Introduction/Background Large cell neuroendocrine carcinoma (LCNEC) is a rare subtype of cervical cancer that accounts for approximately 2–5% of all cervical cancer cases. LCNEC is characterized by a high degree of aggressiveness, early metastasis, and poor prognosis.

Methodology In this abstract, we present three cases of Large cell neuroendocrine carcinoma, each with a unique clinical presentation.

Results Case 1: A 50-year-old woman presented with abnormal vaginal bleeding and pelvic pain. Further investigation revealed a large tumor in the cervix. A biopsy confirmed the diagnosis of LCNEC. The patient underwent Neoadjuvant chemotherapy and brachytherapy, but developed metastases to the lungs and liver within six months of initial diagnosis.

Case 2: A 51-year-old woman presented with postmenopausal bleeding and was diagnosed with LCNEC on biopsy. Further imaging studies showed the presence of metastases to the lymph nodes and liver. The patient was treated with chemotherapy and radiotherapy, but succumbed to the disease after 18 months.

Case 3: A 47-year-old woman presented with recurrent vaginal bleeding and was diagnosed with LCNEC on biopsy. Further evaluation revealed metastases to the lungs, liver, and bones. The patient underwent chemotherapy, but unfortunately experienced disease progression and passed away within a year of initial diagnosis.

Conclusion LCNEC is a rare and aggressive subtype of cervical cancer that poses significant challenges in diagnosis and management. The prognosis for patients with NECC is poor, with a high risk of recurrence and metastasis. While surgery and lymphadenectomy have been found to significantly impact survival rates, chemotherapy and radiotherapy appear to have little to no effect on prognosis.

Disclosures All authors declare that they have no conflicts of interest.