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Simple trachelectomy with laparoscopic pelvic lymphadenectomy in a pregnant woman with a FIGO stage IA2 cervical cancer

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ABSTRACT

Cervical cancer although uncommon, with an incidence of 0.8 to 1.5 cases per 10 000 births,^{1,2} is the most frequent gynecologic cancer diagnosed during pregnancy. Treatment always represents an ethical dilemma as options depend on the desire of maintaining the pregnancy, on gestational age, and cancer stage.

In stage IA2–IB1 cervical cancer, with negative nodes and tumor <2 cm, parametrial extension is <1%.³ Therefore, removing most of the cervix including the tumor with free margins can be a feasible treatment until fetal viability.⁴

We present a 35-year-old patient, G3P1 with a 13 weeks' gestation and a stage IA2 squamous cervical carcinoma. Colposcopy examination showed an extensive ulcerated acetowhite area involving the four quadrants, extending into the endocervical canal. Pelvic examination showed no extension to the vagina or parametrium. Magnetic resonance image showed a 16×12×10 mm tumor, 18 mm from the internal orifice with no other abnormal findings.

The patient wished to continue the pregnancy. A simple vaginal trachelectomy and laparoscopic pelvic lymphadenectomy was performed at 15 weeks' gestation. Estimated blood loss was <300 mL, and surgical time was 170 minutes with no intraoperative complications. The patient was discharged on postoperative day one, after checking fetal vitality.

Final pathology showed a grade 2 squamous cell carcinoma, with 4 mm depth of invasion and no lymphovascular space invasion: superficial and circumferential extension was of 0.8 and 12 mm respectively, stage IA2 according to FIGO 2018.

All margins showed residual high grade squamous intraepithelial lesion (H-SIL). All nodes negative. She delivered a 3250 gm baby by C-section at 38.3 weeks and underwent simple hysterectomy 6 months after giving birth (final pathology showed H-SIL). After 12 months of follow-up she is without evidence of disease (Video 1).

Video 1. This image shows the cervix without evidence of disease after simple trachelectomy at 30 weeks gestation.

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