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Cancérologie gynécologique :
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Cancer du col
Cancer du sein

Challenging the Norm: A Rare Encounter with Vitreous Cell Carcinoma of the Cervix

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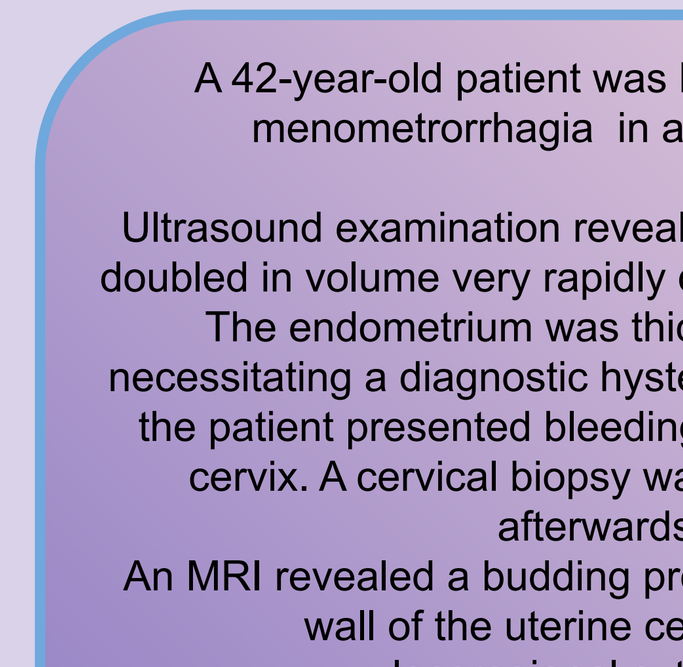
Introduction

Vitreous cell carcinoma (VCC) of the uterine cervix presents as a poorly differentiated adenosquamous carcinoma with distinctive microscopic features
The average age of patients is around 10 years younger than conventional cervical carcinoma
The clinical presentation of vitreous cell carcinoma is similar to invasive cervical cancer, with metrorrhagia as the predominant symptom.
We report the case
of a 45-year-old patient through which we describe the radiological, histological and immunohistochemical aspects of vitreous cell carcinoma.

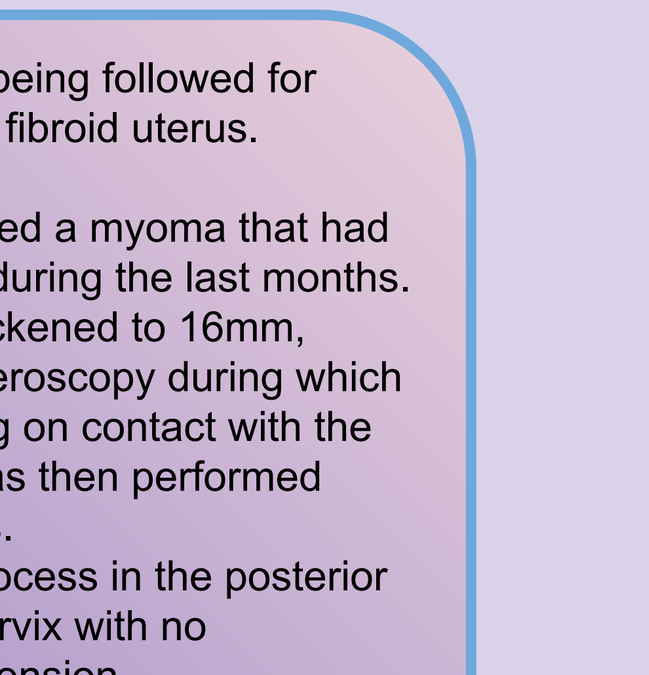
Case study

A 42-year-old patient was being followed for menometrorrhagia in a fibroid uterus.

Ultrasound examination revealed a myoma that had doubled in volume very rapidly during the last months.
The endometrium was thickened to 16mm, necessitating a diagnostic hysteroscopy during which the patient presented bleeding on contact with the cervix. A cervical biopsy was then performed afterwards.
An MRI revealed a budding process in the posterior wall of the uterine cervix with no locoregional extension.
The tumour was raised inhomogeneously containing an area of central necrosis without parametrial extension to the bladder wall, rectum and vagina classified FIGO II

