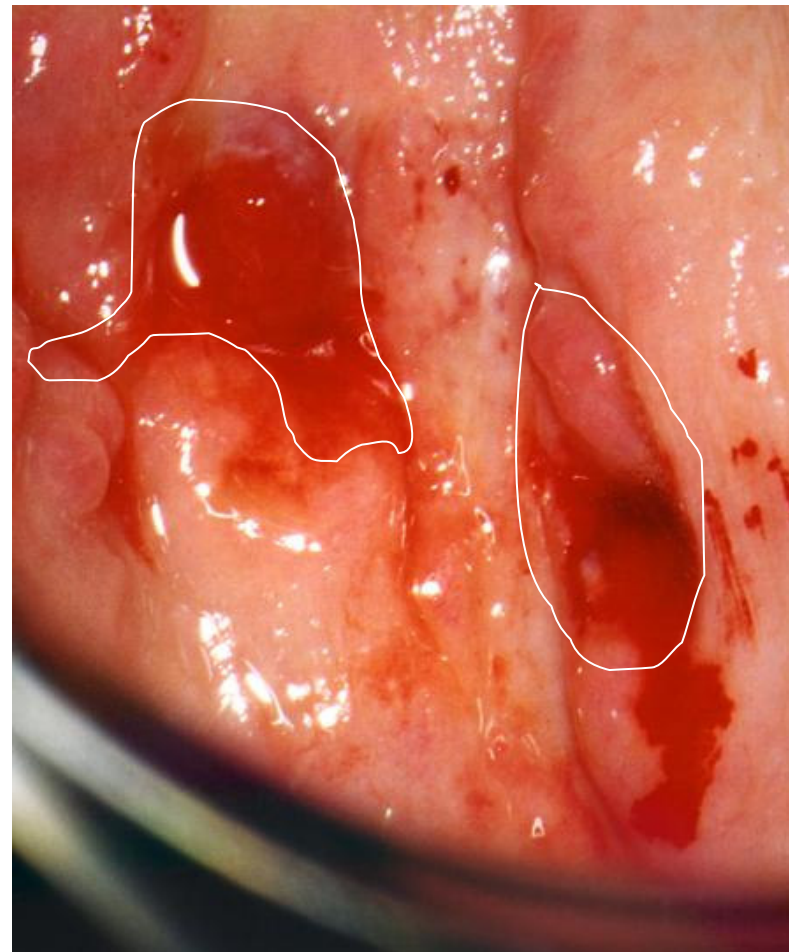


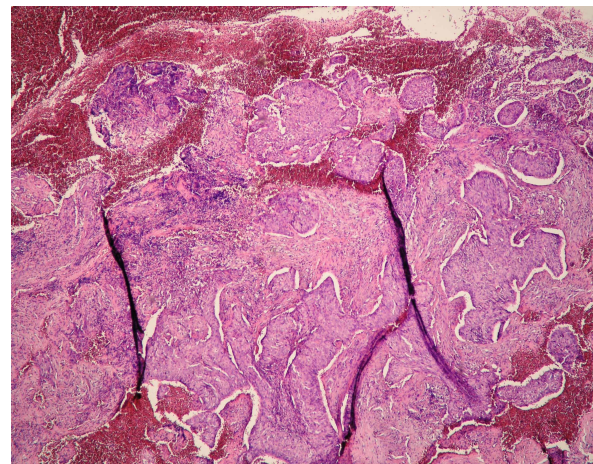
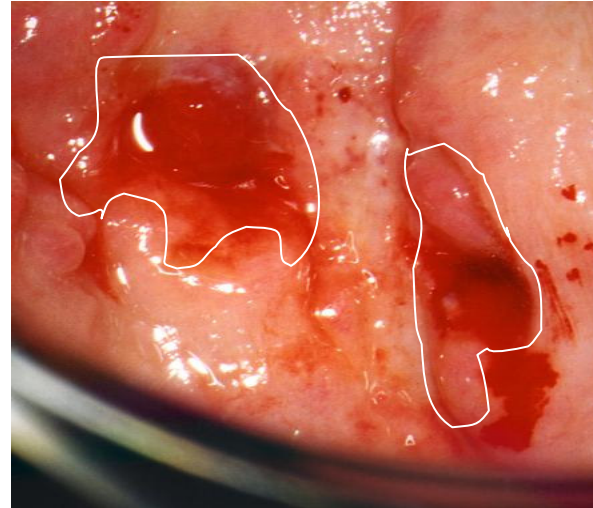
Posthysterectomised woman with neoplastic tissue in the vaginal cuff (“cancer restant du col uterin?”)

