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Neuroendocrine carcinoma of the cervix: case report and a review of the literature

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Abstract: *Neuroendocrine carcinoma is an infrequent and aggressive neoplasie, despite of a multimodal treatment, its prognosis remains unfavorable especially, if it is discovered at an advanced stage. This type of cancer affects also the skin, the gastrointestinal tract, the cervical region and the pancreas. Gynecological neuroendocrine carcinomas are unusual. We report one case of the cervix, through the literature's data, we focus on the different aspects of this rare entity.*

Keywords: Neuroendocrine Carcinoma, Cervix, CHEMOTHERAPY

Introduction

Neuroendocrine carcinomas of the cervix are rare tumours, representing less than 3% of cervical tumors, tends to be aggressive with a poor prognosis.

The diagnostic and therapeutic management of these tumors is difficult and essentially modeled in comparison with pulmonary neuroendocrine tumours, with a poor prognosis, survival compared to squamous cell carcinomas remains much lower.

Observation

36-year-old patient, primiparous, on estrogen-proges to genpills for 4 years, operated one year ago for brokennose ,who consults for vulvar condyloma

evolving for a year .

- Gynecological examination:

Inspection: condyloma lesion of the vulvar and anal margin.

Speculum: large cervix ulcerated in places with bleeding in contact, nauseating leucorrhoea presence.

Vaginal touch: hard cervix with finger cot stained , pus and blood on removal

Digital rectal examination: parameters invaded .

- Pelvicul trasound: Postero-isthmic image measuring 69*51 mm 2 normal-looking ovaries.
- Pelvic MRI : cervix posteriorwall Tumor process measuring 90*70*75 mm with bilateral proximal parametrial invasion and vaginal invasion, Poly adenopathies of the two external iliac chains measuring for the largest 35*25 mm .
- SCAN thoraco-abdomino- pelvic : locally advanced cervical tumor measuring 92 × 68 × 130 mm classified FIGO IVB, with secondary pulmonary, hepatic and gaglionary localization, this tumor has reports and extensions top: it extends to the isthmus ,down and back : extends to 2/3 proximal to the vagina, comes into contact with the rectum , loss of the greasy border of separation ,forward: it comes into contact with the posterior wall of the bladder, with loss of the greasy border of separation,laterally: it infiltrates the proximal parametrial fat .
- cervix biopsy with anatomo-pathological study : The immuno-histo-chemical profile in favor of a neuroendocrine carcinomatous .

The patient's file was discussed in a multidisciplinary consultation meeting: Metastatic patient sent to oncology for palliative chemotherapy.

Discussion:

cervix neuroendocrine tumors is arare tumor with diagnostic concerns,

the reason of consultation is often metrorrhagia for almost all the patients, the pain represents only 50% .

clinical Diagnosisis with a cervical mass locally advanced in 83% of patients.

Confirmed by an anatomi-pathological study, a locoregional extension assessment and remotely by a pelvic MRI and a scan thoraco-abdomino- pelvic .

The tumors occur at a median age of 42 years, contrary to cervix quamous cellcar cinomas, neuroendocrine carcinomas are often diagnosed late due to the inefficiency detection of cervical and vaginal smears , of small cell neuroendocrine carcinomas.

The evolutionis very fast with a relapse rate after 100% treatment and certain mortality after 48month.

The treatment of cervix neuroendocrine carcinomas is modeled on squamous cellcar cinomas, considering the characteristics of lung neuroendocrine tumors.

Conclusion:

Neuroendocrine carcinoma is a type of cancer originates in the neuroendocrine system cells , it's a rare and aggressive pathology, the diagnosis is histological, its prognosis is poor , Consedering the lymphnode , distants , frequents and earliers metastases .

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