



Cervical Cancer: A Case Study

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ABSTRACT

Cervical cancer is one of the leading causes of cancer death in women worldwide, and its epidemiology is similar to that of a low-infectious venereal disease. Multiple sexual partners and early age at first intercourse have been shown to have significant effects on risk. Cervical cancer risk appears to be increasing, most likely as a result of changes in sexual behaviour. Smoking and the human papillomavirus (HPV) 16/18 are currently important issues in a multifactorial, stepwise carcinogenesis concept at the cervix uteri. As a result, community-based preventive and control measures, screening activities, and HPV vaccination are advocated. Cervical cancer screening methods have progressed from observation of cell morphology to molecular testing. High-risk HPV genotyping and liquid-based cytology are widely recommended and used methods around the world. In conclusion, while cervical cancer poses a threat to female health, it may be the first cancer eradicated by humans through a comprehensive preventive and control strategy.

Keywords: Cervical Cancer, Risk Factors, Screening Methods, Treatment

1. INTRODUCTION-

Cervical cancer is the second most common female malignant tumour worldwide, with 80% of cases occurring in low-income countries. The necessary cause of cervical cancer has been identified as persistent infection with high-risk human papillomavirus (HPV).^{1,2} The known risk factors of developing cervical cancer are human papilloma virus (HPV), low socio-economic status, smoking, marrying before age 18 years, young age at the first coitus, multiple sexual partners, multiple sexual partners of spouse, and multiple childbirths. These factors increase the likelihood of developing cervical cancer.³

Pelvic pain, atypical periods, abnormal vaginal bleeding, such as bleeding after sex (vaginal intercourse), bleeding after menopause, bleeding and spotting between periods, and having longer or heavier (menstrual) periods than usual are all symptoms of cervical cancer. Bleeding after douching or a pelvic exam is a common symptom of cervical cancer, but it is not a sign of pre-cancer.⁵

Traditional Pap smear, visual inspection with acetic acid and Lugol's iodine (VIA/VILI), liquid-based cytology (LBC) and HPV testing, colposcopy, endocervical curettage (endocervical scraping), cone biopsy, loop electrosurgical procedure (LEEP or LLETZ), cold knife cone biopsy, imaging tests are the main screening methods for cervical cancer. Surgery (Cryosurgery, Laser surgery, Colonization Hysterectomy, Radical hysterectomy, Trachelectomy, Pelvic exenteration, Pelvic lymph node dissection, Radiation therapy (brachytherapy), Chemotherapy (Cisplatin, Carboplatin, Paclitaxel (Taxol), Topotecan, Gemcitabine) (Gemzar), Palliative care aims to improve quality of life by reducing cancer symptoms rather than curing the disease.^{4,5}

2. Case Presentation

A 51 year old female was admitted to KNSH, Shimla in Gynaecological department with chief complaints of pain in right side of lower abdomen, vaginal discharge, anorexia, weight loss, weakness, all of which she had been experiencing for the previous six months. Physical examination revealed vaginal discharge, pain in the right side of the lower abdomen during palpation, and a weight of around 46 kg.

3. Past Medical History

History of chemoradiation

No history of any kind of disease like DM, HTN and any congenital malformation.

She had taken vaccination of covid 19 (Covishield) in November, 2021

4. Past Surgical History

There had been no significant general or gynaecological surgical history in the past.

5. General Examination

Weight: 46 kg

Height: 160 cm

BMI: 18.6 kg/m²

Physical activity: dull activity, while performing household tasks she felt discomfort, discharge per vagina and pelvic pain .

Special investigations: Hb, TLC, ESR, Platelets, Blood urea, Blood sugar, Histopathological examination, Microscopic examination (Ductal cell carcinoma- Grade-II without nodal involvement), CECT Abdomen (Ca cervix, present can shows heterogenously hypodense area in the cervical region.

6. Treatment

Inj. Ciprofloxacin 100ml BD, Inj. Metronidazole 100ml TDS, Tab. Numol 100mg BD, Tab. Calcium 500 mg OD, Tab. Iron 60mg BD, Cap. Vitamin B Complex 100mg OD

7. Interventions

An exploratory laprotomy was performed, followed by a total abdominal hysterectomy with bilateral salphingoophrectomy. As directed by the doctors, I administered IV therapy and transfused alamine to the client. The patient was advised to avoid mobilisation, to get enough rest, and to take medication on time.

8. Care plan

Examine the surgical site for infection. Maintain a clean and dry surgical site. Eat a well-balanced diet that includes protein, fruits, and vegetables to aid in healing after surgery. Flavonoids, Folate, and Carotenoids are thought to be a major source of cervical cancer protection. Drink 8-10 glasses of fluids per day to keep your body hydrated. Encourage the client to engage in regular exercise. Trans and saturated fats, such as those found in butter, margarine, fried foods, snack foods, and sweets, should be avoided.

9. Outcome

After Exploratory laprotomy proceed total abdominal hysterectomy with bilateral salphingoophrectomy procedure the patients symptoms were relieved. Patient was advised to take the prescribed medications . Patient was advised to visit hospital after 1 month for follow up.

10. Discussion

Cervical cancer is the malignancy that primarily results from infection in the cervix, the narrow lower section of the female reproductive system. Cervical cancer risk factors (such as reproductive and sexual factors, behavioural factors, and so on) include sexual intercourse at a young age (<16 years old), multiple sexual partners, smoking, high parity, and a low socioeconomic level. Clinical features include pelvic pain, abnormal vaginal bleeding, such as bleeding after sex (vaginal intercourse), bleeding after menopause, bleeding and spotting between periods, and having longer or heavier (menstrual) periods than usual. Investigations to be done are Histopathological examination, Microscopic examination, CECT Abdomen. Surgery was to be performed as treatment (Exploratory laprotomy proceed total abdominal hysterectomy with bilateral salphingoophrectomy).

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