

malignant disease of the cervix

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Histology:

1- squamous carcinoma is 80-85%

2- adenocarcinoma is 15-20%

Clinical presentation

Early stage :1- asymptomatic.

2- postcoital bleeding , postmenopausal bleeding, offensive blood-stained vaginal discharge.

Late stage: backache, leg pain/oedema , haematuria , bowel changes, malaise, weight loss.

Diagnosis

1- History

2- Cervical cytology

3- colposcopy + biopsy

4- Ultrasound

5- MRI, lymphoangiogram.

Staging

Staging include an assessment of disease extent and sites of spread by:-

- 1- Clinical examination.
- 2- cystoscopy, sigmoidoscopy
- 3- Chest x ray, Intravenous urogram
- 4- CT, MRI

FIGO staging of cervical cancer(2009)

stage 0 :carcinoma in situ.

stage 1: invasive carcinoma confined to the cx

a- micro invasive.

b- Visible lesions.

stage 2: cervical carcinoma invades beyond the uterus ,but not to the pelvic wall or to the lower third of the vagina with parametrical invasion.

- **stage 3**: the growth extends to the pelvic wall and/or involves the lower third of the vagina and/or causes hydronephrosis or non functioning kidney.

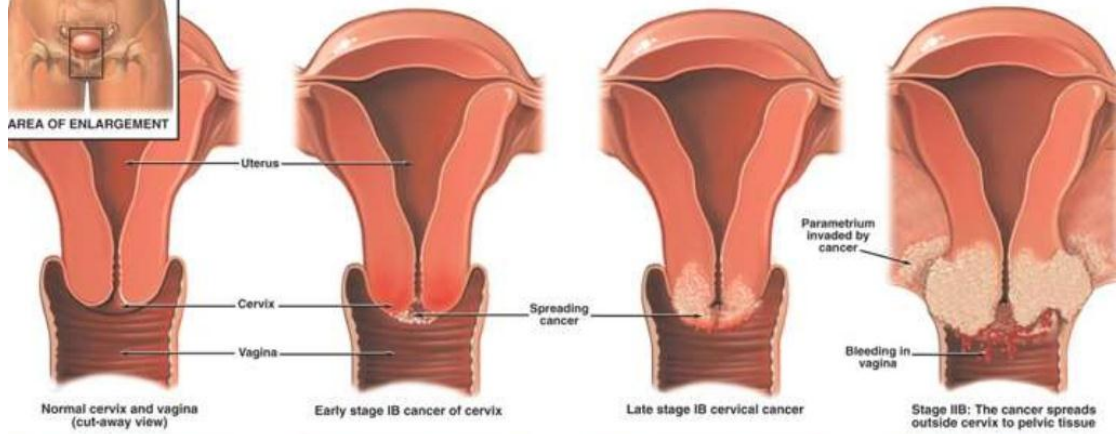
- **stage 4**: the carcinoma has extended beyond the pelvis.

a- spread to adjacent organs.

b- Spread to distal organs.



AREA OF ENLARGEMENT

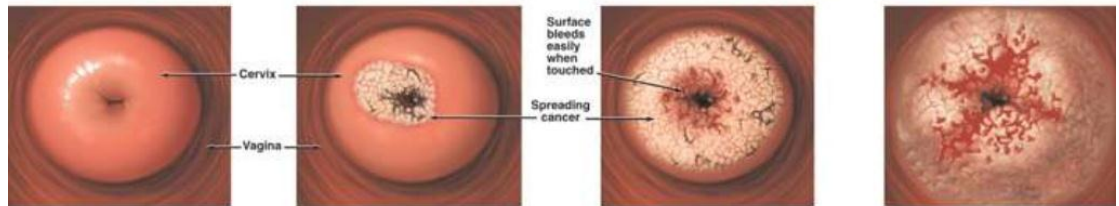


Normal cervix and vagina (cut-away view)

Early stage IB cancer of cervix

Late stage IB cervical cancer

Stage IIB: The cancer spreads outside cervix to pelvic tissue



Normal cervix (speculum view)

Early stage IB cervical cancer

Late stage IB: cervical cancer is still limited to cervix

Stage IIB cervical cancer



Treatment for Cervical Cancer

Women with cervical cancer have treatment options.

