

# Recurrence of Cervical Cancer An unusual presentation

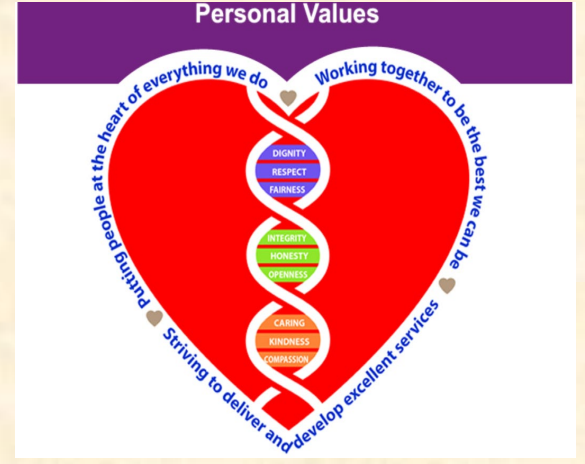


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**Literature Search Support Courtesy:** Ms Rosalind Llewelyn-Harris M Lib Lead Librarian for Research Library and Knowledge Services Manager Bronglais General Hospital Aberystwyth.



**Aim:** To conduct a literature search and Report an unusual case of recurrence of cervical cancer. **To study** patterns of recurrence for cervical cancer.

- **Methods Used:** Evidence based Review. Written consent was taken from the patient. **Key words** "Cervical" "Tumour" "Recurrence" "Recurrent" "venous thromboembolism and related terms" "thrombosis". **Limits** English Language and Human. Abstracts reviewed under Headings of Types Time and Diagnosis of Recurrence. Role of PET/CT and new information sought.

## Case Summary

- A 60-year-old postmenopausal woman chronic smoker visits A&E on 30.12.2019 with swollen right leg and backache. Tenderness in lower spine. Pain in right leg worse on walking Pain score 10/10. Unable to raise right leg. No signs of sensory deficit
- Known treated case of Cervical Cancer diagnosed in 2013 Moderately differentiated SCC FIGO stage 2B. Completed Chemoradiation in February 2014
- Active surveillance for five years with clinical reviews and repeated MRIs discharged back to primary care in December 2018.

**Clinical Diagnosis** Above Knee-Deep vein thrombosis.

**Management** Commenced on Therapeutic Heparin infusion and switched to DOACs on 3.1.2020. Seen by the gynaecological team.

## Results

- **Embase database** (1974 to 2020) 35 Articles  
**Medline search** 47 case reports and 33 Review articles.

## Time of Recurrence

As early as two months to eight years after completion of treatment.

## Diagnosis of Recurrence

- **18-FDG PET/CT** most accurate method of detection of node or distant metastases in locally advanced cervical cancers <sup>2,3</sup>
- Literature supports its use with variable sensitivity and specificity. WHSCCP have defined criteria for consideration of PET/CT Scanning in Wales in 2016.<sup>2</sup>
- **Other options** :Extraperitoneal Pretherapeutic laparoscopic staging with aortic and common iliac dissection in bulky or advanced cervical carcinoma <sup>8</sup>

## Conclusion

1. We did not find any case report with Extensive Iliac vein thrombosis as a reported complication of recurrent cervical cancer. Case reports do exist of various other unusual presentations.
2. A high index of suspicion is required for diagnosing recurrence in cases who had been discharged from active clinical follow up.
3. Policy of discharging patients after five years of surveillance can miss some cases of recurrence to be diagnosed early.
4. Adopting a system of open appointment and educating patients and primary care physicians together can help in early diagnosis of recurrence.

## References

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4. Cetina L et al. F18-FDG-PET/CT in the evaluation of patients with suspected recurrent or persistent locally advanced cervical carcinoma. *Revista de Investigacion Clinica*. 2011 63 (3) pp 227-235.
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## Investigations

- **A CT scan of abdomen and pelvis** done on 16.12.2019 Extensive right Iliac vein thrombosis extending up to Infrahepatic IVC



Fig 1 Hydronephrosis

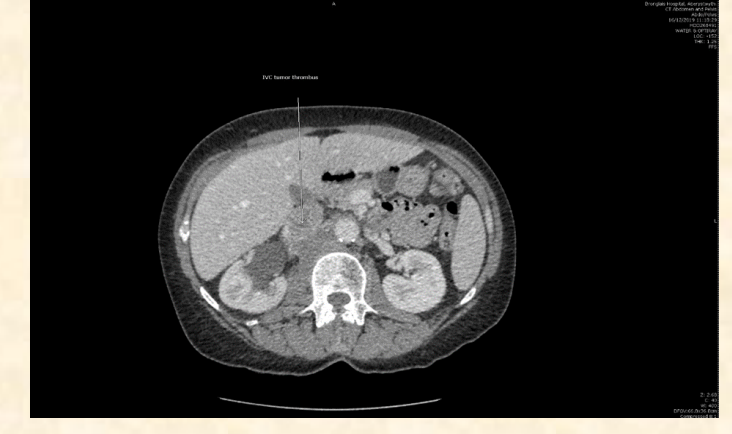


Fig 2 IVC Tumor Thrombus

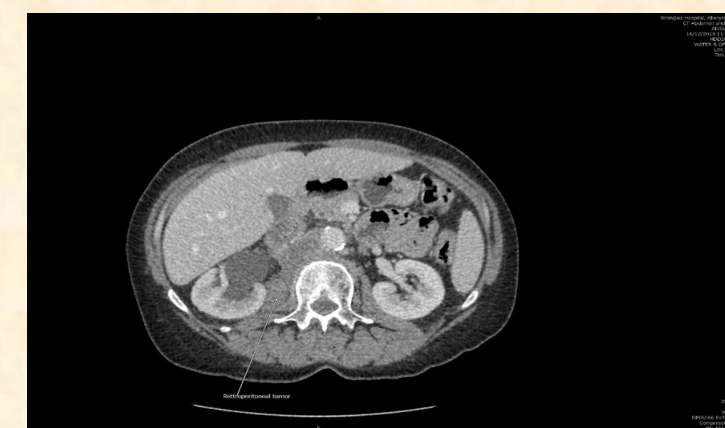


Fig 3 Retroperitoneal Tumour



Fig 4 Ureteric Compression

- **A CT Thorax** on 3.1.2020
- Negative for lung metastasis lymphadenopathy or PE.
- Retroperitoneal Right para aortic thickening around IVC.
- Suggestive of bone metastasis L1 and L2 Vertebra

## Discussion

- **Diagnosing recurrence** can be difficult after heavy pelvic radiation . MRI is used to assess local response and monitor response and recurrence.
- **Rates of Pelvic Recurrence** fluctuate from 10% to 74% depending on various risk factors <sup>1</sup>.
- **Follow up of gynaecological cancers** : Evidence base to inform practice is limited<sup>7</sup> . Majority of units rely on secondary care visits. Patient initiated , Nurse led or Telephone follow up is used in few.
- In our case the patient was reviewed clinically at all follow ups. She had persistent groin pain on right side with negative clinical examination and multidisciplinary review and radiological surveillance did not detect recurrence .
- She presented within twelve months of being discharged from secondary care with massive thrombosis.

## Questions Unanswered

- a. Unexplained finding on Surveillance on MRI Should the period of Surveillance be extended ?
- b. How to address the need to prove recurrence by Biopsy of a mass very close to blood vessels ?
- c. How to improve Education of Primary care physicians and Patients ?