

# Cervical cancer

## Diagnosis & Treatment

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# How can we make a diagnosis?

## SYMPTOMS

Early disease is usually asymptomatic, just abnormal pap smear High risk HPV (+)

## When symptoms are present

- Abnormal vaginal bleeding postcoital bleeding\* contact bleeding
- Abnormal vaginal bleeding ,watery discharge

# SYMPTOMS

- **Pelvic pain or pressure , and rectal or urinary tract symptoms.(dysuria, hematuria or rectal bleeding or obstipation resulting from bladder or rectal invasion)**

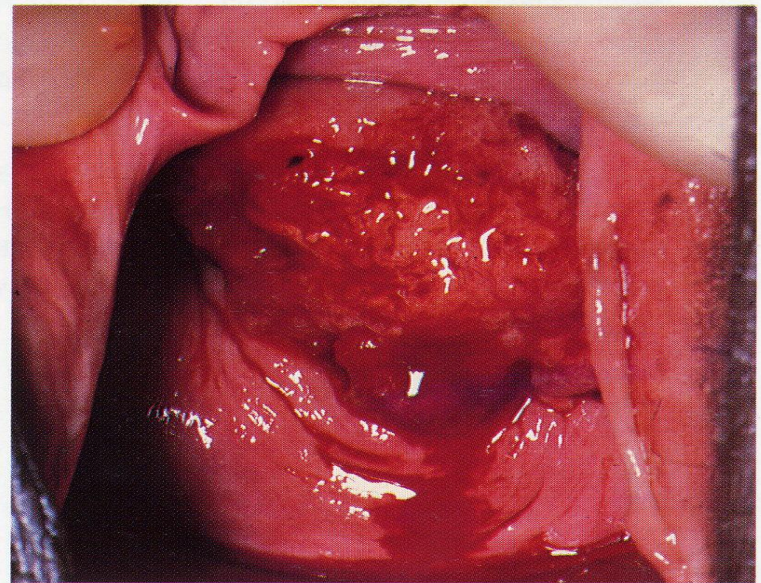
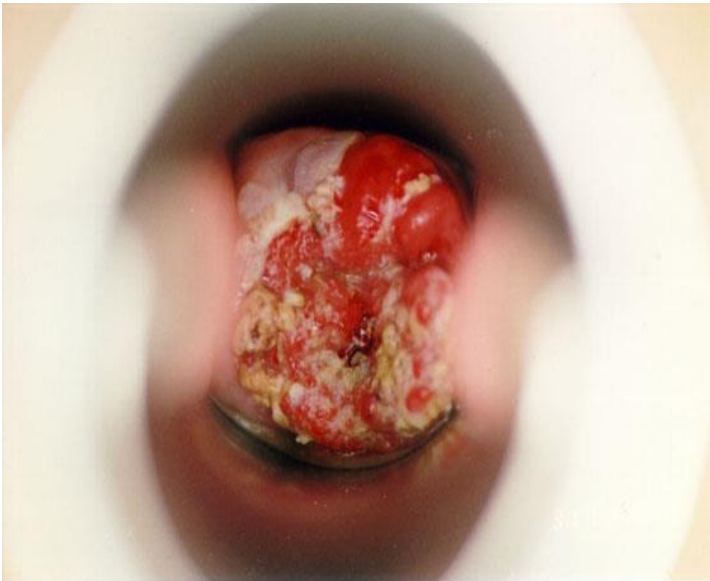


图 112 症状明显的宫颈浸润癌。

# **SYMPTOMS**

- **Distant metastasis and persistent edema of one or both lower extremities as a result of lymphatic and venous blockage by extensive pelvic wall disease are late manifestation of primary disease and frequent manifestations of recurrent disease.**

