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Possible relation between borderline ovarian cancer and endocervical adenocarcinoma: case report

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Summary

Case: The patient, a 74-year-old women was diagnosed with intestinal-type endocervical adenocarcinoma that developed after 11 years from borderline ovarian cancer. The diagnosis was based on biopsy and magnetic resonance imaging; hysterectomy with pelvic lymphadenectomy was then performed.

Key words: Borderline ovarian cancer; Endocervical cancer; Diethylstilbestrol.

Introduction

Most cases of cervical adenocarcinoma in situ (AIS) and adenocarcinoma are of the usual endocervical type. However, intestinal-type AIS and adenocarcinoma exist. With an intestinal-type endocervical adenocarcinoma, the question may arise as to whether it is a primary cervical neoplasm or direct or secondary metastasis from an intestinal adenocarcinoma [1]. Intestinal-type endocervical adenocarcinoma is rare and may be related to diet and diethylstilbestrol (DES) exposure [2].

Case Report

The patient, 74-years-old, was treated 11 years prior with laparoscopic bilateral adnexectomy for borderline ovarian tumor that was in FIGO Stage Ic. Clinical follow-up and tumor markers CA 125 and CA 15-3 were always negative. In June 2015 the tumor markers increased, especially CEA. Colposcopy revealed a papillar mass originating from the endocervix. The pathological results confirmed adenocarcinoma of the cervix with positivity of M-HFm and MUC6; ki67 was positive by 50%, while p53, p16, and estrogen and progesterone receptors were negative. Preoperative examination was completed with magnetic resonance imaging that revealed a slight enlargement of both iliac and obturator lymph nodes, but without signs of malignancy. The patient then underwent enlarged hysterectomy with pelvic lymphadenectomy. The pathological diagnosis was intestinal-type adenocarcinoma of the cervix that measured 3.5×3.0×3.1 mm, with vascular space invasion, necrosis, and with negative lymph nodes. Final TNM stage was T1b2N0.

Discussion

Intestinal-type endocervical adenocarcinoma is a very rare subtype. A possible relation with previous DES treatment has been hypthesized by some authors; however, the present case did not include an apparent exposure to it, and is therefore considered a rare occurrence [3].

Conclusion

The present case was not confirmed to a possible relation with DES exposure. A possible association with the borderline ovarian tumor diagnosed 11 years prior can however be hypothesized.

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