The options are

Surgery

Radiation Therapy

Chemotherapy

or a combination of methods.

The choice of treatment depends mainly on the size of the tumor and whether the cancer has spread. The treatment choice may also depend on whether the woman wishes to become pregnant someday.

Cancer treatments often damage healthy cells and tissues, so side effects are common.

Side effects may not be the same for each person, and they may change from one treatment session to the next.

Management

1- curative treatment

2- palliative treatment.

Management

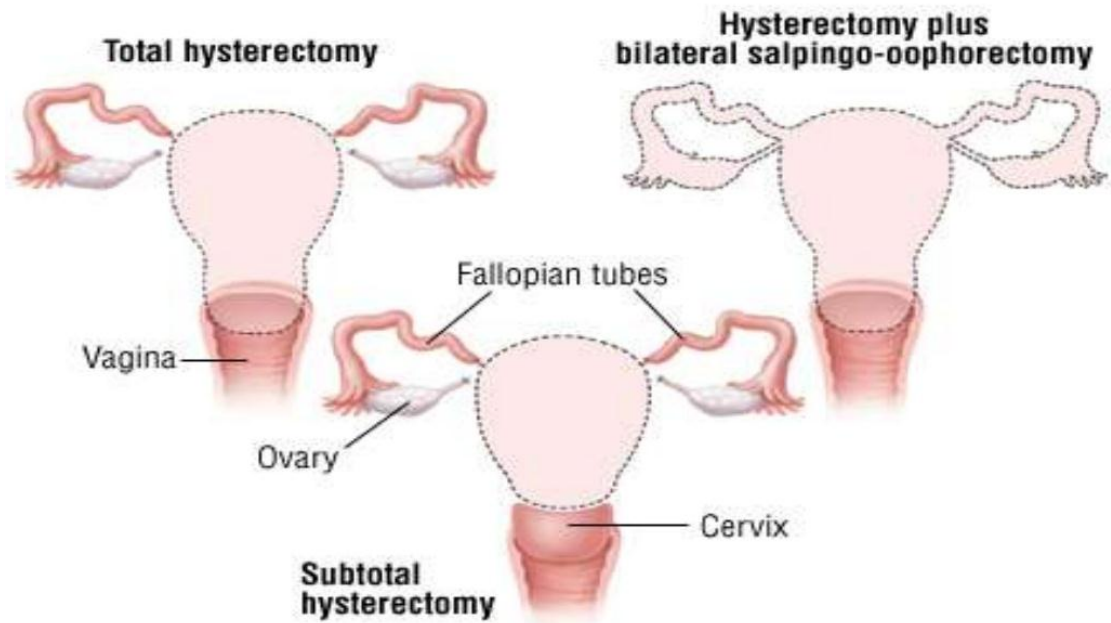
stage 1 : a- microinvasive need simple hysterectomy.

b- radical hysterectomy

stage 2 : radical hysterectomy + radiotherapy.

stage 3 ,4 : radiotherapy +chemotherapy

Hysterectomy





Radiation Therapy

Doctors use two types of radiation therapy to treat cervical cancer. Some women receive both types:

- **External Radiation Therapy:**

A large machine directs radiation at the pelvis or other tissues where the cancer has spread. The treatment usually is given in a hospital or clinic. External radiation usually takes place 5 days a week for several weeks. Each treatment takes only a few minutes.

- **Internal Radiation Therapy:**

A thin tube is placed inside the vagina. A radioactive substance is loaded into the tube. The patient may need to stay in the hospital while the radioactive source is in place (up to 3 days). Or the treatment session may last a few minutes, and the patient can go home afterwards. Once the radioactive substance is removed, no radioactivity is left in the body. Internal radiation may be repeated two or more times over several weeks.

Complication of radiotherapy

Bowel and bladder urgency, due inflammatory effects.

Skin reythema-like burn.

Vaginal stenosis in long term complication.

Damage to ovaries, fistula formation.

Palliative treatment

1- Sedation for pain due to nerve infiltration.

2- Anemia correction.

3- Physiotherapy.

4- Urinary or bowel diversion.

References: Gynaecology by ten teachers.

Dewhurst for obstetrics and gynaecology.