- **Vaginal cuff in a hysterectomised 46-year-old patient who underwent gynecologic procedure because of CIN III ten years ago. Control PAP smear ten years after revealed carcinoma planocellulare.**



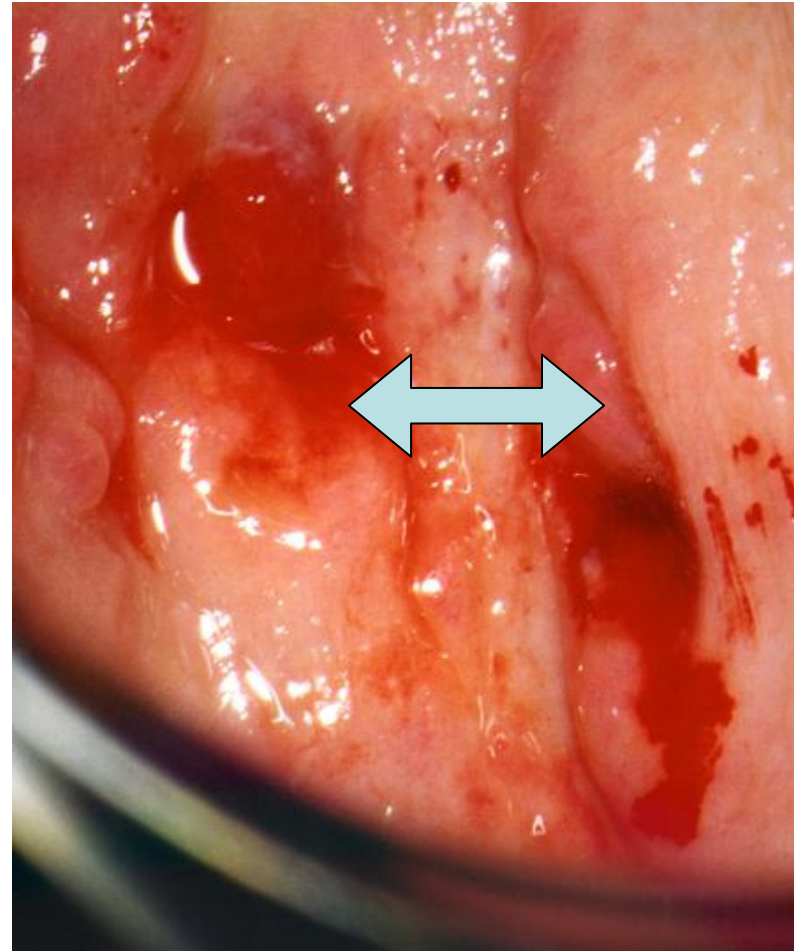
(“Cancer restant du col uterin”?)

- In the middle of the scar we could see «abnormal discharge», which on cytology demonstrated invasive carcinoma, as well as in the tissue from the scar, which revealed histologic carcinomatous neoplastic disorder.



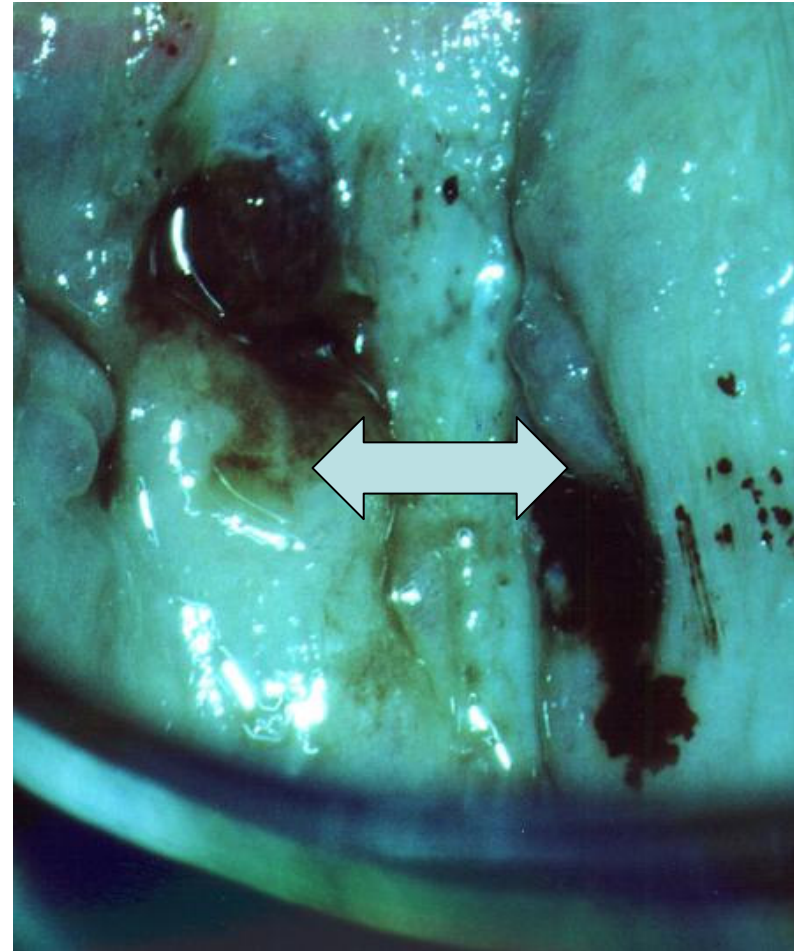
(“Cancer restant du col uterin?”)

