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Case report

Synchronous Adenosquamous cell carcinoma of the cervix and Mucinous cyst adenocarcinoma of ovary

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A R T I C L E I N F O

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A B S T R A C T

Patients with synchronous primary malignancies constitute 0.63% of all genital malignancies. The most frequently observed synchronous neoplasm was ovarian cancer coexistent with endometrial cancer (40%). Surgical treatment should be the treatment of choice, as it contributes significantly to the diagnosis of synchronous lesions. We are presenting a report of a rare case of synchronous primary neoplasm of adenosquamous carcinoma of cervix and mucinous cystadenocarcinoma of ovary.

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1. Case Report

A 55 years old female, menopausal since 10 years, came to our gynaec out patient department with complaints of abdominal distension and loss of appetite for one month. She was P4L4, all normal vaginal deliveries, not tubectomised. She came with a fractional curettage report of endocervical adenocarcinoma cervix. She was cachexic and ill built. Her vital signs were stable. On abdominal examination there was evidence of gross ascites .No evidence of palpable mass. On speculum examination, cervix appeared bulky, ectocervix was normal. A small growth was noted in the endocervical canal. On bimanual examination, exact size of Uterus could not be made out. A hard fixed midline mass measuring 5 x 6 cms was felt through the anterior fornix, bilateral parametrium free. Rectovaginal examination confirmed the findings of vaginal examination, rectal mucosa was free. Investigations showed a Hb of 11.8 gm%,TLC – 7400 cells/cu mm,RBS-97 mg%,Blood Urea – 21 mg%,S.Creatinine–0.8 mg%.Ultrasound abdomen showed moderate ascites, normal sized uterus, bilateral adnexal mass measuring 6 x 8 cm with cystic and solid components. MRI/ CA-125 were advised but patient could not afford the same.

She was taken for exploratory Laparotomy. There was three litres of ascites, collected for cytology. Bilateral Ovarian malignant masses found measuring 5 x 6 cms. Masses were adherent posteriorly & to the lateral pelvic walls. Cervix showed an infiltrating malignant growth. Multiple omental deposits present. Primary debulking surgery was done (Total abdominal hysterectomy with bilateral salphingo-ovariotomy + omental biopsy). Radical surgery was deferred as it was technically difficult. Liver found normal, lymph node status was difficult to assess due to dense adhesions. The patient recovered well in the post-operative period.

Histopathology Examination showed an Endocervical Adenosquamous carcinoma of cervix, extending to uterine endometrium, myometrium and focally infiltrating the serosa. Bilateral Mucinous Cystadenocarcinoma ovary with Tubal and Omental Surface Implants. Ascitic fluid positive for malignancy. The patient is presently well and receiving chemotherapy.

2. Discussion

Multifocal disease both benign and malignant is commonly seen in the lower genital tract[1]. Synchronous multiple primary tumors of the female genital tract are relatively rare, comprising only 1-6% of all genital neoplasms[2]. Endometrial cancer occurring synchronously with ovarian cancer is the most frequently observed case of synchronous tumor occurrence (40%)[3].

The principle histological type of invasive cervical carcinoma, occurring in about 85% of cases, is the squamous lesion. Adenocarcinoma of the cervix is becoming more common, especially in younger women. They constitute 5% to 15% of all cervical cancers[4].

The literature on both the spread of cervical carcinoma and metastatic tumors to the ovary indicates that ovarian involvement

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by cervical carcinoma is rare if cases of direct spread are excluded. An important category of cervical carcinomas that may show ovarian spread is adenocarcinoma and related tumors, including adenosquamous carcinoma and glassy cell carcinoma [5].

Synchronous primary neoplasms of adenosquamous carcinoma of cervix and mucinous cystadenocarcinoma of ovary are rare. Carcinoma of the colon or the breast [6, 7, 8] is the most common second primary malignancy in patients with carcinoma cervix. Surgical treatment should be the treatment of choice, as it contributes significantly to the diagnosis of synchronous lesions [3].