# How can we make a diagnosis?

Cervical cancer screening

HPV (+) TCT: ASCUS LISL HISL

Colposcopy and cervical Biopsy

Symptoms

Abnormal vaginal  
bleeding postcoital bleeding\*  
watery discharge

Sign

Vagina: mucous, fornix

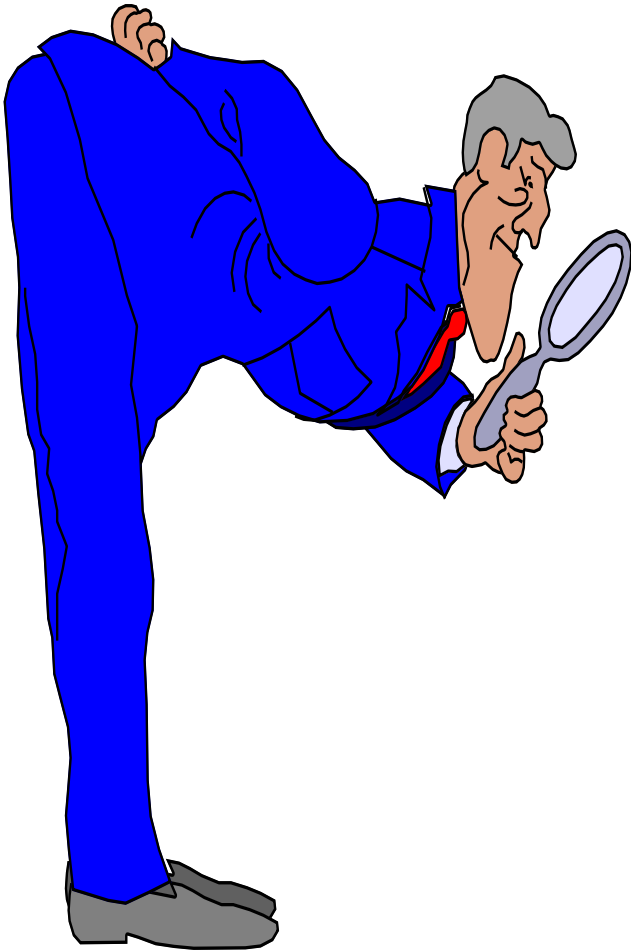
Cervix: erosion

growth ulceration

barrel-shaped

Uterus: size, mobility

Paramet: thickening



# Histologic type

**Squamous cell carcinoma ( SCC) 80%**

**Adenocarcinoma 10%-15%**

**Others 5%-10%**

**Ulcerative tumor, usually erodes a portion of the cervix or replacing the cervix , erodes a portion of the upper vaginal vault with a large crater**



