GLASSY CELLS ADENOCARCINOMA OF THE UTERINE CERVIX IN YOUNG PATIENT WITH HPV: CASE REPORT

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ABSTRACT

Introduction: cervical cancer is the second most common cancer in women worldwide and the third among the female population in Brazil. HPV plays an important role in the development of cervical cancer, being present in 95% of cases of cancer of the cervix. Glassy cells carcinoma is a poorly differentiated mixed adenosquamous carcinoma, rare, aggressive and highly resistant to radiotherapy. It typically affects young women, with peak incidence between the third and fourth decades of life. It is associated with types 16 and 18 of HPV and its evolution is accelerated during pregnancy. The average survival time after diagnosis is 10 months. Case report: woman, 26 years old, multiparous, with a history of condyloma acuminata, genital lesions that had increased in their last pregnancy, having evolved with exophytic masses diagnosed as glassy cell carcinoma, and aggressive course with early metastases not responsive to radiation therapy and progression to death in 16 months. Conclusion: glassy cells carcinoma is distinguished by aggressiveness and speed of its development, leading child-bearing age and productive young women to death. In view of its low response to anticancer therapies, we highlight the importance of its prevention, early diagnosis and treatment, possible through the use of condoms, the vaccine against HPV and cervical cytology at regular collection of endocervical material and effective monitoring.

Keywords: cancer of the cervix, glassy cells, HPV, prevention, STD

RESUMO

Introdução: o câncer de colo do útero é a segunda neoplasia mais comum em mulheres no mundo e a terceira entre a população feminina brasileira. O HPV desempenha um importante papel no desenvolvimento de neoplasias cervicais, estando presente em 95% dos casos de câncer de colo do útero. O carcinoma de células glassy é um carcinoma adenoescamoso misto pouco diferenciado, raro, de comportamento agressivo e altamente resistente à radioterapia. Atinge tipicamente mulheres jovens, com pico de incidência entre a 3e a 4ª década de vida. Está associado aos tipos 16 e 18 de HPV e sua evolução é acentuada na gravidez. O tempo médio de sobrevida após o diagnóstico é de 10 meses. Relato de caso: mulher, 26 anos, multipara, com história prévia de condiloma acuminato, apresentou lesões genitais que agravaram em sua última gestação, tendo evoluído com massas exofíticas diagnosticadas como carcinoma de células glassy, com curso agressivo e metástases precoces, não respondente à radioterapia e progressão ao óbito em 16 meses. Conclusão: o carcinoma de células glassy destaca-se pela agressividade e rapidez de seu desenvolvimento, levando ao óbito de mulheres jovens, em idade fértil e produtiva. Diante da sua baixa resposta às terapias antineoplásicas, destaca-se a importância de sua prevenção, seu diagnóstico e tratamento precoces, possíveis mediante o uso de preservativos, da vacina contra o HPV e do exame colpocitológico regular, com coleta de material endocervical e acompanhamento eficaz.

Palavras-chave: câncer de colo do útero, células glassy, HPV, preventivo, STD

INTRODUCTION

The cervical cancer is the second most common cancer in women worldwide (15% of all cases). In Brazil, cervical cancer is the third most common in the female population, overtake by melanoma skin cancer and breast cancer. Consists of the fourth cause of death for cancer1.

HPV infection is present in more than 90% of cervical cancers and represents the main risk factor for developing cervical cancer, which is why its carcinogenic role has been highlighted as special study2. Despite this prevalence, only a small fraction (between 30-which is why its carcinogenic role has been highlighted as special

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Activity and usually an inflammatory infiltrate stroma predominantly composed of eosinophils and plasmatic cells. Such cytoplasmic characteristics inspired such name as glassy, due to the vitreous aspect of the cell. To be so classified, glassy cells should occupy at least a third of the tumor.

The prognosis is reserved due to the aggressive clinical course, the tendency to early invasion and nodal metastases. Patients with small exophytic masses tend to be diagnosed early and treated aggressively when they exhibit a better prognosis than patients with endophytic tumors. Aggressive treatment consists of radical hysterectomy and adjuvant irradiation, even though it is not very responsive to radiotherapy.

CASE REPORT

Woman, aged 26, married, attended elementary school, housewife, born in the state of Bahia, residing in São Gonçalo – Rio de Janeiro, since 2005. Obstetric history of three pregnancies with outcome of normal delivery and no abortion. The last pregnancy occurred in 2005 and was marked by bleeding and threatened abortion.

Patient reported NIC I diagnosis and HPV condylomatosis in 2004, in the state of Bahia, when she underwent cauterization of the uterine cervix for three months and follow up with implementation of preventive gynaecological examination every six months up to 2005. In the subsequent period, remained unattended because of her residences change and her last pregnancy. (SIC)

In 2007, she was admitted at the Hospital Universitário Antônio Pedro - UFF with hypogastric pain, bleeding, and fetid-smelling vaginal discharge, with four months of evolution. By colposcopic examination, a vegetative lesion on the cervix was observed, and histological analysis revealed to be a poorly differentiated carcinoma of the cervix, compatible with glassy cells carcinoma. She was treated with radiotherapy, chemotherapy, and intracavitary brachytherapy, all in full dose.

