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Early Stage of Epidermoid Carcinoma of the Cervix

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Abstract **Case Report**

Cervical cancer is a major health problem and the second most common cancer in women after breast cancer in Morocco. Epidermoid carcinoma is the most frequent histological type. Surgical treatment is widely used in early stages. Adjuvant treatment is indicated according to the FIGO stage of the tumor. Three cases having early stage of epidermoid carcinoma treated in the department of gynecology-obstetrics I at the CHU Hassan Il in Fez over a two years period were analysed retrospectively. Patient age ranged from 28 to 52 years, with an average of 41. Two patients presented with induced metrorrhagia and the third with an abnormal cervico-vaginal screening. Biopsy were performed on all our patients finding an epidermoid carcinoma. One patient was treated. Treatment consisted of conisation for one patient and Wertheim-type surgery for the others. Two of our patients received adjuvant treatment. As a Conclusion: Cervical cancer is very often curable, with a survival rate of almost 85% for stages I and II, and over 50% for advanced tumors. Unfortunately, our patients most often consult us at an advanced.

Keywords: Cervical cancer, epidermoid carcinoma, therapy.

INTRODUCTION

Cervical cancer is a major health problem and the second most common cancer in women after breast cancer in Morocco. Epidermoid carcinoma is the most frequent histological type. Surgical treatment is widely used in early stages. Adjuvant treatment is indicated according to the FIGD stage of the tumor.

Cervical cancer remains a major public health issue worldwide, particularly in developing countries, where it is one of the leading causes of cancer-related mortality among women. According to the World Health Organization (WHO), approximately 604,000 new cases and 342,000 deaths were reported globally in 2020, with a marked disparity between high-income and low-income countries (WHO, 2021).

This cancer develops from epithelial cells of the uterine cervix and is closely linked to persistent infection with the human papillomavirus (HPV). High-risk HPV types, mainly types 16 and 18, are responsible for approximately 70% of cases (de Martel *et al*., 2020). The disease typically progresses slowly, starting with precancerous lesions, known as cervical intraepithelial neoplasia (CIN), which may develop into invasive cancer if not detected and treated early.

In developed countries, the implementation of systematic screening programs, combined with HPV vaccination, has significantly reduced the incidence and mortality of cervical cancer (Arbyn *et al*., 2020). However, in resource-limited settings, restricted access to screening and vaccination services remains a major challenge, contributing to a disproportionate burden of the disease in these regions.

This analysis aims to explore the epidemiological, clinical, and therapeutic aspects of cervical cancer, while highlighting recent advances in prevention and treatment, as well as the persistent challenges in achieving global elimination of this disease.

CASES REPORT

Over a two-year period, three cases of early-stage epidermoid carcinoma of the cervix were retrospectively analyzed in the Department of Gynecology-Obstetrics I at CHU Hassan II, Fez.

The ages of the patients ranged from 28 to 52 years, with a mean age of 41 years. Clinical presentations varied among the cases: two patients presented with induced metrorrhagia, while the third was identified through an abnormal cervico-vaginal screening. This underscores the importance of systematic screening programs for the early detection of cervical cancer, particularly in asymptomatic patients.

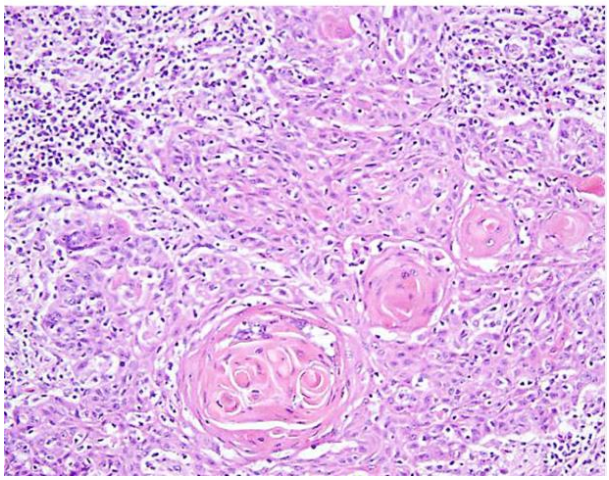
A biopsy was performed in all three cases, and the histological findings confirmed the presence of epidermoid carcinoma (squamous cell carcinoma). The diagnosis of this subtype is consistent with its high prevalence among cervical cancers globally, often linked to persistent infection with high-risk HPV types.