# Metastatic path

**Direct spreading: the most common way,exogenic type,cervical canal type**

**lymphatic metastasis: tumor embolus in lymphatic space,the first group of LN,the second group of LN**

**blood metastasis: extremely less**



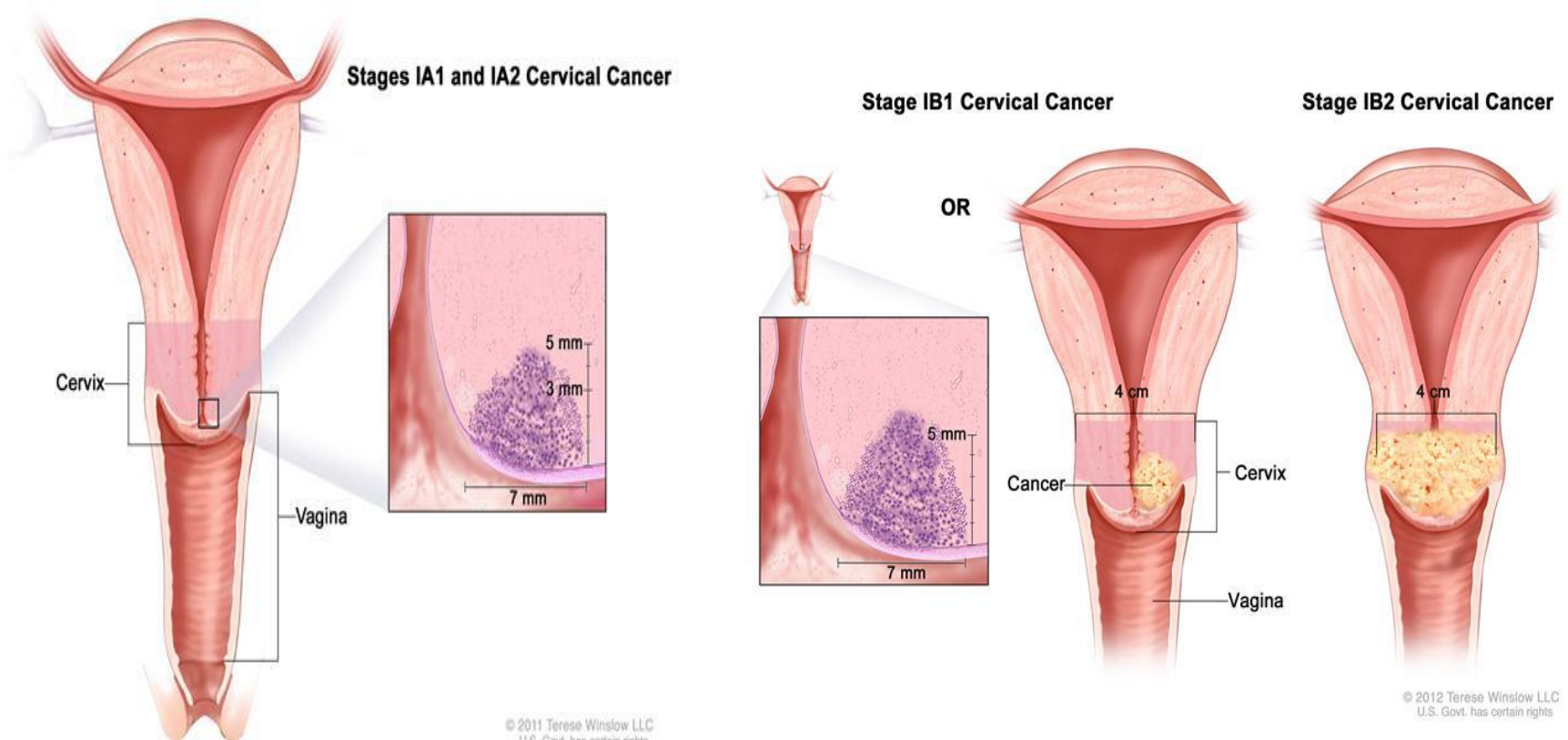
# Routes of spread

- **Into the vaginal mucosa, extending microscopically down beyond visible or palpable disease;**
- **Into the myometrium of the low uterine segment and corpus, particularly with lesions arising from the endocervix.**
- **Into the paracervical lymphatics and from there to the most common involved lymph nodes ( the obturator; hypogastric, and external iliac nodes).**
- **Direct extension into adjacent structures or parametria, reaching to the obturator fascia and the wall of the true pelvis**

