EP33.17 - PROLAPSED SUBMUCOUS MYOMA WITH INCIDENTAL FINDING OF ENDOCERVICAL ADENOCARCINOMA

Teh, Abbie Sheila M., MD; Sigue, Airen MD, FPOGS
Cardinal Santos Medical Center, San Juan City, Philippines

Cervical Adenocarcinoma is more common than Squamous cell Carcinoma.

Human papillomavirus (HPV) is a primary cause. Average age is 45-55 years old, but can be seen in younger women. The symptom is abnormal vaginal bleeding.

A 31 y.o. nulligravid, with vaginal bleeding and hypogastric pain for 17 days. Treated as abnormal uterine bleeding due to prolapsed submucous myoma and pelvic inflammatory disease. Pap smear negative for premalignant lesions and HPV DNA test negative, with 6 x 5 cm firm mass at the internal cervical os, uterus 14 week size with bilateral adnexal tenderness.

Treated by a Gynecologic-Oncologist, given 2 doses of Leupron injection 3.75 mg/IM and treated for PID, readmitted with the same TVS findings. Patient underwent Hysteroscopic resection of the endocervical myoma and endometrial curettage. Histopathology result was Cervical and Endometrial Adenocarcinoma. Immunochemical stains were negative for P16, ER, PR and positive for CK20, CDX2, CEA and CK 7 (focal) Immunomorphologic findings compatible with colon primary

In the USA, Cervical cone biopsy done, colonoscopy and endoscopy, CT with contrast and PET scan are negative for Primary Colon. Diagnosed as Endocervical Cancer Stage 2B. Patient is for chemotherapy, radiation and brachytherapy.