FERTILITY SPARING SURGERY FOLLOWING NEOADJUVANT CHEMOTHERAPY OF CERVICAL CANCER FIGO STAGE IB2 - CASE REPORT

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INTRODUCTION

During the last three decades, fertility preservation was established as a new treatment modality for young patients with early cervical cancer using different surgical approaches and techniques such as vaginal or abdominal simple or radical trachelectomy, total laparoscopic or robotic trachelectomy even large conisation with laparoscopic lymphadenectomy. A further goal for gynecological oncology is to consider a fertility-preserving approach in patients with bulky cervical cancer, without compromising the oncology outcome.

CASE

A thirty-year nulliparous woman with uterine squamous cell cervical cancer FIGO stage IB2 underwent neoadjuvant chemotherapy. Standard diagnostic protocol for patients with uterine cervix cancer consider anamnesis, clinical and gynecologic exam, histology verification and MRI, so it is used in this case of young woman with bulky uterine cervix cancer. There was no diagnosis of infertility. Due to complete pathologic response after three cycles of Cisplatin and Ifosfamide (Prague protocol) conservative surgery was performed. The patient underwent laparoscopic pelvic lymphadenectomy, uterine cervix amputation and the cervical canal curettage, November, 16.2017. The histopathology of specimen confirmed the complete response, with H SIL only. There was no need for adjuvant treatment. At the first follow up the length of uterine cervix was sufficient and PAP smear was NILM. One year after surgery, she get pregnant and in August 2019 the Sectio Cesarean was performed in term. A healthy baby was borne, no evidence of recurrence.

References:

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Figure 1. T2W sagittal and paraxial MR tomograms of cervix (arrow). Hypointensity zone infiltration- mostly on anterior cervical wall, diameter 25x29mm (APxLL), DSI up to 8 mm. Parametrium no infiltration.

Figure 2. A. Before NACT B. After III cycles of "dose dense" NACT (Prague protocol).

Figure 4. Hystopathological findings: H SIL without tumor. Free margins. 21 lymph nodes; negative

Figure 3. T2W sagittal MR tomograms of cervix. No evidence of the disease after III NACT cycles. .