

## Clinicopathological Conference

Feb. 15, 2014

Name: 溫○○	Presented by : 婦癌科	黃寬仁醫師
Chart number: 279XX19	Discussed by : 胃腸肝膽科	朱允義醫師
Gender: female	放射診斷科	謝任富醫師
Birth: 1970/08/06	直腸肛門科	游正府醫師
Occupation: Housekeeper	內科腫瘤科	徐鴻智醫師
身高: 158.9CM (2013/12/02)	病理科	葉琦如醫師
體重: 72KG (2013/12/02)	Moderator : 病理科	孫建峰醫師
BMI: 28.5		

**Chief Complain:** vaginal spotting in recent months.

### Past history:

2013/05/08: Laparoscopic myomectomy and hysteroscopic myomectomy.

2013/08/22: Hysteroscopy: normal uterine cavity.

2013/11/19: Hysteroscopy: normal uterine cavity. Cervical biopsy malignant tumor.

2013/12/11: Panendoscopy and colonoscopy, colonic mucosa with invasive nests of signet ring cell carcinoma.

### Medical History :

A 43 year-old woman, G2P2, complained of vaginal spotting in recent months. Tracing back her history, she received laparoscopic myomectomy and hysteroscopic myomectomy due to prolonged menstruation for 6 months on May 8, 2013. Follow up hysteroscopy showed normal uterine cavity 3 and 6 months later. Pressure sensation for 4 months and fullness, mild to moderate lower abdomen pain was intermittent and progressive in recent two weeks. Vaginal spotting persisted. Cervical biopsy was performed during last hysteroscopy follow up. Pathology revealed cervical malignancy suspected gastrointestinal origin by immunohistochemical study. Complete oncology survey including magnetic resonance imaging (MRI), panendoscopy and colonoscopy were performed. Signet ring cell tumor was found on T-colon biopsy specimens. Computed tomography indicated advanced peritoneal carcinomatosis. Primary systemic chemotherapy was given.

**Obs/Gyn History:** G2P2, all normal spontaneous delivery

### Personal history:

No other systemic disease. No known food or drug allergy. No hypertension or DM.

### Family history:

Father: lung cancer

Older sister: breast cancer

**Physical examination:**

- BH: 158.9 cm; BW: 72 kg; BMI: 28.5  
Mild to moderate lower abdomen tenderness.

**Pelvic examination:**

- Cervix: smooth but contact bleeding over posterior cervical lip.
- Uterus and adnexa : no tenderness, no mass palpable.

**Lab data:**

檢驗項目	單位	2013/05/07	2013/11/19	2013/12/19
WBC	1000/uL	6.7	6.0	6.6
Hemoglobin	g/dL	9.9	10.2	10.2
Platelets	1000/uL	458	447	654
Segment	%	59.9	72.0	75.0
Lymphocyte	%	32.3	18.0	15.8
BUN	mg/dL	14.4	11.0	4.0
Creatine	mg/dL	0.84	0.6	0.55
AST	U/L	15	23	11
Na	meq/L	141	140	135
K	meq/L	4.9	4.3	4.0
Cl	meq/L	108	105	99

檢驗項目	單位	2013/12/03	2013/12/19
SCC	ng/ml	0.60	
CEA	ng/ml	78.08	
CA-125	U/ml	237.2	
CA-153	U/ml	9.0	
CA-199	U/ml	11.41	
CRP	mg/L		69.1

**Points of discussion:**

1. Patterns of uterine cervical lesion.
2. Differential diagnosis of uterine cervical malignancy.
3. Treatment for the patient