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An Atypical Squamous Cell Carcinoma of the Cervix

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Case Blog

A 74-year-old female presented in our department with 4 months history of post-menopausal bleeding and pelvic pain, which was increasing in intensity over 2 months. However, she denied any weight loss, fever or altered urinary or bowel habits. Her previous medical history revealed hypertension since 10 years for that she was taking antihypertensive drugs. On physical assessment she was not pale, with good performance status. Per vaginal examination showed an ulcer and budding tumor destroying the cervix and the the upper vagina.

chemotherapy. No chemoradiation was done because of tumor size.

Figures 1 - 4 show the MRI, an appearance of cervical squamous cell carcinoma in different planes and sequences.

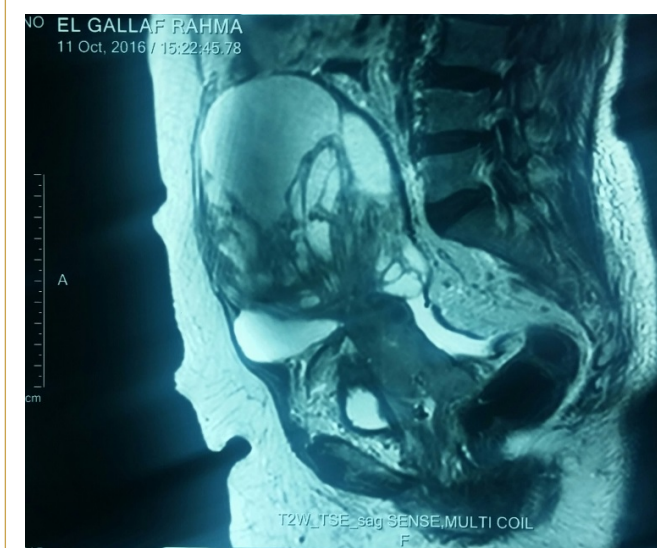


Figure 1 T2 weighted sequence, axial plane.

A cervical biopsy was taken. It demonstrated well and invasive squamous cell carcinoma. Magnetic Resonance Imaging (MRI) showed a big tumor measuring 10.4 cm × 21 cm × 17 cm, extending forward to the bladder, up to the uterus and the anterior abdominal wall (**Figures 1-4**). With evidence of parametrial invasion and bilateral pelvic lymphadenopathy: 2 left internal iliac enlarged lymph nodes. The largest was measuring about 1.5 cm short axis. She was staging according to the International Federation of Gynecology and Obstetrics staging system 2009 as FIGO IVa. After multidisciplinary board meeting, patient started

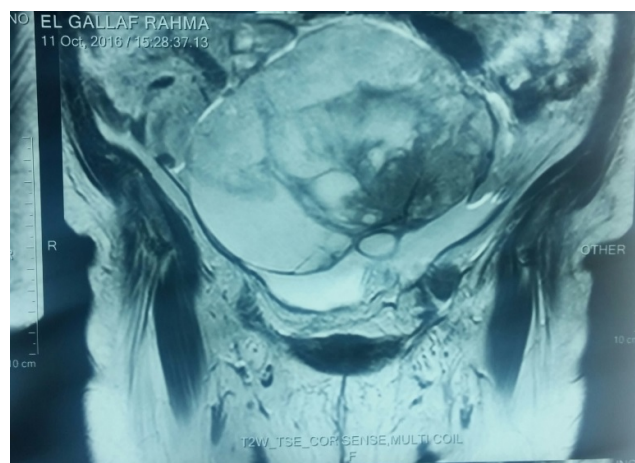


Figure 2 T2 weighted sequence, coronal plane.

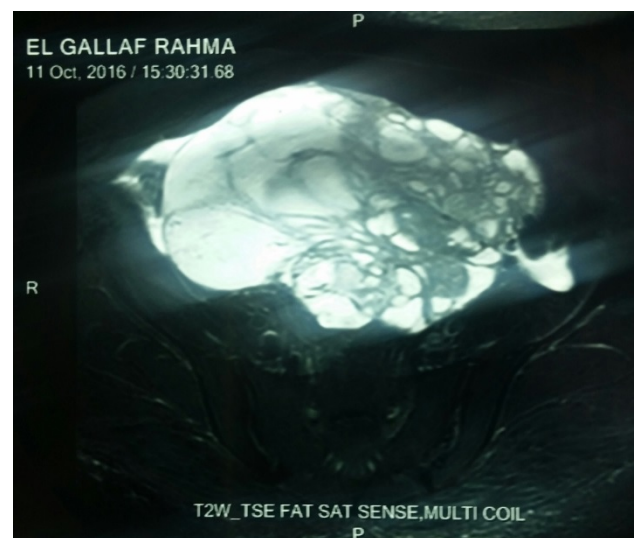


Figure 3 T2 weighted sequence FAT SAT, axial plane.

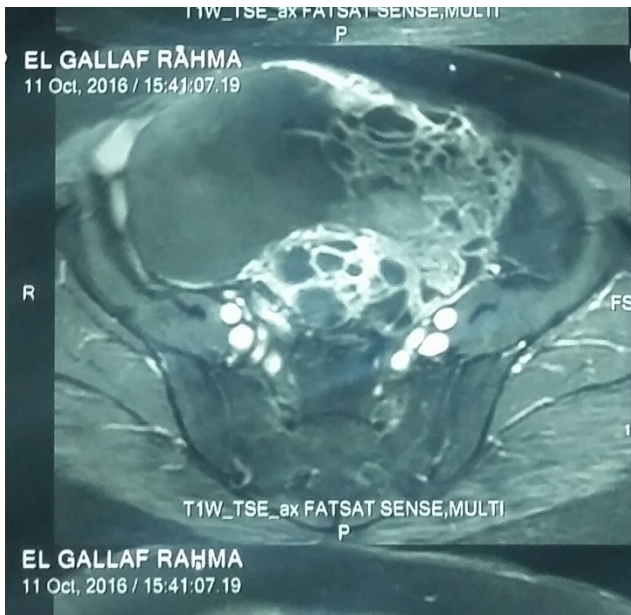


Figure 4 T1 weighted sequence FAT SAT, axial plane.