ISP-4-2  Small Cell Carcinoma of the Uterine Cervix

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[Introduction] Small cell carcinoma of the uterine cervix (SCCC) is a rare histological entity that has a poor prognosis. There is a paucity of information about SCCC during pregnancy. We report the case of a patient with SCCC who underwent a radical hysterectomy during pregnancy. [Cases] A 33-year-old Japanese woman with genital bleeding and an abnormal Pap smear result at 15 weeks' gestation was referred to our institution. A speculum exam revealed a 5.4-cm-dia. mass in the cervix, and a cervical biopsy revealed SCCC. Magnetic resonance imaging and contrast-enhanced computed tomography demonstrated a tumor confined to the cervix, swelling of intra-pelvic lymph nodes, and no distant spread. She was diagnosed with SCCC, Stage IB2. We performed a radical hysterectomy with pelvic lymphadenectomy at 18 weeks' gestation (pT1b2N1M0). She refused adjuvant chemotherapy and irradiation and has been undergoing routine post-treatment surveillance. She is healthy without disease 2 months after the surgery. [Discussion] To determine the optimal management of SCCCs, the context of the aggressive behavior of SCCCs should be considered. A radical hysterectomy during pregnancy should be listed among the treatment options for SCCC patients complicated with pregnancy.

ISP-4-3  Uterine cervical adenocarcinoma metastasizing concurrently to eutopic and ectopic ovaries: a case report

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Ectopic, a designation that includes supernumerary ovaries and accessory ovaries, ovary is a rare gonadal anomaly. We encountered a patient with a metastasis to such an anomaly. A 43-year-old woman was diagnosed with stage Ib cervical adenocarcinoma with suspicion for a right ovarian malignancy. She underwent laparotomy after completing 3 cycles of neoadjuvant chemotherapy. Intraoperative inspection revealed 2 normal ovaries, but an ovarian-like structure was identified attached to the fimbriae of the left Fallopian tube. A cystic tumor, 12 cm in diameter, developed from this structure, which was not connected to the infundibulopelvic ligament. The mass was pulled and elevated into the right pelvis by omental adhesions. Pathological examination revealed that both the left eutopic ovary and the ovarian-like structure contained endometrioid adenocarcinoma metastases. The ovarian-like structure contained spindle-shaped theca cells, which were positive for inhibin; therefore, this structure was defined as ovarian tissue. The final diagnosis was uterine cervical endometrioid adenocarcinoma with metastases to the pelvic lymph nodes and to left eutopic and ectopic ovaries (pT2a2N1M0). There have been no previous descriptions in the English literature of uterine cervical adenocarcinoma metastasizing concurrently to unilateral eutopic and ectopic ovaries.

ISP-4-4  Clinical outcomes of CIN3 after cervical conization with positive surgical margins

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[Objective] The aim of this study is to evaluate the clinical outcomes of patients who were treated by cervical conization for CIN3 and histologically confirmed positive surgical margins. [Methods] From January 2006 to December 2012, the patients who went through cervical conization for CIN3 were retrospectively identified. The patient data include age, follow-up period, rate of abnormal pap after conization, and the details of additional treatment. [Results] Of 305 patients who underwent cervical conization for CIN3, 45 patients had positive surgical margins. The mean age was 38 years, and the mean follow-up was 36 months. 3 patients went through immediate hysterectomy, and 42 patients were followed-up conservatively. Abnormal pap was confirmed in 15 patients (33.7%) with mean follow-up of 8 months. 9 patients went through additional surgical treatment including re-conization in 5 patients, hysterectomy in 3, and one had IB1 disease at the time of recurrence and went through radical hysterectomy. 2 patients who went through hysterectomy were found to have IA2 and IB1 disease in the hysterectomy specimen. [Conclusion] Even if surgical margin is positive in the cone specimen, about 60% of patients are conservatively treated with no sign of recurrence. However, there are few cases in which invasive cancer is found at time of recurrence; therefore prudent examination is necessary.