- Tissue specimen we get by some kind of curettage of the suspicious mass, entering by Chrobak's instrument in the targeted mass.
- Rectal examination revealed palpable, semi-fixed mass in the projection of the scar,
- Confirmed by MRI.
- This patient underwent radiochemotherapy with a satisfactory outcome.



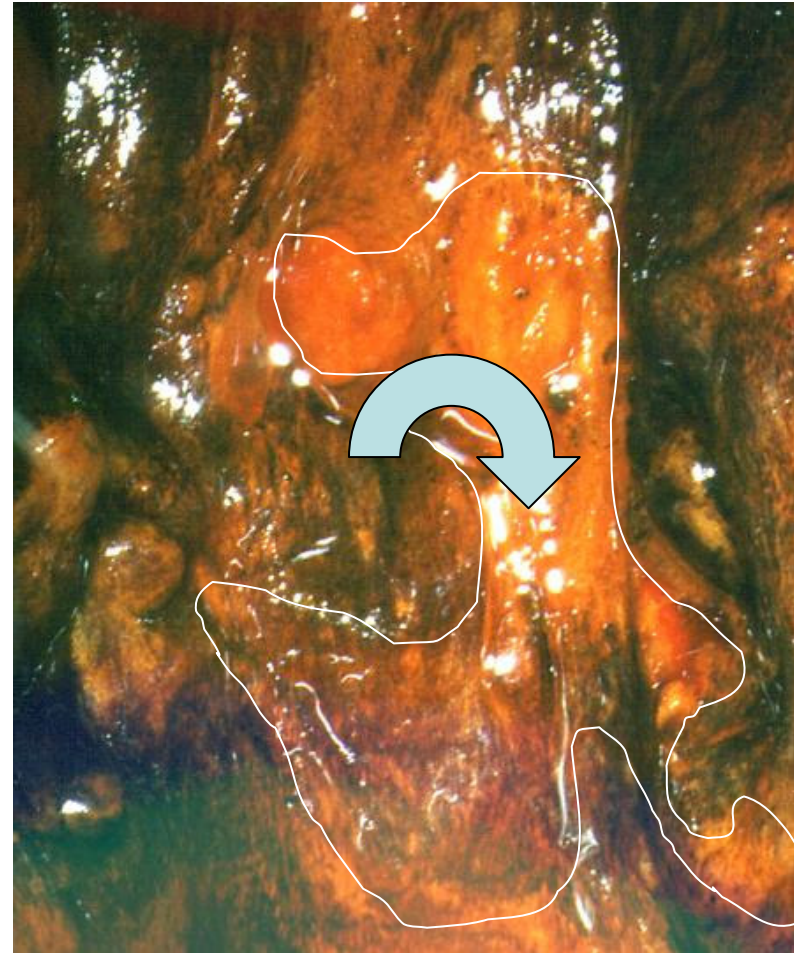
