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Case Report Open Access

Villoglandular Papillary Adenocarcinoma of the Uterine Cervix Diagnosed During Pregnancy: A Case Report

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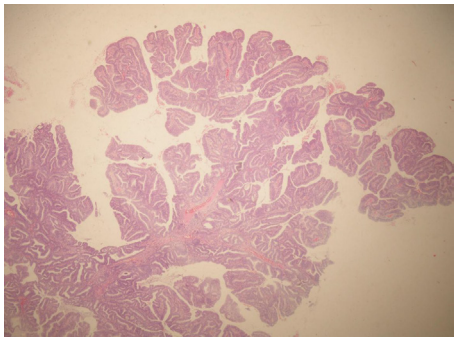
Abstract

Villoglandular papillary adenocarcinoma (VPA) is a very rare subtype of adenocarcinoma of the uterine cervix. Only six cases of VPA associated with pregnancy have been reported. This is the first report of a successful delivery in a woman with untreated cervical VPA due to the lesion being diagnosed as cervical papilloma in late pregnancy.

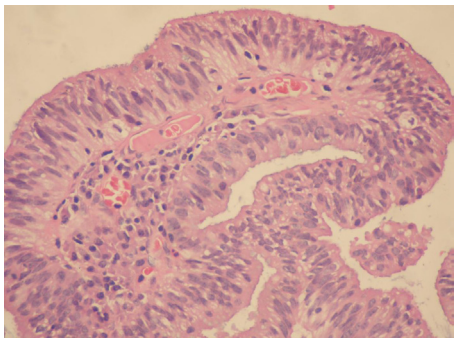
Keywords: Villoglandular papillary adenocarcinoma; Cervix; Pregnancy

A 31-year-old Chinese woman, of Han nationality, gravida 3, abortion 2, para 0, was admitted with abnormal vaginal discharge during the 28th week of gestation in June 2006. Physical examination showed a 1×1.5 cm papillary lesion of the uterine cervix. A biopsy was taken and the lesion was diagnosed as benign cervical papilloma, so only occasional follow-up was performed without any additional treatment given.

During the 35th week of gestation, physical examination revealed a friable and hemorrhagic tumor originating from endocervix and extending to vagina. A 5×4×3 cm cervical tumor was resected. Microscopically, the tumor showed a well-defined papillary architecture with minimal atypia being evident. Thus it was pathologically diagnosed as VPA (Figure 1).



(a): Tumor displaying well-formed papillary structures (hematoxylin and eosin, original magnification, ×40)



(b): Higher magnification of Tumor displaying well-formed papillary structures (hematoxylin and eosin, original magnification, ×200).

Figure 1: Typical histological patterns for villoglandular papillary adenocarcinoma of the cervix.

In the 36th week of gestation, the patient underwent a caesarean radical hysterectomy with pelvic lymphadenectomy and ovarian conservation. Twenty eight lymph nodes were removed. A healthy 3 kg baby was delivered without complications. The tumor and lymph node specimens were examined histologically, with the final diagnosis was stage IB2 VPA of the cervix. The tumor was purely exophytic, unassociated with another type of cervical tumor and without invasion of the underlying stroma or lymph/vascular spaces. During a subsequent follow-up of for 84 months no problems or recurrence have been observed.

Discussion

VPA is a very rare subtype of adenocarcinoma of the uterine cervix. To date, only six VPA cases were associated with pregnancies [1-6]. In three of these, the patients were diagnosed with VPA during pregnancy, which was followed by conservative treatment was instituted. All three of these patients delivered healthy children [3,5,6]. Several studies have shown that VPA has an excellent prognosis [1,2,7]. Young and Scully [7] suggested conization as a potential treatment for patients of childbearing age. Our patient underwent biopsy and diagnosis at 35 weeks of gestation and subsequently had radical surgery one week later.

Retrospectively, our decision to perform such radical surgery was probably unnecessary and more conservative treatment, even just extensive cold knife conisation, should be considered to preserve reproductive potential especially if this is a first pregnancy. Such a decision would require a clear and accurate diagnosis of VPA, as such treatment would be inappropriate for other forms of adenocarcinoma.

In most malignancies, tumor size, depth of invasion, lymph node metastasis and lymph capillary space invasion are considered histopathological risk factors for recurrence. However, tumor size does not always reflect the risk for recurrence of VPA, probably because it usually forms an exophytic mass. Conservative treatment is a good treatment choice in young women who wish to preserve reproductive capability.

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