# FIGO Staging for Cervical cancer

## Stage I

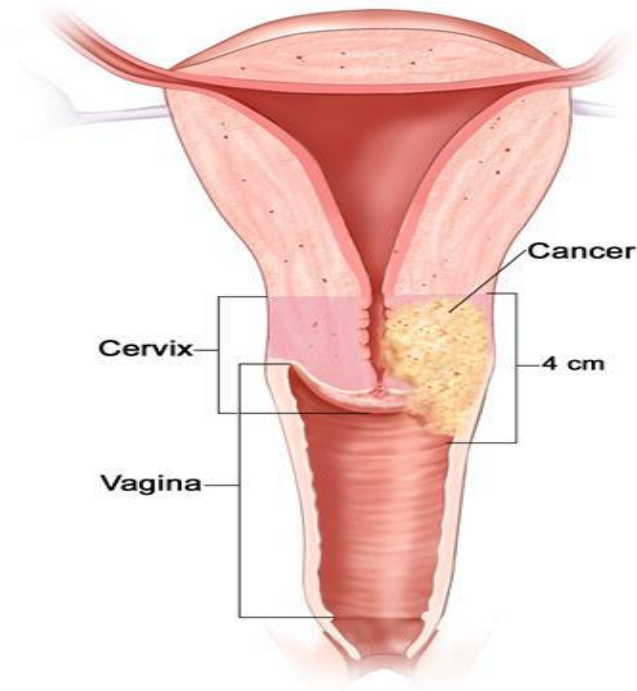
- is confined to the cervix



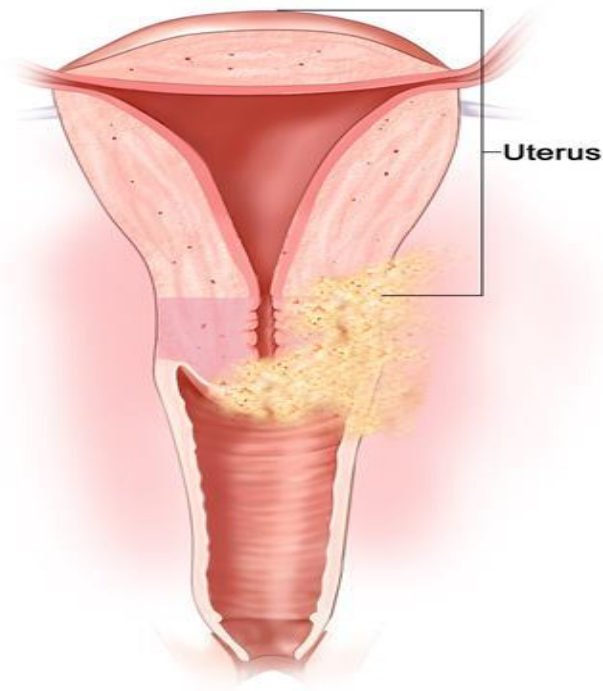
# Stage II

- Extends beyond the cervix but not to the pelvic sidewalls or the lower third of vagina

