Squamous Cell Carcinoma Overlying Cervical Myoma

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Case Report

A 62-year-old woman, gravida 4, para 3, presented to the hospital with vaginal discharge and intermittent spotting for 6 months. She was identified with an asymptomatic vaginal mass 10 years ago but missed cervical cancer screening and further evaluation. Her gynecologic examination showed a 6-cm bulky vaginal mass arising from the cervix with a 4.5 × 3.5 cm ulcerative lesion. The mass was movable with clear edges, and the vagina and parametrium were not involved on palpation. Magnetic resonance imaging demonstrated a normal uterus and a myoma protruding into the vagina with a slightly high signal intensity lesion on its surface (Fig. 1) without pelvic lymphadenopathy. Gross biopsy of the lesion revealed squamous cell carcinoma. The patient was clinically diagnosed with stage IB2 (International Federation of Gynecology and Obstetrics 2009) cervical cancer overlying a large cervical myoma, and received radical hysterectomy (Fig. 2) with bilateral salpingo-oophorectomy and pelvic lymphadenectomy. The histopathology identified (1) squamous cell carcinoma developing from the cervical transformation zone (Fig. 3) without involvement of eutopic cervix, (2) superficial stroma invasion not reaching the cervical myoma, (3) no lymphovascular space invasion, and (4) no involvement of parametrium or lymph node, resulting in a stage of T1BN0M0 (IB2, International Federation of Gynecology and Obstetrics 2009). The patient recovered uneventfully. She did not receive any radiotherapy or chemotherapy and had no recurrence at a follow-up 3 years later.

Comment

A carcinoma developing on the surface of a large cervical leiomyoma can be neglected or confused with a locally advanced cervical cancer, which could confound the treat-
ment strategy because the mass would have no response to radiation [1]. In our case, the pathology confirmed a cervical cancer developing classically from the transformation zone rather than superficial metaplasia and malignant transformation on the myoma. We hypothesize that a large cervical myoma can be a “double-edged sword”: on one hand, it makes the cervical transformation zone more vulnerable to local injury or human papillomavirus infection; on the other hand, it might also serve as a boundary to confine the spreading of carcinoma.

Reference