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Case Report

Invasive Cervical Cancer in a 22 year old Woman.

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Authors contribution

NVI did the literature search and wrote the article while **OVC** and **EOP** obtained the medical records of the patient**.** All the authors read and approved the final manuscript.

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Abstract

Aim: That cervical cancer has remained a scourge among our women in Nigeria and much of sub-Saharan Africa is no longer an issue. Several studies in the past in Nigeria have revealed peak incidence of this malady in women between the fourth & Sixth decades of life. The aim of this case report is to highlight the possibility that we might now be experiencing the occurrence of this disease in women younger than 25 years of age more than ever before.

Presentation: A 22-year old nullipara who presented in our facility with both anaemic heart failure and renal failure. A diagnosis of advanced invasive cervical cancer had already been made, with a credible histologic diagnosis from the referring hospital. Renal dialysis could not be carried out in our centre because of broken down dialysis machines & radiotherapy could not be carried out in the only radiotherapy centre in the South East Nigeria because of long queue of clients on the waiting list (which resulted in her developing anaemic heart failure) and was referred to a newly established private radiotherapy centre with her life in the balance.

Two months later we reliably learnt, through phone call, that she died at home as she could not afford the medical bill for chemo-radiotherapy.

Discussion: In spite of several advocacies for action against the scourge of cervical cancer in Nigeria, very little has been achieved. Some recent reports had even suggested that this disease may be occurring more in younger women and this case report supports such. The government at all levels must now stop paying lip- service to this scourge and emphasis must now be focused on preventive measures which hold the ace for reducing this malady to the barest minimum as is presently seen in the developed countries.

Conclusion: We may begin to lose even our younger women to this cervical cancer scourge if urgent measures are not taken to put necessary preventive measures in place.

Keywords: Invasive cervical cancer, 22-year old woman, radiotherapy, Orlu, South-East Nigeria.

1.0 Introduction

Sadly, cervical cancer has remained not only the commonest gynaecological cancer but also the leading cause of gynaecological cancer death in Nigeria & sub- Saharan Africa [1,2]. The major reason for this is the absence of routine, well organized screening measures in these countries [3] resulting from poor political will from their policy makers, especially the politicians. This has led to unacceptable number of women from these low- resource countries dying annually from cervical cancer. The International Cancer Organization/ International Agency for Research on Cancer reported no fewer than 14,089 new cervical cancer cases and 8,240 cervical cancer deaths annually in Nigeria [4]. Recent report from WHO [5] has projected that about 400,000 women will die from cervical cancer per year by 2030 in sub-Saharan Africa alone. This is quite worrisome and the picture may be bleaker than this WHO projection in future if younger women are now increasingly being affected as this case report suggests. Some recent studies have actually documented increasing incidence of cervical cancer in young women. Patel et al [6], for example, reported that the incidence of cervical cancer in women aged 20-29 years increased annually by 10.3% between year 2000-2009.

And in China, it was reported that the mean age at cervical cancer diagnosis was 5-10years younger than that reported before year 2000 [7].

This case report may be an isolated case, it is, nevertheless, worrisome to have cervical cancer in a 22-year old woman in Nigeria vis-à-vis most previous studies [8,9,10,11] that showed majority of cervical cancer cases occurring within the fourth to seventh decade age group and cervical cancer hardly seen in women below the age of 25. Are we about to start having epidemic of cervical cancer in younger women in Nigeria?

Another important issue this case report highlights is the difficulty in accessing radio-therapeutic facilities in Nigeria and, by extension, in most of Sub-Saharan Africa.

2.0 Case Presentation

Miss A.C. was a 22- year old PO^{+1} who hailed from Ogoja, Cross River State. She was a 200-level student of a tertiary institution in Cross River State. She was rushed into our facility, Imo State University Teaching Hospital, Orlu, via the Accident and Emergency Unit with 9-month history of bleeding per vaginum, 6month history of passage of scanty urine and 3-week history of breathlessness.

The bleeding initially started as spotting and inter-menstrual but progressively became continuous with passage of blood clots occasionally. She visited a private hospital where a diagnosis of sexually transmitted disease was made and was placed on some drugs which did not relieve her problem. Two months after the onset of bleeding, she developed severe lower abdominal pain for which she was receiving some analgesic drugs.

Three months after the onset of the vaginal bleeding, she noticed remarkable reduction in her voided urine volume. She then proceeded to another private hospital in Calabar where cervical biopsy was carried out and a diagnosis of invasive cervical cancer, at least stage II b, was made. She was then referred to University of Nigeria Teaching Hospital (UNTH) Enugu for chemo-radiotherapy. She could, however, not access radiotherapy in UNTH due to long queue of clients waiting for radiotherapy. While waiting for radiotherapy in UNTH her condition deteriorated as she developed breathlessness, cough, pedal edema & puffy face. As a result of these developments, a doctor referred her to Owerri for radiotherapy in a newly established private radiotherapy centre. She was then referred to our facility for urgent resuscitation before the commencement of radiotherapy. On examination, she was found to be very pale, in obvious respiratory distress and with bilateral pedal edema. Vaginal examination was deferred to avoid further bleeding in a woman who was already very pale. Her packed cell volume (pcv) was 18%, HIV test was negative, serum electrolytes, urea & creatinine test revealed potassium of 6.2mmol/L (2.4-6.0mmol/L), urea of 24.6mmol/L and creatinine of 554mmol/L (44-133mmol/L).