Stages IIA1 and IIA2 Cervical Cancer



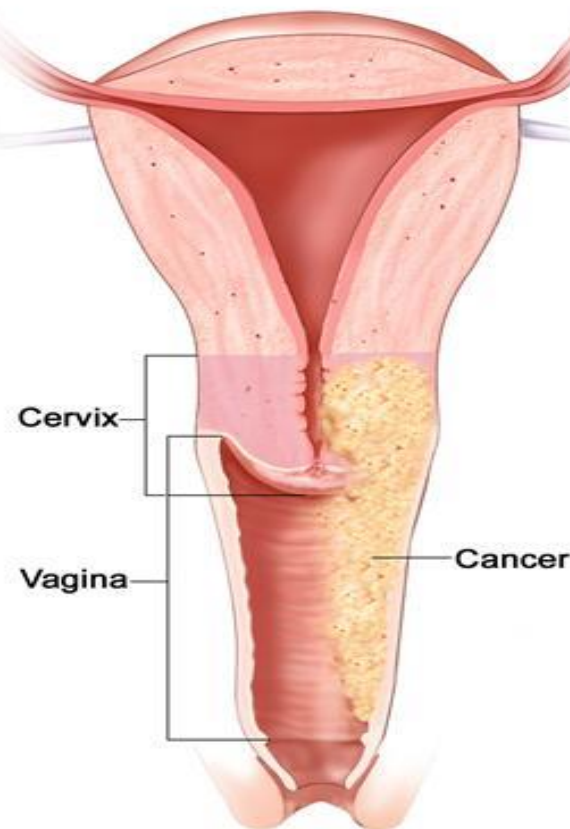
Stage IIB Cervical Cancer



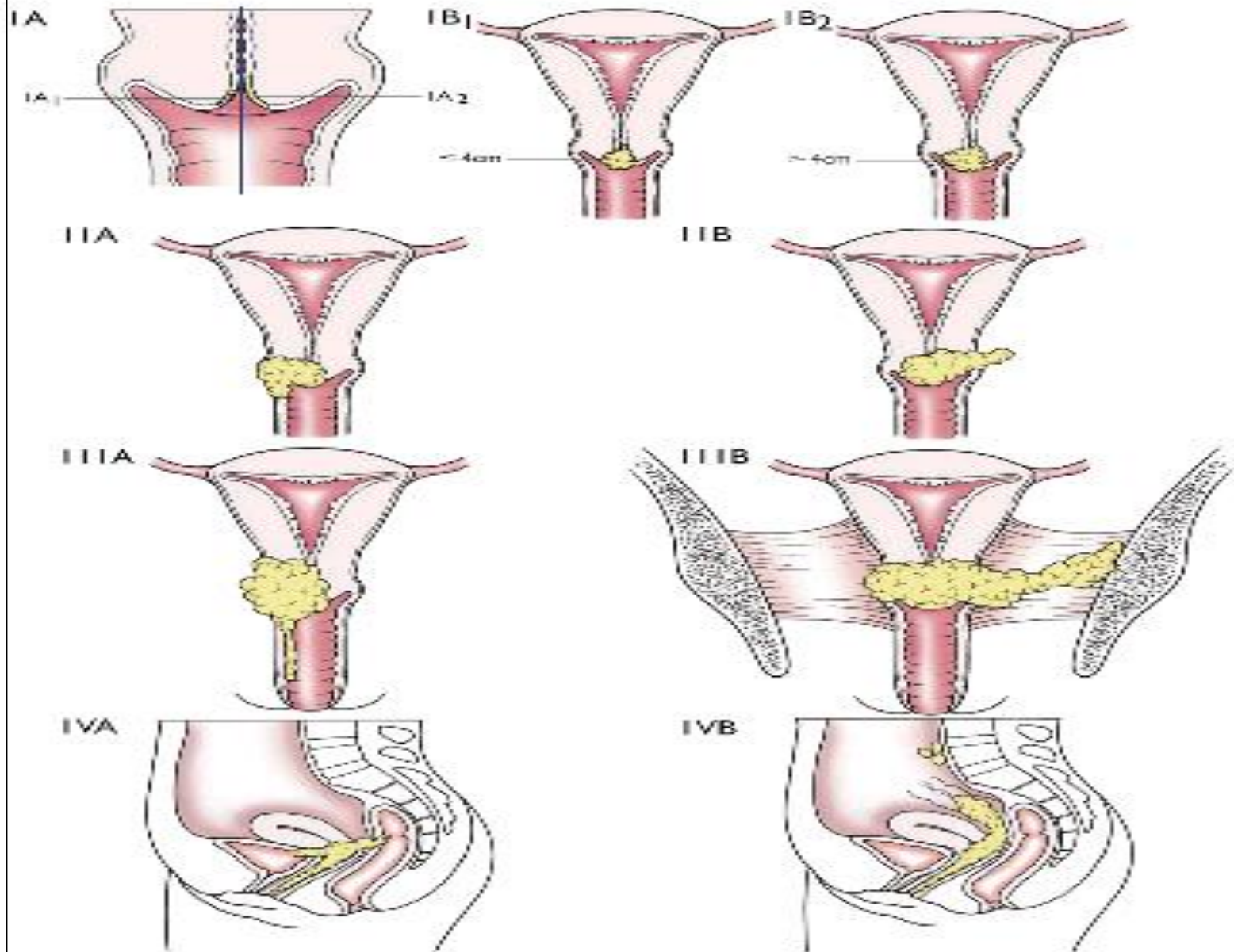
# Stage III

- Extends to the pelvic sidewalls or lower third of the vagina

