58 Year Old Woman P3A0 With Carcinoma Cervix

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Abstract: A 58-year-old patient came to the Obgyn Clinic of RSPBAH Bandar Lampung with complaints of vaginal bleeding 4 months before entering the hospital, bleeding in the form of fresh blood. The patient claimed to have been menopausal since 3 years ago. On physical examination, vital signs were obtained including Blood Pressure 110/81 mmHg, Pulse Rate 72 x/min, Respiratory Rate 20 x/min, Temperature 36.7 °C, Oxygen Saturation 99%. On examination of gynecological status by inspection, it was found that there was an endophytic cervical mass with a size of ± 1x1 cm, fragile, bleeding easily and humped. Histopathological examination concluded Invasive keratinizing squamous cell carcinoma. The diagnosis in this case is cervical cancer. The management obtained by the patient is observation of bleeding, periodic vital sign checks, indications for hospitalization with home treatment IVFD RL xx tpm, Inj. Tranexamic acid 3x1 amp, Inj. Mefenamic acid 3x1 amp. The prognosis in this patient is dubia ad bonam...

1 INTRODUCTION

Cervical cancer, also known as cervical cancer, is cancer that occurs in the cervix of the uterus, which is a female reproductive organ that is the entrance to the uterus located between the womb (uterus) and the vaginal canal. (Vera Novalia, 2023; Winarni & Suratih, 2020). Kanker leher rahim ditandai dengan tumbuhnya sel-sel tidak normal pada leher rahim dan diperkirakan 90% kanker leher rahim disebabkan oleh human papillomavirus (HPV) (Puspitasari, 2023). Cervical cancer is characterized by the growth of abnormal cells in the cervix and it is estimated that 90% of cervical cancers are caused by the human papillomavirus (HPV). (Vera Novalia, 2023; Winarni & Suratih, 2020).

Based on the 2018 GLOBO-CAN estimate, cervical cancer ranks second in cancer incidence with 32,469 new cases and ranks third as the cause of cancer deaths with 18,729 deaths in Indonesia. (Kemenkes, 2017). According to GLOBOCAN data in IARC (2020), cases of cervical cancer in Indonesia increased by 36,633 (17.2%) with 234,511 deaths. (Halim, 2020).

2 CASE REPORT

2.1 Anamnesis

A 58-year-old patient came to the Obgyn Clinic of RSPBAH Bandar Lampung with complaints of vaginal bleeding 4 months before admission, the bleeding was fresh blood. The patient admitted that she had been in menopause for 3 years. Other complaints felt were abdominal pain, nausea and bloating. The patient also complained of decreased appetite, bloating since two weeks before admission. There were no complaints of urination and defecation. There was no history of disease in the patient's family. The patient has no allergies to food and drinks, drug allergies (-). The patient admitted that she had never been treated anywhere. Her first menstruation was at the age of 14, menstruation lasted for 5 days with a 28-day cycle, the patient changed pads 2-3 times a day. The patient has no history of using birth control.

2.2 Hasil Pemeriksaan

Patient status. General condition: Appears moderately ill, Consciousness: Compos mentis, GCS: E4 V5 M6 = 15. Vital signs: Blood pressure 110/81 mmHg, Pulse rate 72 x/minute, Respiratory rate 20 x/minute, Temperature 36.7 °C, Oxygen saturation 99%.

General Status Examination

a. Head: normocephalic

b. Eyes: anemic conjunctiva -/-, icteric sclera -/-

c. Neck: lymph nodes not palpable

d. Thorax:

• Lungs: basic vesicular sound +/+, rhonchi -/-, wheezing -/-

• Heart: heart sounds I and II normal, murmur -, gallop -

e. Abdomen:

• Inspection: flat

• Auscultation: bowel sounds (+), normal

• Palpation: no palpable enlargement of the liver and spleen

• Percussion: tympanic

f. Extremities: warm acral, no edema, CRT <2 seconds.

g. Gynecological Status

• Inspection: V/U calm

• Inspection: Endophytic cervical mass measuring ± 1x1 cm, fragile, easily bleeding and bumpy.

• Internal examination: Vaginal walls are smooth.Pada Pemeriksaan Penunjang Laboratorium hematologi tanggal 29 Mei 2024, Tidak ditemukan kelainan pada hasil laboratorium.

In the USG Supporting Examination on May 28, 2024, No abnormalities were found in the laboratory

results.

Figure 1: Results of the USG examination.

In histopathology: Tissue when sampling was carried out by biopsy. And the results of the examination of tissue that had been biopsied.

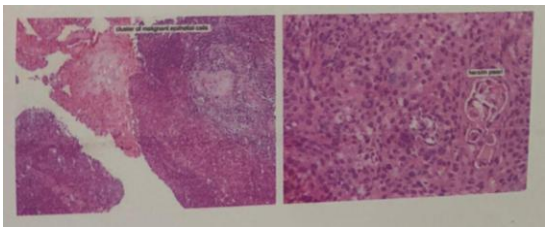
Macroscopic: Received 1 place of preparation containing pieces of biopsy tissue, irregular shape, total size 1.7X1.2X0.5 cm, in the form of a solid, fragile, cloudy gray-white mass with brownish spots, all processed by printing.

Microscopic: Pieces of cervical biopsy tissue with malignant epithelial neoplasm growth consisting of proliferation of round, pleomorphic nucleated cells, prominent nucleoli, hyperchromatic, forming island structures between which some creatine pearl materials were obtained.

