MANAGEMENT OF NEUROENDOCRINE CERVICAL CANCER DURING PREGNANCY : A CASE REPORT

B. GIL-IBANEZ¹, P. REGUEIRO², E.LLURBA³,
L. FARINAS-MADRID⁴, A.GARCIA⁵ and B. DIAZ-FEIJOO⁶

¹Unit of Gynecological Oncology, Institute Clinic of Gynecology, Obstetrics and Neonatology (ICGON), Hospital Clinic of Barcelona, 08036 Barcelona;

²Department of Obstetrics and Gynecology, General Hospital of Hospitalet, 08906 Barcelona;

³Department of Obstetrics and Gynecology, Sant Pau University Hospital, Autonomous University of Barcelona, 08041 Barcelona;

⁴Department of Oncology, Vall d'Hebron Institute of Oncology (VHIO);

⁵Department of Pathology, Vall d'Hebron University Hospital;

⁶Unit of Gynecological Oncology, Department of Obstetrics and Gynecology, Hospital Materno-Infantil Vall d'Hebron, Autonomous University of Barcelona, 08035 Barcelona, Spain

INTRODUCTION

Large-cell neuroendocrine carcinoma (LCNEC) is an uncommon histological subtype of cervical cancer that is associated with poor survival and its occurrence during pregnancy is particularly rare. We herein present the case of a female patient who was diagnosed with cervical LCNEC during pregnancy.

CASE REPORT

The patient declined pregnancy termination and was treated with neoadjuvant chemotherapy with cisplatin and etoposide, without associated toxicity and with good fetal development. At 31.4 weeks of gestation, the fetus was delivered by caesarean section, and the patient underwent radical nerve-sparing hysterectomy with bilateral adnexectomy, along with pelvic and inframesenteric para-aortic lymphadenectomy. The patient received adjuvant chemoradiotherapy and there was no evidence of recurrence or metastasis at 38 months postoperatively. The baby has also been followed up, without any signs of neurodevelopmental disorders. To the best of our knowledge, the present report describes the first case of LCNEC with pregnancy-preserving management in the literature to date

CONCLUSION

With the rising trend of delaying childbearing, cervical cancer and gestation is an increasing problem in our clinical practice. The present case demonstrated that NACT followed by radical hysterectomy concomitantly with caesarean section may be considered as a pregnancy-sparing treatment option. In several countries with specialized multidisciplinary teams, this may be a feasible alternative to pregnancy termination

Figure 1. On magnetic resonance imaging examination there was no evidence of lymph node involvement or metastatic disease.

Figure 2. Intraoperative images during caesarean section performed at 31.4 weeks, with concomitant radical nerve-sparing hysterectomy, bilateral adnexectomy and pelvic and inframesenteric para-aortic lymphadenectomy.