Stage 1B2 Invasive Cervical Cancer diagnosed at 20 Weeks Gestation: Neoadjuvant Chemotherapy followed by Caesarean Radical Hysterectomy at Term and Chemoradiation: Report of a Case

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Background

The diagnosis and treatment of cervical cancer during pregnancy is a challenge that requires a multi-disciplinary approach. The management depends on the gestational age at diagnosis, the stage of disease, the woman's desire to continue the pregnancy and desire to preserve fertility. Neoadjuvant chemotherapy (NACT) is a treatment option for women diagnosed before 24 weeks gestation who wish to continue the pregnancy. Our objective was to present the first such case in West Africa.

Methods

We present a 40-year old G3P2 with stage IB2 poorly differentiated squamous cell carcinoma of the cervix diagnosed at 20-weeks' gestation. She received 3 cycles of NACT with Cisplatin 75mg/m² and Paclitaxel 135mg/m² followed by radical caesarean hysterectomy and pelvic lymphadenectomy at 37 weeks and 4 days. We reviewed the relevant literature for similar cases.

Outcomes

The tumour size shrank by 50% by the third cycle and bleeding ceased by the start of the second cycle. The baby weighed 2.2kg with good Apgar scores. Histopathology showed resection margins to be free of disease, positive for LVSI, tumour size of 4cm and residual tumour in bilateral pelvic lymph nodes. The patient completed whole pelvic radiation and brachytherapy. Both mother and infant are doing well at 10 months post-treatment and are in surveillance.

Figure 2: Coronal T2 weighted MRI showing the gravid Uterus with a bulky cervix containing an ill-defined mass

Figure 3: Pelvic lymph node dissection

Conclusions

We demonstrate that NACT followed by caesarean radical hysterectomy is a safe option to delay delivery of the baby in the management of locally invasive cervical cancer first diagnosed in pregnancy. NACT led to cessation of vaginal bleeding and tumour shrinkage.

Figure 1: Speculum examination showing cervical cancer