), coronal (C) and front sagittal (B) and postcontrast (D) images show a retroverted uterus protruding through the pelvic floor with a massive pelvic prolapse including peritoneocele and cystocele involving the lower part of the bladder which is the seat of bladder calculi (arrows) with bilateral upstream hydronephrosis (double arrows), there is also a cervical tumor (asterisk) with vaginal and bladder involvement better visible on the post-contrast sagittal images (C and D).



A pelvic and abdomino CT on post contrast with axial (A and C) and sagittal (B and C) sections showing a retroverted uterus which is the seat of an IUD (arrow) protruding from the pelvic placher with a cystocele and bilateral hydronephrosis (double arrows) there is also a multiple liver metastases (head arrows).

Conclusion

The association between cervical cancer and uterine prolapse is rare, with few published reports in the literature. Imaging is essential for the diagnosis based on a CT scan or better a pelvic MRI which makes it possible to assess the degree of uterine ptosis,to define the affected compartments (anterior, posterior, middle) and to define the stage of prolapse. Radiotherapy is a therapeutic option for locally advanced cervical cancer.

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