Poster (C19)

Cervical Cancer

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Human papillomavirus independent squamous cell cancer of cervix: a case report

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Objective: Human papillomavirus (HPV) independent cervical cancer is considered to be not associated with HPV infection. Cervical squamous cell carcinoma (SCC) is rarely HPV-negative, and a confirmed HPV independent cervical SCC has not yet been reported.

Methods: A 44-year presented at emergency with heavy menstrual bleeding in August 2021. She underwent therapeutic dilatation and curettage following hysteroscopy. On histology suspicion of invasive cancer, the patient was further evaluated with colposcopy followed by endometrial aspiration and endocervical curettage. Patient presented with similar complaints in 2016 and was evaluated by liquid-based cytology and HPV DNA and OncoTect® mRNA testing. Her Pap test was ASC-H but negative for HPV DNA and mRNA. She underwent colposcopy and biopsy and was under yearly follow up as her histology revealed Low grade squamous intraepithelial lesion. Magnetic resonance imaging pelvis done in September 2021 showed multiple uterine fibroids along with a T1/T2 isointense 4.9×4 cm cervical mass. No retroperitoneal lymphadenopathy seen. The EA and ECC done in August 2021 histopathology revealed CIN 2 on ectocervix and p16 negative HPV independent keratinising SCC of cervix.

Results: Evidence suggests HPV independent cervical cancer is caused by mutations in tumor-associated genes such as *TP53*, *PIK3CA*, and *CDKN2A*. As mentioned before till date no case of HPV independent SCC cervix has been reported in literature.

Conclusion: The HPV independent cervical carcinoma are mostly adenocarcinoma and presents at an advanced stage with poor prognosis. Reporting of rare cases like this may help to develop different approach for management.

Poster (C20)

Cervical Cancer

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Hysterotomy followed by radiation in cervical cancer stage IIIC1 with 15 weeks of pregnancy: a case report

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Objective: Cervical cancer is the most common gynaecological cancer during pregnancy. Management of cervical cancer during pregnancy appears to be a significant dilemma for the patients and doctors. We report a case of stage IIIC1 cervical cancer with 15 weeks of pregnancy.

Methods: We report a rare case of cervical cancer during pregnancy and the treatment modality of this case.

Results: In this case we performed hysterotomy before chemoradiation. The patient has no evidence of disease and in good condition now.

Conclusion: This case shows that hysterotomy could be one method to terminate the pregnancy before definitive cervical cancer treatment with chemoradiation.

Poster (C21)

Cervical Cancer

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Persistence and recurrence rate of cervical cancer FIGO stage IB2–IIIB in the era of adding CT scan for treatment planning

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Objective: To determine the rate and patterns of persistence and recurrence in International Federation of Gynecology and Obstetrics (FIGO) stage IB2–IIIB cervical cancer patients and evaluate the impact of using whole abdomen computed tomography (CT) in the treatment planning.

Methods: From Tumor registry, the histopathology, finding of whole abdomen CT and clinical data of FIGO stage IB2–IIIB cervical cancer patients who were treated in Siriraj Hospital, between 2006 and 2012, were retrospectively reviewed and analyzed.

Results: A total of 304 patients were recruited and 108 cases of persistent and recurrent cervical cancer patients (35.5%) were identified. The median time from complete primary treatment to recurrence was 38 months (95% confidence interval=30.9–45.1 months). The 57.4% of the recurrences were distant. whole abdomen CT prior to treatment was used in 139 patients (45.7%) which allowed discovery the incidence of pelvic, para-aortic, both pelvic and para-aortic lymph node involvement were 0.1%, 2.2%, and 16.5%, respectively. Bladder, rectum, liver, lung and kidney metastases were found in 6.5%,

4.3%, 2.2%, 2.2%, and 0.7% respectively. These findings resulted in the change from curative to palliative aims in 5.0% and increasing in adjuvant therapy up to 24.5%. stage III, primary tumor size, and the presence of pelvic and/or para-aortic lymphadenopathy shown by whole abdomen CT were all determined to be significantly prognostic in the recurrence rate. **Conclusion:** This study implied the potential benefits of CT scans as important for proper staging of primary diagnosis, and determination of disease extent with proper treatment planning to reach the aim of improving outcome.

Poster (C22)

Cervical Cancer

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Radical hysterectomy in cervical cancer during pregnancy: a case report

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Objective: The management of cervical cancer during pregnancy represents a challenge for the physician, and it is influenced mostly by gestational age at diagnosis, stage of disease, and patient's desire of maintaining the pregnancy. Our current case was a pregnant woman with stage IB2 cervical cancer who underwent radical hysterectomy and pelvic lymphadenectomy during the cesarean section.

Methods: A 42-year-old woman, G5P3A1, at 32 weeks of gestation came to our hospital complaining vaginal bleeding for about 3 months. Gynecologic examination revealed a 2 cm exophytic cervical lesion without vaginal and parametrial involvement. A cervical biopsy was performed that revealed an invasive, poorly differentiated, squamous cell carcinoma of the cervix. An ultrasonographic examination confirmed the presence of a cervical lesion with the size of 3×2×2 cm with no parametrial involvement. The cesarean section was performed at 35 weeks of gestation with a live baby girl, 2,530 g, AS 9/10. The procedure was followed by radical hysterectomy, left salpingo-oophorectomy, right salpingectomy, right ovarian transposition and pelvic lymphadenectomy.

Results: The final histopathology result revealed an invasive, moderately differentiated, squamous cell carcinoma of the cervix with no metastasis to the parametrial and lymph node, and also free margin to the vaginal border. We did not give any adjuvant treatment based on our analysis to the histopathology

result. After 7 months of observation, no sign of recurrence was found.

Conclusion: Management of cervical cancer during pregnancy is influenced by gestational age, stage of disease, patient's desire to maintain her pregnancy with careful evaluation and counselling of the patient. We report a case of 42-year-old pregnant woman with cervical cancer stage IB2 with successfully treated by radical hysterectomy and pelvic lymphadenectomy during cesarean section.

Poster (C23)

Cervical Cancer

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Recurrent cervical carcinoma presenting as periumbilical abdominal wall mass treated with wide excision followed by reconstruction using surgical mesh: a rare case report

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Objective: The recurrence of cervical cancer most commonly presents as nodal diseases in pelvic or paraaortic lymph nodes. The prevalence of recurrence in the periumbilical abdominal wall is low. The management depends on patient's condition. We herein report a rare case of the abdominal wall recurrence with diagnosis and management.

Methods: A case report of diagnosis and management.

Results: A 56-year-old woman with history of radical hysterectomy followed by external beam radiotherapy and brachytherapy for stage IIA of poorly differentiated adenocarcinoma of the cervix one year ago. She complained about a mass in her abdomen. Physical examination revealed a 3×3 cm solid mass in the umbilical region. The MRI result showed a 3×2.3×1.9 cm intramuscular solid mass with necrotic component in the right abdominal rectus, 4.1 cm apart from the cutis, and was suspected as metastasis. We performed a laparotomy adhesiolysis, extirpation of solid tumor mass in periumbilical, and then reconstruction by prosthesis (mesh) insertion. The histopathology result corresponded with metastatic carcinoma from the cervix. The patient's condition was good after surgery.

Conclusion: Periumbilical abdominal wall recurrence of cervical carcinoma is unusual and can be treated with wide excision followed by reconstruction using surgical mesh.