Case report - continued

- The same cuff under Kraatz green light



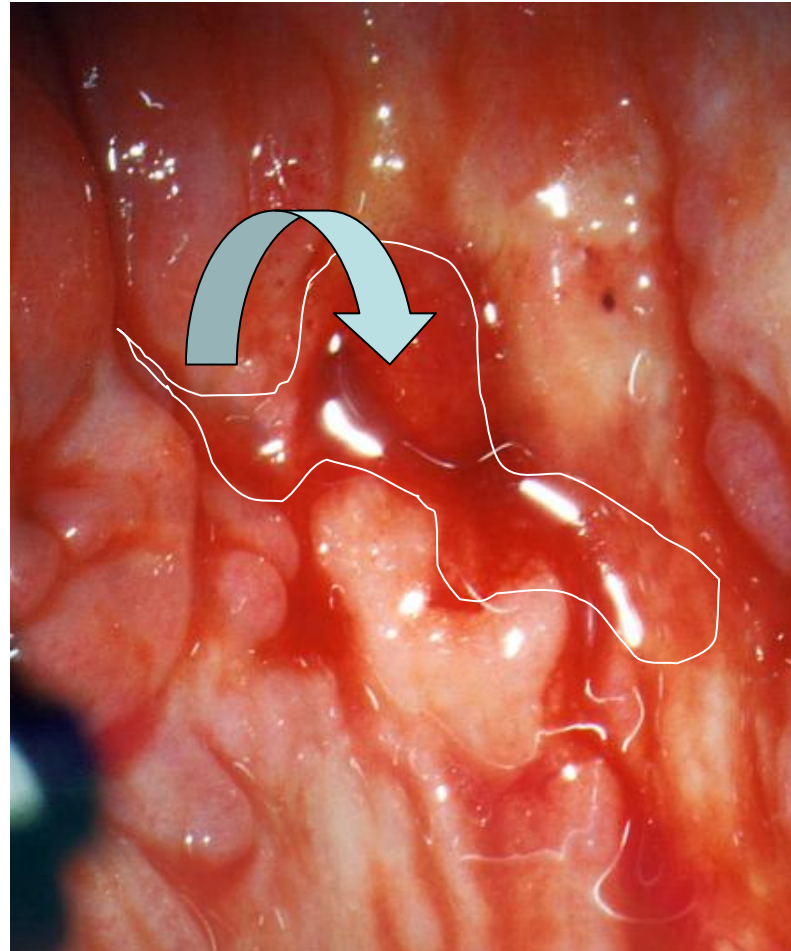
Case report - continued

- After Schiller's probe in this patient a non-homogenous iodine captation is visible, because of either a neoplastic disorder of the epithelium or hormonal disregulation, even inflammation (*circular arrow*)



