

Patient's Prognosis for Cervical Cancer Patients with COVID-19 Infection

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DESCRIPTION

Any cancer that develops in a woman's reproductive organs is referred to as gynecologic cancer. Cancer will always be identified from the location in the body where it develops for the first time. Gynecologic malignancies start in several of locations within a woman's pelvis, which is found with the stomach and between the hip bones. Excess hormone exposure, progesterone (hormone) replacement healthcare. There has been a family history of gynecologic cancer. Transmission with the human papilloma virus, also known as HPV which is responsible for virtually all cervical cancers as well as certain vulvae and vaginal malignancies. Cervical cancer develops in the cervix and is most common in women over the age of 40. It is the most frequent kind of gynecologic cancer, and some types can be avoided with an HPV vaccination.

The COVID-19 pandemic has altered how doctors and other healthcare professionals manage the treatment of their patients. The pandemic has also shown to change clinicians' and patients' attitudes towards normal practices and procedures. For instance, it has been shown to decrease the number of gynaecologic cancer patients who attend hospitals as much as possible because of the greater danger of contracting COVID-19 due to their comorbidities. Despite this situation, patients with gynecologic cancer frequently have to follow recommendations given by gynecological cancer associations during the COVID-19 pandemic, including routine hospital visits for treatments or other medical procedures. Worldwide, the burden of cancer mortality and incidence is still rising. According to Global Cancer Statistic: 2020, there will be 604.127, 417.367, 313.959, 45.240, and 17.908 new instances of gynecologic cancer, which includes cancers of the cervix uteri, corpus uteri, ovary, vulva, and vagina. The majority of these patients' concerns are related to how they should proceed with getting or maintaining their cancer treatment and surveillance during the COVID-19 outbreak,

whether they ought to take so immediately or have to wait. A systematic review and meta-analysis of the outcome of cancer patients infected with COVID-19 indicate a 2.1%-4% proportion of cancer patients among those infected with COVID-19, and also a greater amount of mortality and severity in the cancer population with COVID-19 as compared to the non-cancer population with COVID-19.

The world has been facing a wave of active case surges caused by these variations, and on November 26, 2021, the World Health Organization (WHO) added the variant Omicron (B.1.1.529) to the list. Thus, we seek to examine the literature and estimate the effect of SARS-CoV-2/COVID-19 infection among gynecologic cancer patients to see if the risk of infection, hospitalization, severity, and death is higher than in the general population. Several SARS-CoV-2 deviations of concern accepted by WHO (World Health Organization) gives challenges to controlling the pandemic, while these variants generally improve transmission rate and severity.

As compared to non-cancer, breast cancer, non-metastatic, and COVID-19 negative groups, gynecologic cancer indicated higher COVID-19 negative symptoms. When compared to other cancer types, lung cancer, and hematologic cancer, gynecologic cancer had less Covid-19 unfavorable effects. Due to insufficient data, there was no grouping of age or comorbidities. The results might help health policy and services throughout the current worldwide epidemic. Patients with endometrial cancer who are identified with COVID-19 are at risk of hospitalization, treatment delays, and mortality. One in every twenty gynecologic oncology patients with COVID-19 died within 30 days of diagnosis.

Cancer and certain of its therapies, such as chemotherapy, can impair the immune system and make it more difficult for the body to fight infections. If a person has a weak immune system often known as being immune deficient, it's more likely to become really ill in order have COVID-19.

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