To our knowledge, our case is a rare one. Firstly, the incidence of synchronous primary malignancies is only 0.63% of all genital malignancies.

Secondly adenocarcinoma of cervix is supposed to be common in young females, in contrast to our patient who was aged 55yrs. Lastly primary adenosquamous carcinoma of cervix & mucinous adenocarcinoma ovary are rare to be found as synchronous genital

Fig 1: Gross Specimen

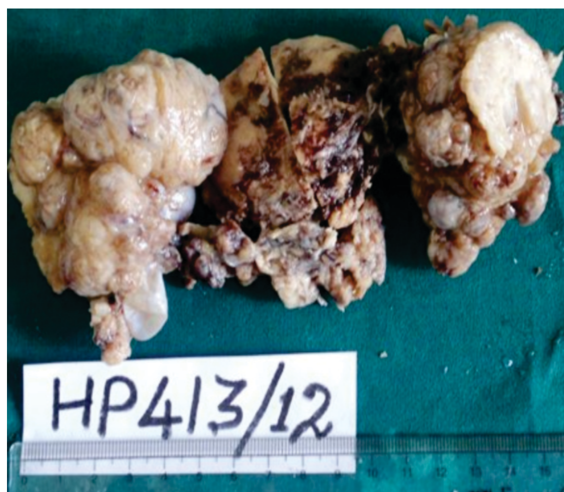


Fig 2: Adenosquamous cell carcinoma cervix

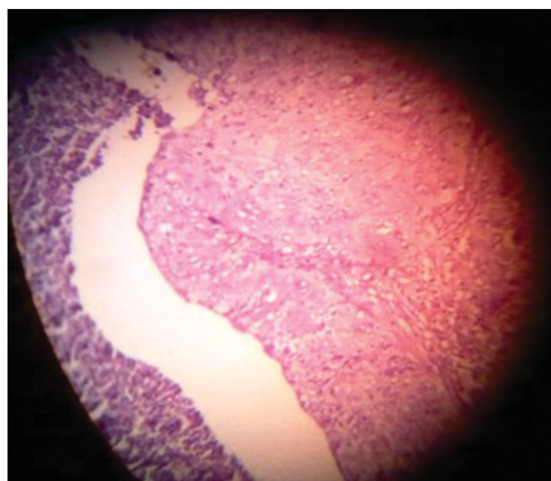


Fig 3: Mucinous cystadenocarcinoma ovary

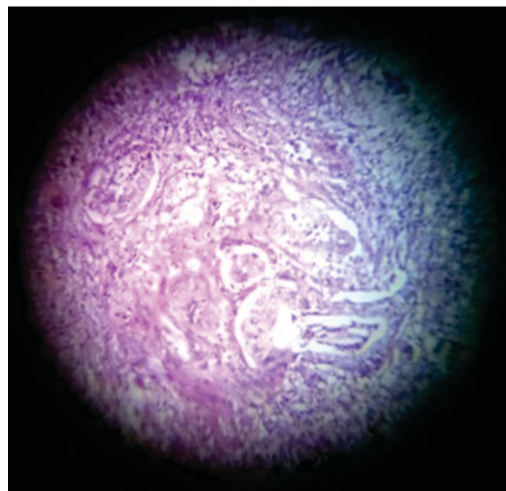
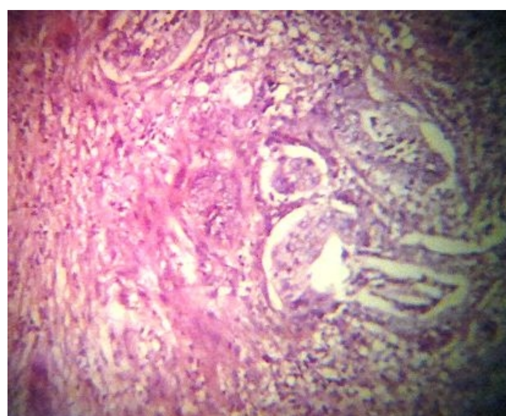


Fig 4: Mucinous cystadenocarcinoma ovary (Magnified View)



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