TB Clinical Case #5 (Maternal-Fetal Medicine)

Patient Name : **Guadalupe Almeida (GA)**

DOB : **01/05/1989**

Date of visit : **02/06/2017**

Patient history :

A 28- year old woman, GA, came to our department for further management of her cervical adenosquamous carcinoma grade 2/3, FIGO IB2 confirmed at the time of her latest delivery.

Cancer stage: **pT1b2 N0 MX (FIGO IB2)**

Additional cancer information :
Adenosquamous carcinoma of the cervix (grade 2 out of 3)
Invasion of the 17-mm wall to 15 mm, horizontal extension to 30 mm
Lymphovascular invasion: present
Negative pelvic lymph nodes

Personal Medical history:

Obesity and GERD.

Personal obstetrical history:

- G1: SVD of a term stillbirth
  - No prenatal care
  - SROM at home with brownish fluid
  - No fetal heart sounds identified at hospital
- G2: Term SVD
  - No complications
  - Female, 2979 grams
- G3: Admitted to MGH at 36.5 wks
  Primary Cesarean Section
    - Vertical Midline skin incision
    - Lower segment transverse hysterotomy

  Female infant, 2785 g, Apgar 8/8
  Hgb/Hct 15.8/46.1

Personal recent surgical history:

- Bilateral hypogastric artery ligation
- Gravid type III radical hysterectomy, BSO with pelvic lymphadenectomy
- Discharged postop day #4

Personal habitus:

Patient did not smoke, drink alcohol, or use illicit drugs.
She is living with her partner and child and does not work outside the home.

Family history

Mother and maternal aunt each had a history of cervical cancer that had been treated with hysterectomy.
Sister, half siblings, and their children are healthy.

Medication:

Prenatal vitamins
Ranitidine

Allergies:

Patient is allergic to amoxicillin which caused hives.

Physical exam:

Height: 155 cm
Weight: 94.5 kg
Temperatue: 37.3°C
Heart rate: 65 beat per minute
Blood pressure: 110/77 mm Hg
Body-mass index (the weight in kilograms divided by the square of the height in meters): 39.3
The abdomen was soft and contender with a recent well healing skin scares
Pelvic and rectal examinations were normal
The remainder of the examination was normal with no wheight loss, bloody discharge, constipation, diarrhea or urinary frequency

Blood tests:

Hemoglobin (g/dl): 13.2 (12.0–16.0 (women))
Hematocrit (%): 37.5 (36.0–46.0 (women))

White-cell count (per mm3): 6000 (4500–11,000)
Platelet count (per mm3): 200,000 (150,000–400,000)
Sodium (mmol/liter): 137 (135–145)
Potassium (mmol/liter): 3.8 (3.4–4.8)
Chloride (mmol/liter): 102 (100–108)
Carbon dioxide (mmol/liter): 23.8 (23.0–31.9)
Urea nitrogen (mg/dl): 15 (8–25)
Creatinine (mg/dl): 0.80 (0.60–1.50)
Calcium (mg/dl): 8.7 (8.5–10.5)
Total protein (g/dl): 7.2 (6.0–8.3)
Albumin (g/dl): 4.0 (3.3–5.0)
Globulin (g/dl): 2.4 (2.3–4.1)
Alanine aminotransferase (U/liter): 20 (7–33)
Aspartate aminotransferase (U/liter): 27 (9–32)
Alkaline phosphatase (U/liter): 66 (30–100)
Total bilirubin (mg/dl): 0 .5 (0.0–1.0)

Pathology report: (to be created).

Radical hysterectomy, bilateral salpingo-oophorectomy, bilateral pelvic lymph nodes excision, the left parametriumectomy, and the anterior and posterior vaginal margins excision.

Gross description:
An ulcerated, white, firm mass (4.5 cm by 3.6 cm by 1.6 cm) was centered in the anterior cervix, 2 mm from the anterior vaginal cuff. The mass deeply invaded the cervical wall and had poorly circumscribed margins.
(Upload slides # 35, 36).

Microscopic examination:

Adenosquamous carcinoma, cervical
Tumor grade: (grade 2 out of 3)
Tumor size: 4.5 cm by 3.6 cm by 1.6 cm
Depth of ivasion :15 mm of the 17mm wall
Horizontal extension: 30 mm
Lymphovascular invasion: present

PV

Pelvic Lymph nodes dissection: 23 lymph nodes negative for tumor

Tumor stage: pT1b2 N0 MX, FIGO IB2

(Upload slides: 37, 38, 41, and 45)

Other findings: (to be included in the pathology report)

1. Pregnancy related:

- Cervix

- Microglandular hyperplasia

- Decidua

- Corpus - Implantation site
- Ovary - Corpus luteum of pregnancy
  - Decidua

2. Other:

Polycystic ovarian disease

3. Placenta:

Mature but heavy (474gr, >90% for 33 weeks)

Multifocal acute villous edema

Chronic villitis, multifocal with plasma cell deciduitis and cluster of avascular villi

Tumor Board #1: 02/12/2017

Physicians attending

J. O. Schorge, M.D.(*Gynecologic Oncology)*, M. F. Greene, M.D. (*Maternal Fetal Medicine)*. Melissa A. Woythaler, M.D. (*Neonatology)*, A. L. Russo, M.D. (*Radiation Oncology)*, E. Oliva, M.D. (*Pathology)*

New Patient

PV

Point of discussion:

A 28-year old patient recently diagnosed with a cervical adenosquamous carcinoma (grade 2 out of 3), FIGO IB2 is being presented today to discuss further management of her disease.

Patient summary:

A 28 y/o patient presents to our department with a 36.5 weeks pregnancy and a friable cervical mass of more than 4cm highly suspicious for malignancy. The patient was seen earlier at her hospital but denied any treatment and favored to pursue her pregancy. A concomitant cesarean delivery and immediate type III radical hysterectomy with pelvic lymphadenectomy were planned and performed in this patient. The estimated blood loss was 2000. Baby and mother did well and were discharged postop day #4.

Rational for the recommendations:

Patient had:

- Deep stromal invasion, 15/17 mm
- Tumor size of 4.5 cm
- Positive lymphovascular invasion

Recommandations

- Offered enrollment on GOG 263, RT+ chemo, declined (too anxious about chemotherapy)
- Recommended to receive adjuvant radiation
- Patient was offered counseling about radiation therapy long term toxicity
  - Vaginal stenosis, dilator can prevent
  - Pelvic insufficiency fracture, (~10%)
  - Damage to bowel or bladder, (<5%)
  - Radiation induced malignancy(<1%)

Next steps:

- Patient will receive adjuvan[redacted]whole pelvic radiation to 45 Gy using intensity-modulated radiation therapy (IMRT) at an outside institution.

- Patient will be seen at 4 and 8 months after completion of the radiation therapy unless if needed earlier.
- PAP smear to be performed every 6 months
