



Case Report

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Squamous Cell Carcinoma of the Uterine Cervix: A Case Report



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Summary

Introduction: Cervical cancer is one of the most common neoplasms in the female population, being the third most frequent in women, except for non-melanoma skin cancer.

Case Report: A 37-year-old woman, single, nulliparous, denies the use of hormonal contraception, reported high-frequency surgery (LEEP) for 10 years, due to the high-grade lesion and HPV vaccination performed in 2014. Patient arrives at the gynecological office complaining of sinussoragia for 3 months. On speculum examination, the patient presented a bleeding cervical lesion, and a new PCCU and colposcopy were collected, showing a high-grade squamous intraepithelial lesion (HSIL). Subsequently, a biopsy of the uterine cervix and LEEP revealed a high-grade intraepithelial neoplasia (CIN III)/squamous cell carcinoma in situ with glandular invasion.

Discussion: The above-mentioned patient did not present any risk factors mentioned in the literature, evidencing a probable involvement of other factors in the genesis of the pathology. Other national and international recommendations suggest the use of HPV detection tests, together with cytology, which is more sensitive and has a high negative predictive value, which allows for an increase in the interval between collections if both tests are negative^{3,4}. As for primary prevention, it is carried out through the use of condoms and vaccination against HPV. Conclusion: Efficient strategies of public policies and health education are necessary for prevention, early diagnosis and better treatment of the pathology.

Keywords: Cervical cancer; Human papillomavirus; Pap smear

Introduction

Cervical cancer is one of the most common neoplasms in the female population, being the third most frequent in women, with the exception of non-melanoma skin cancer [1]. Among the main risk factors are persistent human papillomavirus (HPV) infection, early onset of sexual activity, multiple partners, smoking, and long-term use of contraceptives. In its initial phase, the neoplasm presents itself in an asymptomatic or oligosymptomatic form, so patients stop seeking medical help at the beginning of the disease. Thus, continuous surveillance through prevention and tracking measures becomes essential.

Case Report

A 37-year-old woman, single, nulliparous, denies the use of hormonal contraception, reported high-frequency surgery (LEEP)

10 years ago, due to the high-grade lesion and HPV vaccination performed in 2014. Patient arrives at the gynecological office complaining of sinussoragia for 3 months. The last two cervical screening tests (PCCU) showed no abnormalities. On speculum examination, the patient presented a bleeding cervical lesion, and a new PCCU and colposcopy were collected, showing a high-grade squamous intraepithelial lesion (HSIL). Subsequently, a biopsy of the uterine cervix and LEEP revealed a high-grade intraepithelial neoplasia (CIN III)/squamous cell carcinoma in situ with glandular invasion. Magnetic resonance imaging of the pelvis was requested, which revealed a slightly asymmetrical cervix, with a predominance of the anterior wall on the left; parametrium with preserved signal strength; mild regular thickening of the uterosacral ligaments; small lymph nodes in the internal and external iliac chains bilaterally, with preserved morphology. She

was referred to an oncologist, who opted for radical hysterectomy and bilateral salpingectomy. No chemotherapy or radiotherapy was required.

Discussion

The above-mentioned patient did not present any risk factors mentioned in the literature, evidencing a probable involvement of other factors in the genesis of the pathology. According to the National Cancer Institute, Pap smear should be performed as secondary prevention periodically among women aged 21 or 25-64 years [2], who have already started their sexual life, being a highly specific, low-cost and easy-to-perform test, which favors an early diagnosis and high chances of cure. Other national and international recommendations suggest the use of HPV detection tests, together with cytology, which is more sensitive and has a high negative predictive value, which allows for an increase in the interval between collections if both tests are negative [3,4]. As for primary prevention, it is carried out through the use of condoms and vaccination against HPV.

Conclusion

Although there are prevention strategies and early diagnosis, cervical cancer is still a public health problem. Efficient strategies of public policies and health education are necessary for prevention, early diagnosis and better treatment of the pathology.

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