A case of cancer cervix with unusual presentation

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ABSTRACT

Cancer cervix is the most common genital tract malignancy in developing countries. Early detection and timely management is associated with high 5 year survival rate in cancer cervix. Most common complaint of cervical malignancy is vaginal discharge or abnormal vaginal bleeding and diagnosis is easy on per speculum examination. In cases of endocervical malignancy, cervical stenosis in elderly women can prevent early uterine bleeding and discharge, it can lead to hematometra and delay the diagnosis but cervical cancer presenting as hematocelpos and urinary retention is not yet mentioned in literature. We describe an unusual manifestation of cervical cancer diagnosed in advanced stage presenting as acute urinary retention secondary to hematocelpos. A case report and review of the literature is presented.

Key words - cancer cervix, hematometra, hematocelpos, genital malignancy, urinary retention.

Case Report

A 50 year old lady presented in emergency on 22 January 2016 with retention of urine since 2 days. Patient was a widow and had attained menopause 4 years back. Menopause was abrupt and patient did not have any other complaint. Prior to menopause, patient had regular cycles with average flow. She had previous 3 pregnancies and all the pregnancies were full term normal deliveries. Her last child was born 25 years back and she had undergone tubal ligation in a laparoscopy camp. Patient had never undergone gynaec check up after her delivery. Patient developed acute retention of urine for 2 days for which she was brought to our hospital. There were no bowel complaints. On examination, patient was in agony because of acute retention of urine. Vitals were stable except tachycardia of 108 beats per minute because of pain. On per abdominal examination, bladder was distended up to umbilicus, tense, and tender. Catheterisation was done with No. 16 Foley's catheter. 1000 cc of urine was drained. On local examination a thick slightly bulging septum was seen just above introitus. On per rectal examination, a tense bulge was felt on anterior vaginal wall. With the provisional diagnosis of retention of urine secondary to hematocelpos, vaginal mass, patient was further evaluated. There was no history of any vaginal surgery, instrumentation or use of any substance likely to cause scarring. Ultrasonography was done, which revealed hematocelpos. Uterus was normal size and ovaries were atrophic. Foley's catheter was kept indwelling and patient was posted for drainage of hematocelpos. Antibiotics were given. Under short general anaesthesia, a cruciate incision was given on the bulging septum and 500 cc of altered blood was drained. Vaginal examination was deferred at that point. After drainage of hematometra, PR examination revealed a mass in vagina. Patient was kept with head end raised for 5 days in ward and on 6th day, was again examined under anaesthesia. On per speculum examination a soft friable mass appearing from anterior lip of cervix, extending to lower one third of vagina was seen. On per vaginal examination, posterior cervical rim was felt and soft friable mass was arising from anterior lip of cervix, extending to lower vagina and there was induration along the full length of vagina. The mass bled on touch. Biopsy was taken from the growth. On per rectal examination, parametrium was free on both sides. Histopathogy report turned out to be squamous cell carcinoma.

Discussion

Cancer cervix is the most common genital tract malignancy in india and the typical symptoms of pain, discharge, and abnormal uterine bleeding are very common. Urinary symptoms like increased frequency and incontinence secondary to VVF is also known, but retention of urine secondary to hematocelpos formation as a presenting symptom is not mentioned in literature. Literature search has revealed a case of low grade advanced endometrial cancer with unusual presentation of retention of urine secondary to hematocervix following cervical stenosis. Cervical stenosis is a common occurrence in elderly women and can prevent early
and unanticipated case and literature search failed to reveal any such case. As this patient was a widow, sexual relations were not maintained and also because patient came from a remote place and had never undergone gynaec checkup, diagnosis was delayed.

**Conclusion**

This case demonstrates an unusual and rare presentation of cervical cancer causing hematocolpos and urinary retention. To our knowledge this is the first case of cancer cervix presenting with urinary retention secondary to hematocolpos.

**REFERENCES**