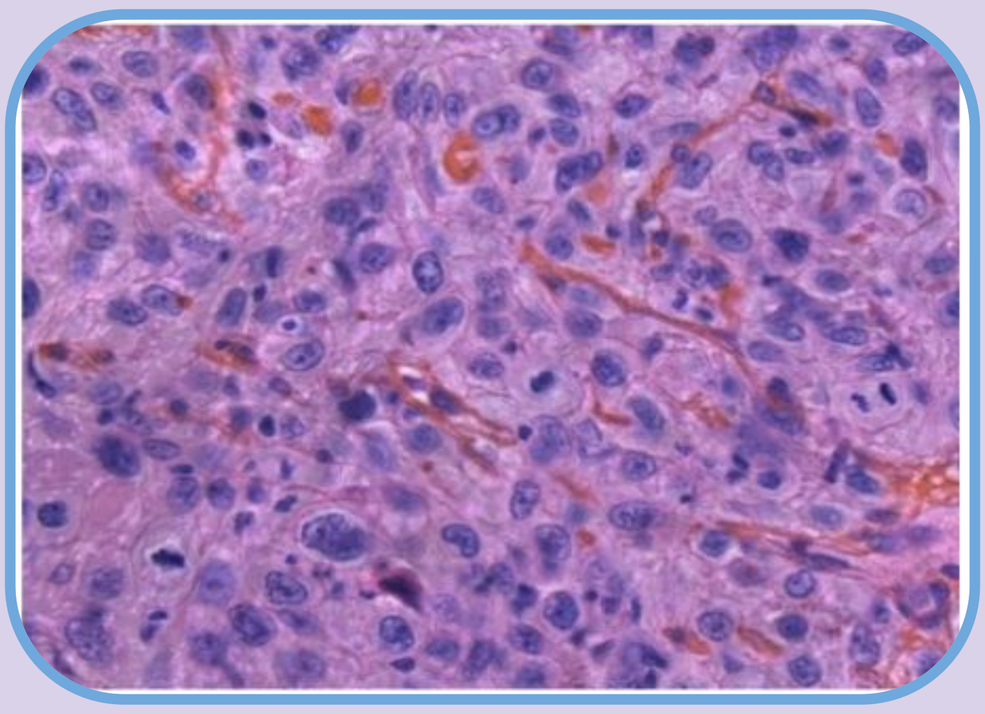


IRM pelvienne coupe axiale en T2 : processus bourgeonnant de la paroi postérieure du col utérin sans extension locorégionale classé FIGO II.



IRM pelvienne coupe sagittale en T2: Myome (FIGO 2-5) comprimant l'endomètre associé à un épaississement diffus de la zone jonctionnelle.

Références:
A rare case of cervical cancer : vitreous cell carcinoma about a case.
Journal Africain d'Imagerie Médicale 2021, volume 13 (numéro 2)



cellules de grande taille au cytoplasme vitreux associées à des atypies nucléaires marquées et présence de nombreuses mitoses.

Outcomes/Discussion

the incidence of vitreous cell carcinoma is 1 to 5.75% of all malignant cervical neoplasms.In
cell carcinoma of the uterine cervix, patients are younger in comparison than all other types of cervical cancer. The radiological characteristics of VCC are poorly described due to its rarity.
According to Tamimi HK et
al.,the clinical presentation of vitreous cell carcinoma of the the cervix is similar to invasive cervical cancer with vaginal bleeding appearing to be the predominant symptom. The clinical presentation is consistent with the literature.
Tamimi HK et al, Gray HJ et al stated that
imaging features of vitreous cell carcinoma were similar to those of other invasive cervical cancers. In our case, an ulcerated, budding appearance of the posterior wall of the uterine cervix had been observed, as described by Lotocki RJ et al.
On microscopy, Costa MJ et al. had described the tumour as a pure vitreous cellular pattern or a tendency towards squamous differentiation with keratinisation or poorly formed squamous beads surrounded by vitreous cells, sporadic keratinisation or dyskeratosis.
Furthermore, according to Kaei Nasu et al,
for a tumour to be classified as a VCC, the vitreous cell pattern must make up at least one third of the tumour. The histology of our patient's tumour was consistent with that described in the literature.
Because it is aggressive, has a poor prognosis, grows rapidly due to its rapid growth and frequent distant metastases, Kaei Nasu et al suggested that multimodal therapy with radical surgery nd combined chemotherapy should be used to treat vitreous cell carcinoma of the cervix. This was the case in our patient.
The overall 5-year survival rate for all
stages was much lower compared to all cervical cancers
A
pelvic MRI had been instituted in our patient as part of the post-treatment follow-up.

Conclusion

In conclusion, VCC, a rare cervical cancer subtype, is frequently diagnosed in younger patients. Due to the rarity of this tumor, specific guidelines are lacking, and patients are treated following SCC guidelines
The multimodal approach associating radiation, surgery, and chemotherapy should remain the standard of care irrespective of the disease stage until further extensive studies are performed.