On 06/09/2008, sought emergency treatment complaining about abdominal pain. On that occasion an invasion of pelvic organs was identified, and the patient was referred to the palliative care unit for completion of the treatment protocol, taking into account the lack of response to any therapeutic measure. On 06/28/2008, returned to the emergency with pain in the right lower limb, and bone metastasis was diagnosed in right femur. Received analgesic therapy and was discharged on 06/30/2008.

On 11/01/2008, returned to the Emergency with constant abnormal involuntary movements and profile consistent with acute renal failure, post-renal hydronephrosis, then being diagnosed with liver metastases. She was admitted to hemodialysis, opening picture of chickenpox after 15 days. On 12/04/2008, was discharged with recommendations for returning to dialysis three times a week.

Figure 1 – Epithelial neoplasia with polygonal cells, sometimes with clear vacuoles, intercepted by inflammatory infiltrate. There was no clear glandular formation, keratinization or intercellular bridges.

Figure 2 – Details of the inflammatory infiltrate with eosinphils, neutrophils and plasma cells.

Figure 3 – Glassy cells carcinoma: cells with pleomorphism and discrete squamous aspect. Some cells exhibit enlarged nuclei, with prominent nucleoli and glandular cytoplasm.

Figure 4 – Staining with Alcian blue, pH 2.5, shows deposits of mucin, thus identifying discrete glandular appearance.
On 12/22/2008, the patient was admitted to HUAP with tonic-clonic seizures, evolving to death in three days, due to hyperkalemia caused by chronic obstructive renal pelvic tumor generated by the invasion.

DISCUSSION

The clinical case described showed typical features and evolved very similar to that described in the literature. This similarity becomes more prominent because it is a rare pathology, and does not allow often description\(^9\). However, there are some case reports that call attention both for their similarities as for their differences.

The article described by Johnston et al.\(^8\) presented three cases that occurred at University Hospital, in Chicago, in young patients (average of 25.5 years). All exhibited vaginal bleeding as initial complaint and one of them presented symptoms associated with pregnancy. The treatment of choice for the three was radical hysterectomy associated with pelvic lymphadenectomy and adjuvant radiotherapy. Two of them, including the pregnant woman, progressed to death in less than 1 year, while the other evolved favorably, and showed no sign of disease during 18 months of outpatient follow-up.

Ferrandina et al.\(^9\) described the case of a 30-year old woman whose chief complaint was also vaginal bleeding. Cervical biopsy showed malignant lesion, and the option was for conization surgery. The final diagnosis obtained by histopathology was glassy cell carcinoma. The patient refused to perform any further processing, however, remained without evidence of disease during 38 months of follow-up.

The findings of extrapelvic extension in six of 13 patients observed in the study by Littman et al.\(^11\) were also described, in contrast to the frequency found in 15% of cervical squamous carcinomas. In the same article, it was also observed the prevalence of cancer in younger women, besides the low survival of these patients, with a survival rate of 31% in five years.

Reviewing the literature, we observed a disease pattern, which includes our case: a young woman in the third decade of life, multiparous, with possible worsening of clinical symptoms during the last pregnancy, vaginal bleeding as initial complaint, refractoriness to radiotherapy, aggressive course, early invasion of neighboring structures, early metastasis and rapid progression to death. However, the outcome of this disease is still uncertain, as some cases respond to treatment and thus exhibit a better prognosis. Despite the progress of cases, the proposed therapy always includes radical surgery and radiotherapy.\(^8\)-\(^10\).

Given the aggressiveness of this disease, the rapidity of its evolution and the age of highest incidence, the importance of preventive monitoring through regular Pap test is highlighted. According to Deshpande et al.\(^9\), despite the aggressive evolution of glassy cell carcinoma, its early diagnosis may help in treatment response and thus improve prognosis. It is possible that this disease, in its early stages, occurs in an asymptomatic way or manifest itself through non specific symptoms, such as vaginal discharge, pain and bleeding, which reinforces the need for regular examination and preventive care for their first signs. In more advanced stages, the invasion of nearby structures can cause back pain, sciatica and acute renal failure after kidney with hydronephrosis, hematuria and hematochenlia.\(^13\)-\(^14\).

Given the malignant presentation of this disease, there is urgent need to accomplish their prevention and early diagnosis. Such measures can be achieved through the use of condoms, the HPV vaccine and the regular preventive follow-up through colposcopic examination with the collection of cervical material from the cervical canal.

CONCLUSION

The glassy cells adenocarcinoma is a rare and poorly differentiated adenosquamous carcinoma. Corresponds to less than 1% carcinomas, typically affecting young women (between the third and fourth decades of life), with rapid and aggressive progression as it was shown in the case. The proper diagnosis, treatment and monitoring of initial HPV infections can minimize such adverse outcomes.

REFERENCES