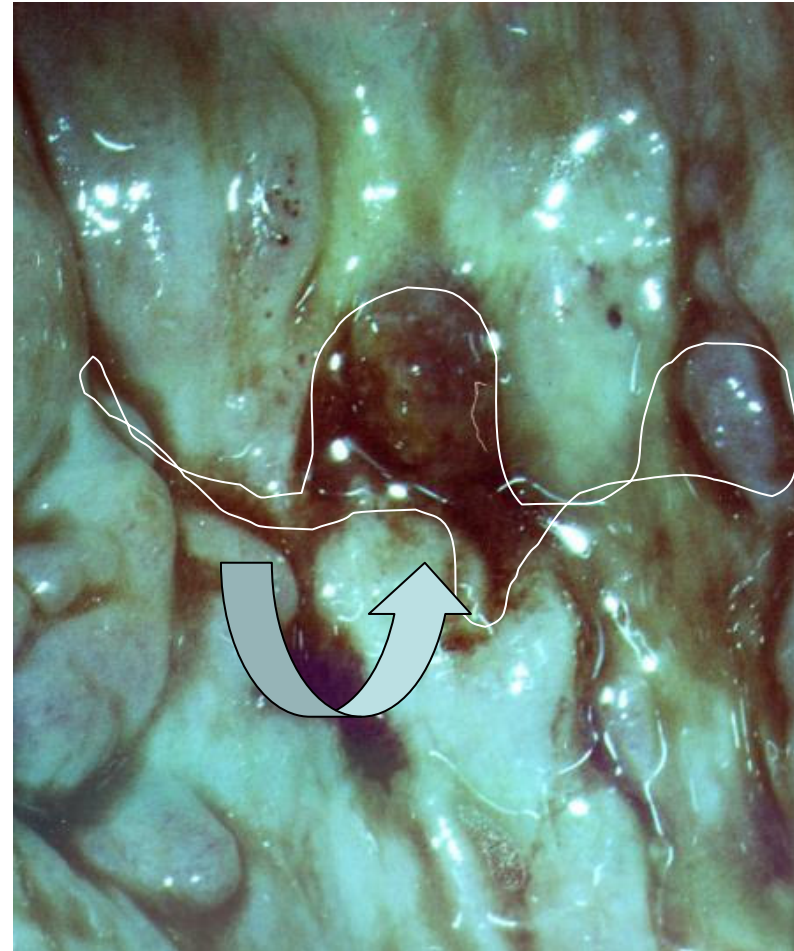
Case report - continued

- Vaginal cuff of the same patient, where it is possible to see the outflow of the suspected neoplastic vaginal detritus (*curved down arrow*)



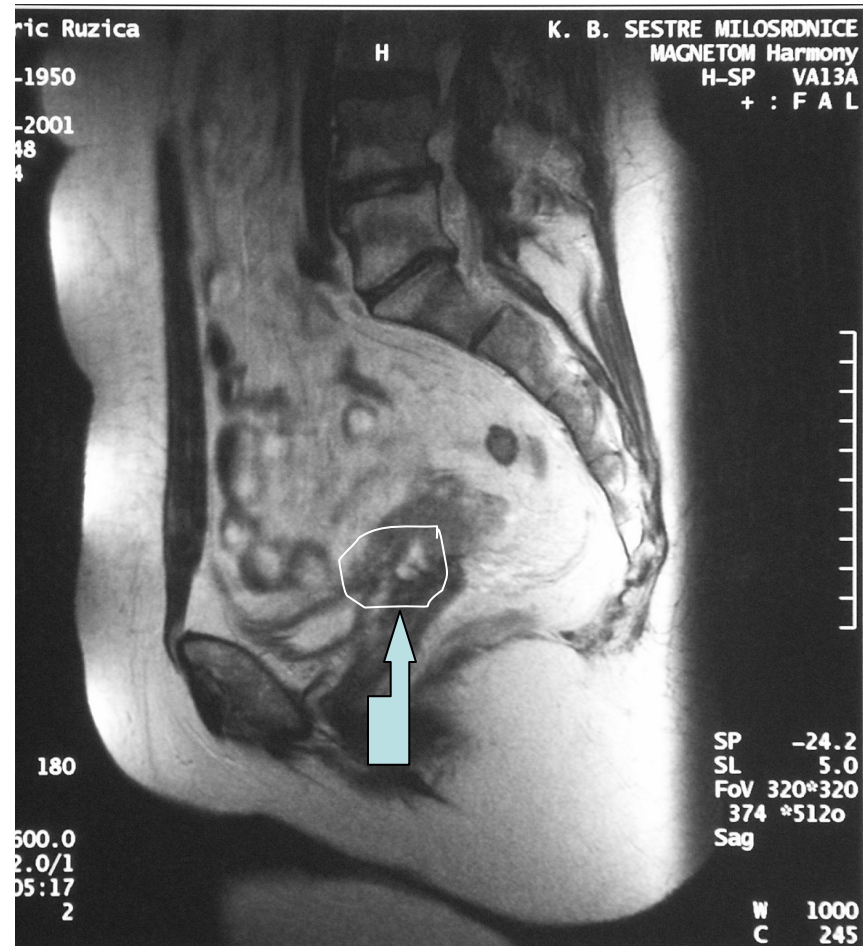
Case report - continued

- The same under Kraatz green light
(curved up arrow)