The therapeutic approach was tailored to each patient based on the stage of the disease and individual circumstances. One patient underwent conization, a fertility-preserving procedure often used in the management of early cervical lesions. Another patient was treated with a Wertheim-type hysterectomy, a radical surgical procedure typically reserved for more extensive early-stage cases. Two patients also received adjuvant therapy, which may have included chemotherapy and/or radiotherapy, to minimize the risk of recurrence.

The follow-up of all three patients demonstrated favorable outcomes, with no evidence of recurrence during the observation period. These results highlight the efficacy of early detection and appropriate treatment strategies in achieving good prognoses for patients with early-stage cervical cancer.

This retrospective analysis underscores the importance of timely diagnosis and individualized care in the management of cervical cancer. It also emphasizes the value of regular screening programs and comprehensive treatment approaches in improving outcomes and reducing mortality rates in patients diagnosed at an early stage.

Tumoral Cervix



Histological appearance of Tumoral Cervix

DISCUSSION

Cervical cancer in its early stages, as defined by the FIGO (International Federation of Gynecology and Obstetrics) classification, is confined to the cervix. These stages include:

- **Stage IA**: Characterized by a lesion ≤ 7 mm wide, detectable only microscopically.
- **Stage IB1**: Involves a lesion greater than 7 mm but less than or equal to 4 cm in size.

The positive diagnosis of early-stage cervical cancer is established through histopathological examination of cervical biopsies or conization specimens, especially in subclinical forms. Conization, which serves both diagnostic and therapeutic purposes, is particularly useful in cases where the lesion is not visible upon inspection.

For accurate staging, abdominopelvic MRI is widely recognized as the most reliable imaging modality, offering a diagnostic accuracy of 75% to 95%, depending on various publications. MRI provides detailed evaluation of the tumor size, stromal invasion, and possible lymph node involvement, thereby playing a critical role in preoperative planning and overall management.

In young women with a desire to preserve fertility, an oncofertility consultation is highly recommended. This approach emphasizes a multidisciplinary collaboration between oncologists and fertility specialists to discuss fertility-preserving treatment options. Procedures such as conization or radical trachelectomy (cervix removal with uterine preservation) can be considered in carefully selected cases, depending on tumor size and extent.

The management of early-stage cervical cancer is determined by the stage of the tumor and the findings of the definitive histopathological study. Common treatment strategies include:

- **Conization**: For very early lesions (stage IA1 with no lymphovascular space invasion), especially in women desiring fertility preservation.
- **Radical hysterectomy with lymphadenectomy**: For stage IB1 or for cases unsuitable for fertility-sparing treatments.
- **Adjuvant therapy**: Radiotherapy and/or chemotherapy may be required in cases with high-risk histopathological features, such as lymphovascular space invasion, deep stromal invasion, or positive lymph nodes.

Long-term follow-up is crucial for early detection of recurrence. The recommended surveillance schedule is:

- **Every 4 months for the first 2 years**, as the risk of recurrence is highest during this period.
- **Every 6 months for the subsequent 3 years**, to monitor for any late recurrences.
- **Annually** after the 5-year mark, for continued surveillance and patient reassurance.

CONCLUSION

Early detection and management of cervical cancer, guided by the FIGO classification, ensure favorable outcomes for most patients. Advances in imaging, such as MRI, have enhanced staging accuracy, while tailored treatment strategies, including fertility-preserving options, provide women with the opportunity to achieve optimal oncologic outcomes while addressing their reproductive goals. Regular and structured follow-up remains a cornerstone of care to ensure timely detection of recurrence and to maintain patient well-being.

Cervical cancer is very often curable, with a survival rate of almast 85% for stages I and Il, and over 50% for advanced tumours. Unfortunately, our patients mast often consul us at an advanced stage_benefits of HPV vaccination and screening by cervica-vaginal smear / HPV test.

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