

Locally advanced squamous cell carcinoma of cervix: Complete response with platinum-based chemotherapy during COVID-19 pandemic

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ABSTRACT

Introduction: Concurrent chemoradiation therapy remain the mainstay of treatment of locally advanced cervical cancer. However, the unprecedented global challenge posed by the COVID-19 pandemic has caused interruption to many services including the oncology services. The patient and physician face the dilemma of having to delay primary treatment with the risk of disease spreading. In view of that, for locally advanced disease of cervical cancer, for stage 2B disease, we offered neoadjuvant chemotherapy (readily available service in our unit) with 175 mg/m² paclitaxel and 75 mg/m² cisplatin four to six cycles before proceeding with radical hysterectomy or radical pelvic radiotherapy (if not feasible for surgery) to achieve complete cure. Fortunately, among the enrolled patient into the regime treatment, there was a young lady that managed to achieve complete clinical response following chemotherapy only. **Case Description:** A 41-year-old lady, parity 3, diagnosed to have Squamous Cell Carcinoma of cervix stage 2b, received in total 6 cycles of chemotherapy every 3-weekly interval. She was then subjected for radical hysterectomy, bilateral salphingo-oophorectomy and bilateral systematic lymphadenectomy. Intraoperatively, noted residual cervical tumor measured 1.5 x 1 cm, a marked tumor mass reduction from initial size of 5 x 4 cm. Otherwise, no disease noted elsewhere including parametrium. The histopathological report of the resected specimen confirmed there was no microscopic residual tumor left, showing that she has already achieved complete response with chemotherapy only. She is so far about 3 months free from the disease. We are looking forward to review her again to see the progress.

Cellular leiomyoma with benign metastasizing leiomyoma of pelvic lymph node mimicking malignant disease: A case report

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ABSTRACT

Introduction: Cellular leiomyoma can have characteristics typical to a malignant disease and it is important to differentiate it from leiomyosarcoma. Benign metastasizing leiomyoma is an extrauterine smooth muscle deposits and lung is the most common metastatic site. Cellular leiomyoma and benign metastasizing leiomyoma are a rare clinical entity. We report a case where both conditions co-exist in a patient. **Case Description:** A 44-year-old lady, presented to us with complaints of abdominal mass with discomfort for 4 months and progressively increasing in size. Per abdomen revealed mass corresponding to 18 weeks size. Tumor marker CA125 was 50.7. CT abdomen and pelvis was done, suspected malignant uterine masses with metastasis to left ovarian vein likely leiomyosarcoma, with possible coexisting vascular leiomyosarcoma and abdomino-pelvic lymphadenopathy. She underwent total abdominal hysterectomy bilateral salpingo-oophorectomy and pelvic lymph nodes sampling and omental and bowel nodule biopsy. Intra-operatively noted left broad ligament and anterior uterine mass with bilateral enlarged pelvic lymph nodes and a sigmoid bowel nodule. Histopathology reported, uterine leiomyomata and adenomyosis with left broad ligament cellular leiomyoma with benign metastasizing leiomyoma of left pelvic lymph node and bowel endometriosis. CT thorax done subsequently to look for any metastasizing leiomyoma showed no significant finding. Patient recovered well and being monitored in our clinic.