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Glassy cell carcinoma of the right cervix on uterine didelphys with right renal agenesis: A rare case report

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ABSTRACT

Introduction: Glassy cell carcinoma of the uterine cervix is a very rare entity accounting for only 1% of all cervical carcinomas. It is a poorly differentiated subtype of adenosquamous carcinoma. It is associated with poor prognosis due to its aggressiveness. Cervical cancer with uterine malformation is extremely rare. Due to its rarity in incidence for both clinical conditions existing together, we report a case of such management. **Case Description:** A 33-year-old nulliparous woman with underlying uterine didelphys and right renal agenesis presented to us with prolonged vaginal bleeding. There was a mass palpable per abdomen which was equal to a 12 weeks' gravid uterus size and a cervical mass 3 cm in size confined to the right side of cervix extending to upper vagina. The left side of cervix and vagina was normal. CT imaging of thorax, abdomen and pelvis was done, with no distant metastasis seen. **Discussion:** As the treatment of Glassy cell carcinoma of the cervix require multimodality treatment, patient had 3 cycles of neoadjuvant chemotherapy followed by a radical hysterectomy, bilateral salpingo-oophorectomy and pelvic lymph node dissection. The surgery was uneventful. This was followed by another 3 cycles of adjuvant chemotherapy and radiotherapy (external beam radiotherapy and brachytherapy). Patient recovered well and the treatment was successful in bringing disease free interval of 2 years.

A-018

Infected uterine fibroid in pregnancy – A rare occurrence

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ABSTRACT

Introduction: Uterine fibroid in pregnancy is common and concerning. There is a prevalence of 10.7% in the first trimester and 2-5% overall. Most fibroids do not affect pregnancies. But for 10-30% of women with fibroids, they may complicate pregnancy by causing maternal pain, fetal growth restrictions, (FGR), preterm labour, fetal malpresentation, postpartum haemorrhage (PPH) and carries a risk for caesarean sections and even peripartum hysterectomy. **Case Description:** This a case of a 29-year-old, primigravida at 25 weeks gestation who was initially admitted for pain management due to red degeneration of uterine fibroid. However, her pain persisted with fever, diarrhea, tachycardia and raised inflammatory markers. Broad spectrum antibiotic was commenced, and abdominal ultrasound showed ruptured complex ovarian mass with ascites. She underwent laparotomy. Intraoperative findings revealed an infected anterior subserosal fibroid with spontaneous small bowel perforation. Unfortunately, she delivered prematurely 2 days later and was admitted to ICU for intraabdominal sepsis. She recovered well and was discharged on day 12. **Discussion:** Uterine fibroids in pregnancy are associated with advancing maternal age and will likely increase globally due to delayed childbearing. It is usually asymptomatic and can be treated conservatively. However, in the event of intractable symptoms, surgical management of either antepartum myomectomy or caesarean myomectomy had been performed successfully. There is increased in uterine vascularization during pregnancy and surgical management may lead to hemorrhage and hysterectomy. Therefore, treatment should be individualized for most favourable results.