Small Cell Neuroendocrine of the Cervix

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Patient Case

- 31 year old G0 with abnormal pap

- Follow-up biopsy returned small cell (neuroendocrine) cervical carcinoma

- PMH: Common variable immune deficiency syndrome

- PSH: None
Physical Exam

• Thin female, no distress

• Cervix
  – 3 cm exophytic lesion
  – Small stalk attaching tumor to cervix
  – Overall cervix 4 cm in size
  – No vaginal extension
  – No parametrial thickening
Radiologic Work-Up

- **MRI**
  - 2.8 cm exophytic lesion
  - No obvious invasion
  - Normal ovaries/uterus

- **PET/CT Scan**
  - No metastatic disease
Primary Therapy

• What do you offer for primary therapy?
  – She is a nulligravida, do you consider radical trachelectomy?
Surgery Performed

Total Laparoscopic Radical Hysterectomy
L Salpingo-Oophorectomy, R Transposition
Bilateral Sentinel Lymph Node Biopsies
Final Pathology

- Small Cell (Neuroendocrine) Carcinoma
- Invades 5 of 12 mm
- (+) Lymphovascular Space Invasion
- Margins Negative
- Positive Right Parametrial Node
- Negative Left Ovary
- Negative Sentinel Nodes
Pathology

- **First specimen:**
  - “Cervix”: two pieces of soft, tan/grey tissue, measuring 3.0 x 2.0 x 1.1 cm in aggregate

- **Second, third, and fourth specimens:**
  - Left obturator, right obturator, and left parametrial sentinel nodes

Tumor infiltrated the full thickness of the tissue, which was 11 mm thick
Small Cell Neuroendocrine Ca
Small Cell Neuroendocrine Ca
Pathology

• Fifth specimen:
  – Radical hysterectomy specimen had an ulcerated, hemorrhagic, indurated area, measuring 3.0 x 1.2 x 0.5 cm
  – Microscopically, it showed extensive cauterization and residual, small cell neuroendocrine carcinoma
Hysterectomy specimen showing residual small cell neuroendocrine carcinoma invading 6 mm in a 12 mm thick cervical wall.
Vascular/lymphatic invasion
Vascular/lymphatic invasion
vascular/lymphatic invasion
Small Cell Ca in Right Parametrial LN
-hysterectomy bx also showed a large cell neuroendocrine carcinoma component
Large cell neuroendocrine carcinoma
Large cell neuroendocrine carcinoma
Synaptophysin
Adjuvant Therapy?

- Observation
- Chemotherapy
- Pelvic Radiation
- Chemoradiation (Pelvic Field)
- Chemoradiation followed by Chemo
Adjuvant Therapy?

• If chemotherapy, what regimen?
  – Carboplatinum/Paclitaxel
  – Cisplatinum/Etoposide
  – Other
Adjuvant Therapy?

- If parametrial node was negative (i.e. no metastatic disease), would your adjuvant therapy recommendation change?
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