A diagnosis of anaemic heart failure and kidney failure was made. She was transfused with 3pints of packed cells following which the post transfusion packed cell volume became 30%. After this stabilization, a gentle digital vaginal examination was made and a friable cervical mass, about 5cm in diameter, was palpable with contact bleeding. The cervix was fixed. The rectal mucosa was free.

Attempts were made in our centre for kidney dialysis but these failed because the only two functioning dialysis machines in our centre had just broken down. Ultrasound scan carried out revealed a bulky uterus measuring 107 x 60 x 65mm with a cervical mass of mixed echo texture

with anterior-posterior diameter of 51mm. The kidneys showed back pressure changes. Chest X-ray revealed no pulmonary parenchymal lesions.

Histology report of cervical biopsy done in a private laboratory in Calabar on 14th of February, 2019 revealed "macroscopy:- multiple fragment of grayish white cervical tissues with an aggregate dimension of 2.5 x 1.5 x 1.0cm. Cut surface is grayish white. Microscopy:- section of cervical tissues shows a tumor composed of malignant squamous epithelial cells diffusely infiltrating the stroma in sheets, nests and cords, with a serpentine growth pattern. The individual cells are pleomorphic, hyperchromatic with increased nucleo-cytoplasmic ratio. There is intense inflammatory infiltrates, mainly mononuclear cells. The cells are large and non-keratinized.

Diagnosis:- cervical biopsy-large cell non-keratinizing squamous cell carcinoma". From the ultra sound scan findings of bilateral hydronephrosis and from the clinical and laboratory findings of renal failure, we made a diagnosis of cervical cancer stage III b. For lack of functioning dialysis machines in our centre, she was referred to a private dialysis centre in Owerri and subsequently to the private radiotherapy centre in Owerri for further management expecting a follow-up visit from her thereafter. Unfortunately, about two months later, we reliably learnt, through phone call, that she died at home as she could not afford the medical bill for the chemo-radiotherapy.

3.0 Discussion

In spite of several calls and advocacies for action against the scourge of cervical cancer in Nigeria, very little has been achieved in reducing the scourge. Rather than expecting an improvement in the nearest future, the WHO in a recent report, projected that about 400,000 women per annum will die from cervical cancer alone in sub-Sahara Africa by the year 2030 [5]. This is quite unacceptable and it is time to go beyond rhetoric's. This case report of a 22-year old woman with advanced invasive cervical cancer brings a frightening dimension. Although this is just an isolated case, are we about to enter another phase of cervical cancer burden in Nigeria where invasive cervical cancer in women less than 25 years of age will now be the norm?

When you consider the earlier referred findings by Patel *et al* in Uk [6] and Li S *et al* in China [7], this scenario of cervical cancer occurring more in younger women may not be far-fetched especially with higher prevalence of HIV in our region among our young women than in the more advanced countries. The difficulty in accessing proper treatment in this patient is also

worth highlighting. This young lady could not receive renal dialysis in our centre because the only functional dialysis machine had broken down.

At UNTH, Enugu, where she was initially referred to for radiotherapy, there was a long queue of patients waiting for the same treatment in the only centre, the whole South-East/ South-South Nigeria. While waiting, she developed anaemic heart failure. Sadly, she died when she was referred to a privately owned radiotherapy centre because she could not afford the medical bill there.

This is quite pathetic and it vividly paints a bigger picture of what is happening in much of sub-Saharan Africa to our women seeking treatment for invasive cervical cancer [2]. It is, therefore, obvious that prevention of cervical cancer is the major way forward for reducing cervical cancer burden in Nigeria. Let the health professionals begin to put more pressure on the politicians and policy makers to do the needful and not limit their agitations to asking for improvement in their remunerations, though equally important.

As a matter of urgency, let Human Papilloma Virus (HPV) vaccination be incorporated into the national immunization scheme; a national cervical cancer screening policy should be created and every secondary health centre in Nigeria provided with cervical cancer screening / treatment of precancerous lesions facilities. Government, either alone, or in the form of public-private partnership, should establish, at least, one functional cancer radiotherapy centre in each of the six geopolitical zones of Nigeria to cater for our numerous women who will continue to present with invasive cervical cancer, like this case in study, for a long time to come. This is doable with visionary and selfless leadership.

Conclusion

Cervical cancer has remained a scourge in Nigeria in spite of several advocacies from many quarters. With this case report, are we about to start seeing more cases in women younger than 25 years of age? Prevention is still the best way forward and until the government at all levels and other policy makers go beyond rhetoric, unfortunately, the scourge will continue.

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