Conclusion: *Invasive keratinizing squamous cell carcinoma.*

Figure 2: Histopathology examination results

From the results of anamnesis, physical examination, and supporting examinations, a



diagnosis was obtained.:

1. Differential diagnosis: Ovarian cyst, Endometriosis, Endometrial polyp
2. Working diagnosis: P3A0 bleeding et causa cervical cancer.

The management received by the patient is observation of bleeding, periodic vital sign checks, indications for hospitalization with maintenance treatment IVFD RL xx tpm, Inj. Tranexamic acid 3x1 amp, Inj. Mefenamic acid 3x1 amp. The prognosis in this patient is dubia ad bonam.

3 DISCUSSION

In the anamnesis in this case the patient experienced vaginal bleeding for 4 months with fresh blood. A history of menopause for 3 years increases the suspicion of the possibility of serious gynecological disease. And on physical examination, an endophytic cervical mass measuring ± 1x1 cm was found that bled easily. This finding is suspicious of a tissue lesion in the cervix.

Supporting Examination The biopsy results showed the growth of malignant epithelial neoplasms which were confirmed as invasive keratinizing squamous cell carcinoma. This is direct evidence of the presence of cervical cancer. Although laboratory results do not directly detect cervical cancer, the presence of stable values and within normal limits provides an illustration that the patient's condition may not be caused by other disturbing medical conditions. In addition, a history of persistent vaginal bleeding, especially in post-menopausal patients, strengthens the suspicion of cervical cancer. The combination of clinical findings and biopsy results is a strong basis for establishing a diagnosis of cervical cancer.

Thus, the diagnosis of cervical cancer in this case has been established based on anamnesis, physical examination, biopsy results, and other assessments.

Cervical cancer screening can be done using several methods, namely:

1. Pap smear: A Pap smear is performed by taking a sample of tissue cells from the cervix using a special tool called a speculum. This tissue sample is then examined for abnormal cell growth that could potentially become cervical cancer. (Longulo et al., 2022).

2. Tes Schiller: The Schiller test is done by applying an iodine solution to the cervix to detect the presence of abnormal tissue. Healthy tissue will be brown after being applied, while abnormal tissue will be white or yellow. (Longulo et al., 2022).

3. Tes IVA: The IVA test is used to detect abnormalities in the cervix using acetic acid. The advantages of the IVA test are the simplicity of the tools and techniques and the high specificity, the ability to provide immediate and inexpensive results, and can be performed by all health workers who have received training. (Longulo et al., 2022).

IVA is a recommended screening test (WHO, 2018). IVA is a simple and inexpensive test, has been widely used in low- and middle-income countries and has an estimated sensitivity and specificity of 90% and 83%, respectively. Acetic acid turns abnormal cells whiter and more prominent compared to the surface of healthy cells. (Longulo et al., 2022).

By conducting early cervical cancer screening, the risk of getting cervical cancer can be minimized, and the chance of recovery is also greater.

Management of cervical cancer (CA Cervix) includes several steps that are adjusted to the stage of cancer and the patient's health condition. Here are some things that can be done in the management of cervical cancer:

Initial Examination:

- Complete blood count and blood chemistry are required for treatment preparation.

- Blood clotting factor examination is required if surgical treatment is planned (Puspitasari, 2023).

Histopathological Classification:

- Histopathological classification uses the WHO 2014 system, which divides cervical cancer into histopathological types and histological grades. Histopathological types include squamous, adenosquamous, and adenocarcinoma, while histological grades include Gx (undetermined), G1 (well differentiated), G2 (moderately differentiated), and G3 (poorly differentiated or undifferentiated) (Puspitasari, 2023).

Therapy Options:

- Cervical cancer therapy options are adjusted to the stage of cancer and the patient's health condition. Therapy options include:

- Conization: for carcinoma in situ and stage IA.

- Radical hysterectomy: for stages IA and IA2.

- Internal radiotherapy: for patients who cannot undergo surgery.

- Intracavitary radiotherapy: for stage IA.

- Chemotherapy: for stages IIB, III, and IVA.

- Radical trachelectomy: for patients who want future pregnancy and stages IA2 to IB (Dewi et al., 2020).

Treatment for Cancer Stages:

- Stage IA: conization, total hysterectomy, radical hysterectomy modified with lymphadenectomy, radical trachelectomy, and intracavitary radiotherapy.

- Stage IIB, III, and IVA: radiotherapy followed by chemotherapy, interstitial brachytherapy, and neoadjuvant chemotherapy (Dewi et al., 2020).

Management that has been carried out in this case report

- Biopsy was performed to determine the definitive diagnosis. In this case, the biopsy results showed invasive squamous carcinoma.

- Operative therapy was performed to remove the endophytic cervical mass. In this case, the operative action plan was pro biopsy.

- Drug therapy was performed to reduce symptoms. In this case, drug therapy included IVFD RL 20 gtt TPM, as. Tranexamic acid 2x1 tab, and as. Mefenamic acid 3x1 tab.

4 CONCLUSIONS

The case presented is a 58-year-old woman with a chief complaint of vaginal bleeding for 4 months. A history of menopause for the previous 3 years was also noted. Physical examination and biopsy results indicated an endophytic cervical mass with a final diagnosis of cervical cancer, specifically invasive squamous carcinoma.

The planned management included operative therapy in the form of pro/excisional biopsy, along with drug therapy to reduce symptoms. In this case, the patient received IVFD RL 20 gtt TPM, as.

Tranexamic acid 2x1 tab, and as. Mefenamic acid 3x1 tab.

The diagnosis was made based on anamnesis, physical examination, and biopsy results. In this case,

Early detection of cervical cancer is very important to increase the chance of cure and reduce the risk of complications. Routine screening such as Pap smear, Schiller test, and VIA test are recommended methods for early detection of cervical cancer.

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