



CLEAR CELL CARCINOMA OF CERVIX – CASE REPORT

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Abstract : Clear cell carcinoma is highly invasive , occurring most commonly in endometrium or ovaries rarely in the cervix . This is a case report on this rare manifestation of cervical clear cell carcinoma.

I. INTRODUCTION

Clear cell carcinoma is a less common histological variant , classically associated with intrauterine exposure to DES(diethyl stilbestrol). Presentation is variable with vaginal bleeding being a common clinical manifestation. Since it presents in young females , often diagnosed late since it is often mistaken for functional vaginal bleeding. Here is a case of clear cell adenocarcinoma of cervix with no definite etiology managed with primary surgery , concurrent chemoradiation and vaginal brachytherapy.

CASE PRESENTATION :Sheela , 39 yr P2L2/2ND old k/c/o hyperthyroidism on neomercazole , ocular myasthenia, palpitation on ciplar, h/o lap surgery for achalasia cardia, paroxysmal AF – presented with c/o abnormal uterine bleeding for 4 months . No h/o any familial malignancies .

O/E vitals stable , per speculum examination revealed a 4x4cm cauliflower like growth at the os,barrel shaped cervix in pv , friable and bleeds to touch. No lymph nodes or masses palpable elsewhere.

MRI showed a well defined hyperintense lesion of cervix 3.2x2.4cm with minimal invasion of anterior lip . Focal parametrial invasion left posterior and lateral sides, no lymphadenopathy FIGO II B . Studies revealed ER moderate to strong positive ,PR+, CEA+,p16 heterogenous staining. Cervical biopsy slide review showed clear cell carcinoma. She underwent primary surgery (Type C1 radical hysterectomy + BSO+ B/l pelvic LN dissection). HPR -surgical pathology report showed poorly differentiated clear cell carcinoma of cervix. All nodes negative for metastasis. Bilateral parametrial and vaginal cut margins were free of neoplasm. She then received external beam radiotherapy to treat the operative bed and pelvic nodal station and HDR brachytherapy. She received concurrent cisplatin 40mg/m² weekly (5 cycles) . She tolerated the procedures well and is on yearly follow up now.

DISCUSSION : Most cervical cancers are squamous cell carcinomas . Clear cell adenocarcinoma is a rare presentation in cervix accounting for only 4-9% of all cervical adenocarcinomas ⁽¹⁾ Clear cell carcinoma originates from the accessory mesonephric duct and is seen in endometrial or ovarian ca more commonly. Clinically may remain asymptomatic or present as abnormal vaginal bleeding or discharge. Histologically clear cell carcinoma should be considered if glycogen containing clear hobnail cells are found. Immunohistochemically – ER,PR,napsinA, P504s,HNFIB are effective markers. The pathogenesis is unknown and unrelated to HPV. This patient tested negative for HPV and had no history of DES exposure.

CONCLUSION : Morphology of clear cell carcinoma in cervix is different from those arising from endometrium and ovary and the final diagnosis must rely on imaging ,pathology and immunohistochemistry. Surgery combined with chemotherapy is the optimal treatment. ⁽²⁾

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