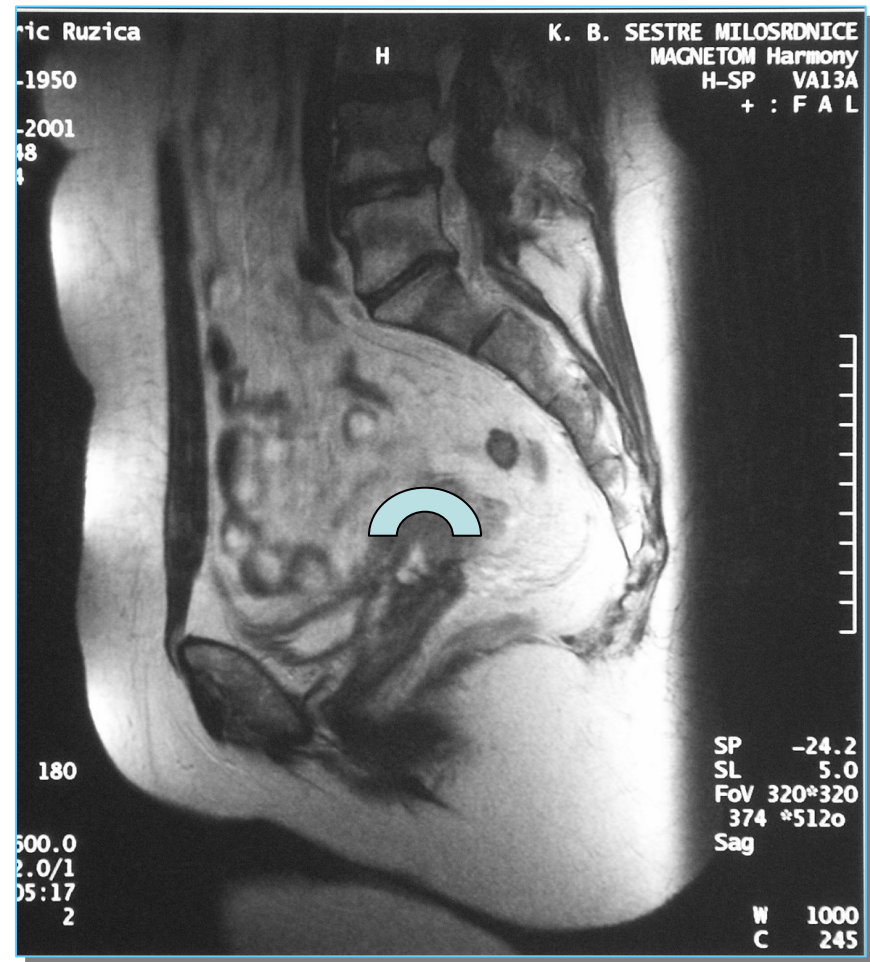
MRI IMAGING

- MRI in this patient showed the extensity and the location of the recurrent disease, as well as the plan for appropriate actinotherapy
(bent up arrow)

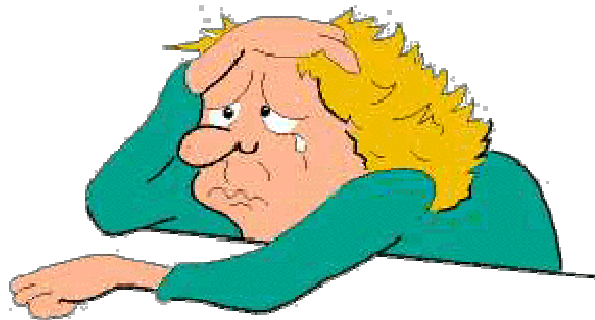


MRI (sagittal scan)

- Sagittal MRI scan revealed the formation in the projection of the vaginal cuff demonstrating the volume and the borders of the tumor mass in the vaginal cuff
- MRI revealed a 3x2 cm non-homogenous “signal” in the projection of the vaginal cuff (*under the arch*)
- There was no “hypertrophy” of para-aortic and pelvic lymph nodes in the transverse MRI scan.



Recurrence of the neoplastic disease in the vaginal scar!?



- ***A complex problem!!!***
- ***Is it a new disease ?*** (more than 10 years following the hysterectomy, there was abnormal cytology of the vaginal cuff smear in 2001)
- ***or, is it a consequence*** of inappropriately managed CIN at the first operation in 1988?

THE ANSWER IS:

- According to our consultations and experience we concluded that in our patient there was a recurrence of the residual disease as a consequence of an inappropriately managed cervical malignancy at hysterectomy.



We have chosen radiochemotherapy.

- Platixane (Cisplatinum)
- Actinotherapy (TCT and local irradiation)

Platixane (Cisplatinum) protocol

- **Platixane 70 mg once weekly / 5 weeks**
- according to body parameters:
- body height 165 cm,
- body weight 75 kg,
(square 1.8 m²)

TCT (telecobalt therapy) protocol

- **Parametrial TCT: 24 Dec 2001 - 31 Jan 2002**
- **25 fractions, TD= 50 Gy**

Duration of therapy - local irradiation protocol

- Local irradiation protocol:
- Tumor dose on the point “A” 40 Gy, and by ovoid on the vaginal scar 25 Gy

Control examination 3 months after therapy

- **Per speculas:** satisfactory healing of the vaginal cuff
- **Vaginal and rectal** palpation: right parametrial induration