

A pregnant woman with invasive cervical carcinoma

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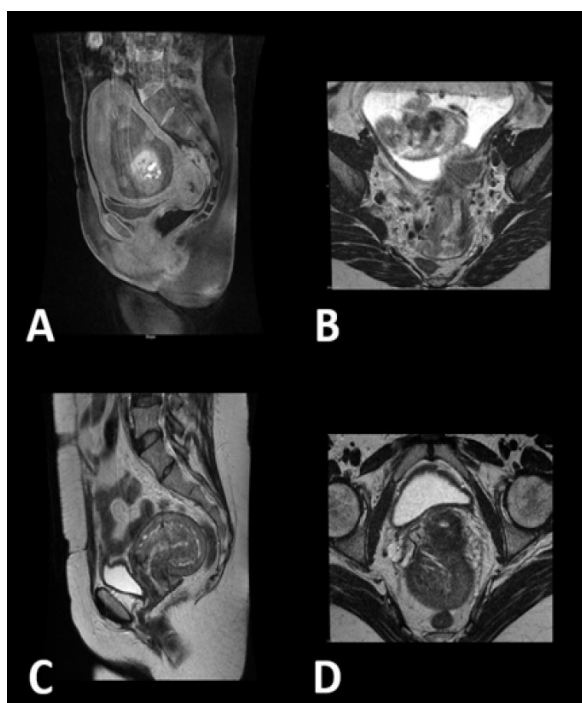


Figure 1. MRI before (A, B) and after (C, D) neoadjuvant chemotherapy

A 34-year-old woman in the 24th week of her third pregnancy was admitted to the Department of Gynecology and Obstetrics after a few episodes of short, vaginal bleeding, beginning in the 18th week, which raised a suspicion of cervical cancer. A routine cytology was performed during the 12th week of pregnancy (the first in the past 7 years), which yielded an inconclusive result. Therefore, it was recommended to extend

the diagnostics. At admission, a gynecological examination showed uterine cervix shape deformation and immobilization, with visible nodular lesion on the cervical surface, confirmed as invasive squamous-cell carcinoma. The MRI of the pelvis and abdomen showed a circular neoplasm located in the upper part of the cervical canal, with a tumor measuring 37x46x48 mm (fig. 1). On the right side, the tumor infiltrates the parametria. Pelvic and abdominal lymphadenopathy were not observed, as well as distant metastases (stage IIB according to the FIGO Classification [1]). Therefore, the patient was qualified for neoadjuvant chemotherapy. The patient received three cycles of cisplatin and paclitaxel (the first cycle in the 24th week of pregnancy) in standard doses based on body weight, taking into account the weight of the fetus. The pregnancy ended with a planned caesarean section in the 34th week. The patient gave birth to a daughter (Apgar score of 9) with no complications during delivery and confinement. The post-chemotherapy MRI revealed a partial regression of the primary lesion to 25x14x14 mm. During confinement, the patient received teloradiotherapy for the pelvic region (45 Gy/25 fractions) with concomitant weekly cisplatin chemotherapy (40 mg/m²) and a high dose rate (HDR) brachytherapy (28.5 Gy/4 fractions) (Ir 192, 3D planning). Complete remission in clinical and radiological control was observed 3 months after treatment completion. After 48 months, the patient's condition remains excellent, with no signs of relapse.

References

1. Bhatla N, Aoki D, Sharma DN, et al. Cancer of the cervix uteri. *Int J Gynaecol Obstet.* 2018; 143 Suppl 2(Suppl 1): 22–36, doi: 10.1002/ijgo.12611, indexed in Pubmed: 30306584.

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