

Case Reports

A rare case of verrucous carcinoma of the cervix in a patient with uterine prolapse

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Introduction

The carcinoma of the cervix and uterine prolapse are common in developing countries but the combination of these two is a rare occurrence^{1,2}. Verrucous carcinoma is a rare variant of well-differentiated squamous cell carcinoma which commonly occur in sites such as oral cavity, skin, and larynx³. Verrucous carcinoma presents as a large cauliflower-like lesion which is locally destructive. It is commonly misinterpreted as condyloma accuminata, resulting in a delay of the appropriate treatment⁴.

We report a case of longstanding uterovaginal prolapse with a verrucous carcinoma of the cervix, which was surgically managed successfully.

Case report

A 76-year old, grand multiparous presented with an episode of vaginal bleeding after a minor trauma. She had a longstanding third degree uterovaginal prolapse with a cauliflower like exophytic lesion in the upper lip of the cervix (Figure 1). The lesion was 5 cm in diameter and confined to the vaginal wall. There was no involvement of the parametrium. Excision biopsies from multiple sites showed a 'verrucous' type squamous cell carcinoma of the cervix. Vaginal hysterectomy was performed with relatively easy separation of the tissue plains. Microscopy of the specimen showed sheets and nests of polygonal cells invading the underlying stroma. The constituent cells contained abundant cytoplasm and their nuclei showed minimal atypia. There was keratin pearl formation. Overlying epithelium is largely ulcerated and showed dense inflammation.

Mitotic figures were present. Tumour had invaded the vaginal tissue but the vaginal, paracervical and parametrial margins were free of tumour. Histology of the specimen confirmed the verrucous carcinoma type of well differentiated squamous cell carcinoma arising from cervix. The patient was followed up in the clinic without radiotherapy.



Figure 1. Third degree uterovaginal prolapse with exophytic growth in the upper lip of the cervix.

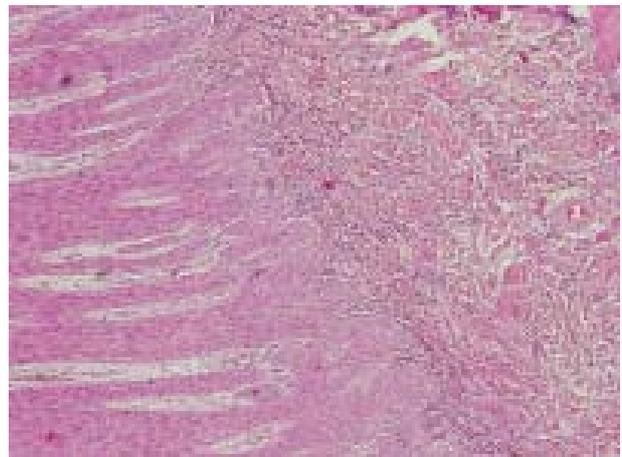


Figure 2. Histological appearance showing sheets and nests of polygonal cells invading underlying stroma. Cells contain abundant cytoplasm and nuclei with minimal atypia and keratin pearls.

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Discussion

Cancer of the cervix is a leading female cancer in developing countries⁵. Approximately 80% of cervical cancers occur in developing countries. The common histological variants are squamous, adenocarcinoma, and adenosquamous carcinoma. These histological types represent >95% of cases of cervical carcinoma. Verrucous carcinoma of the cervix is a rare histological variant of squamous carcinoma that represent less than 1% of cervical cancers³. Verrucous carcinoma is found at a much higher frequency in other sites such as oral cavity, skin, and larynx^{3,6}.

The etiology is uncertain. However, like in other cervical malignancies, the role of human papilloma virus is implicated in this variant too⁶. It has the characteristic feature of direct invasion locally to a greater degree than dissemination via lymph node pathway. Thus the recommended mode of treatment is surgery^{7,8}. Moreover, Radiotherapy often fails to eradicate the lesion and may even cause it to become more anaplastic^{4,8,9}. A high degree of clinical suspicion and careful evaluation are necessary for an accurate diagnosis and appropriate management since the pathologic findings may be benign on an individual cell basis or may even resemble those of a condyloma⁸. In general, this tumour type entertains a good prognosis when surgery is performed without radiotherapy.

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