Stage IIIA Cervical Cancer

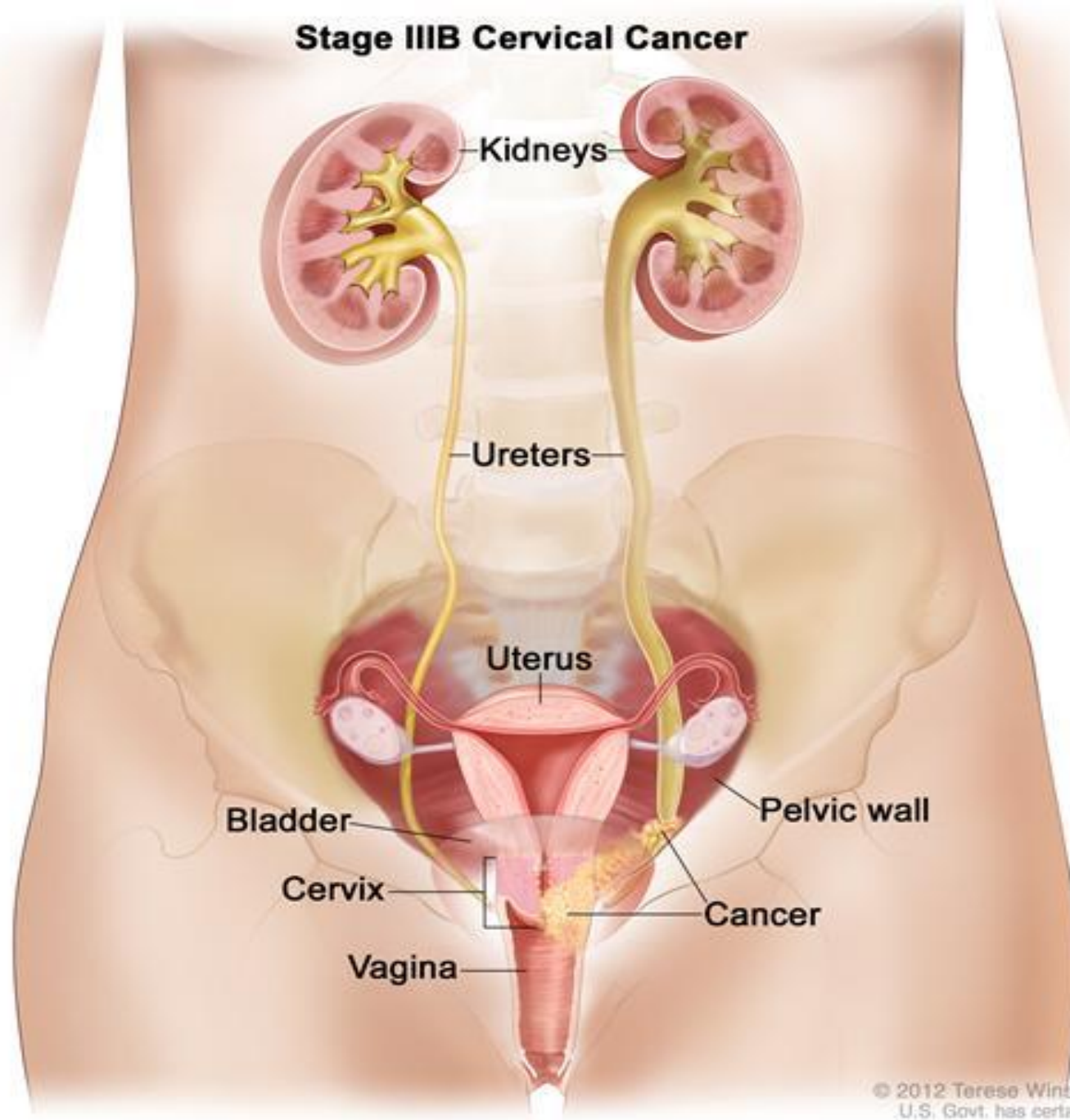


# Clinical staging of cervical cancer





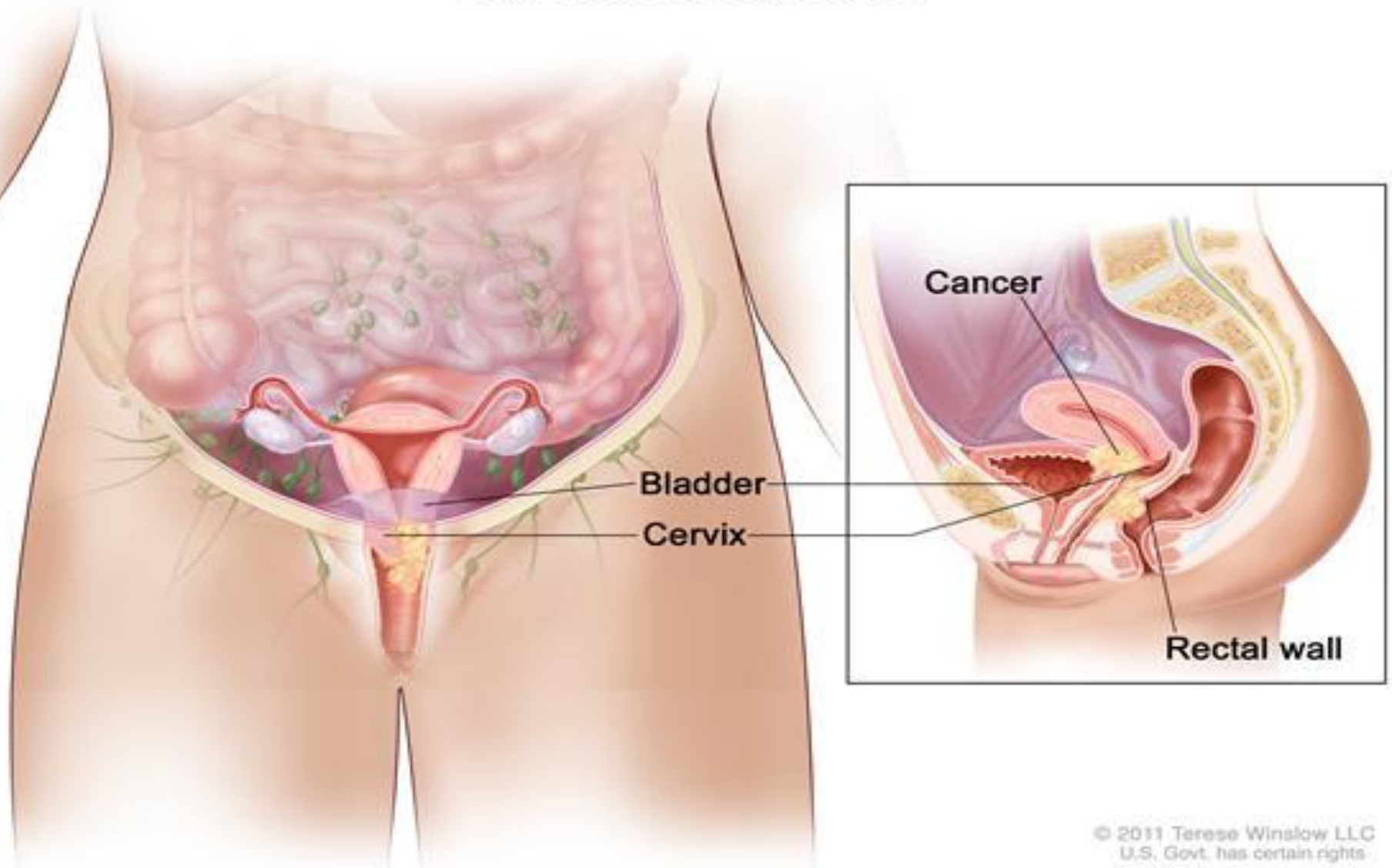
# Stage IIIB Cervical Cancer



# Stage IV

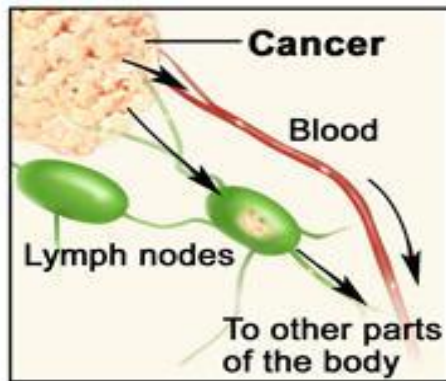
- **Is defined as extension beyond the pelvis ,invasion into local structures, including the bladder or rectum, or distant metastases.**

## Stage IVA Cervical Cancer

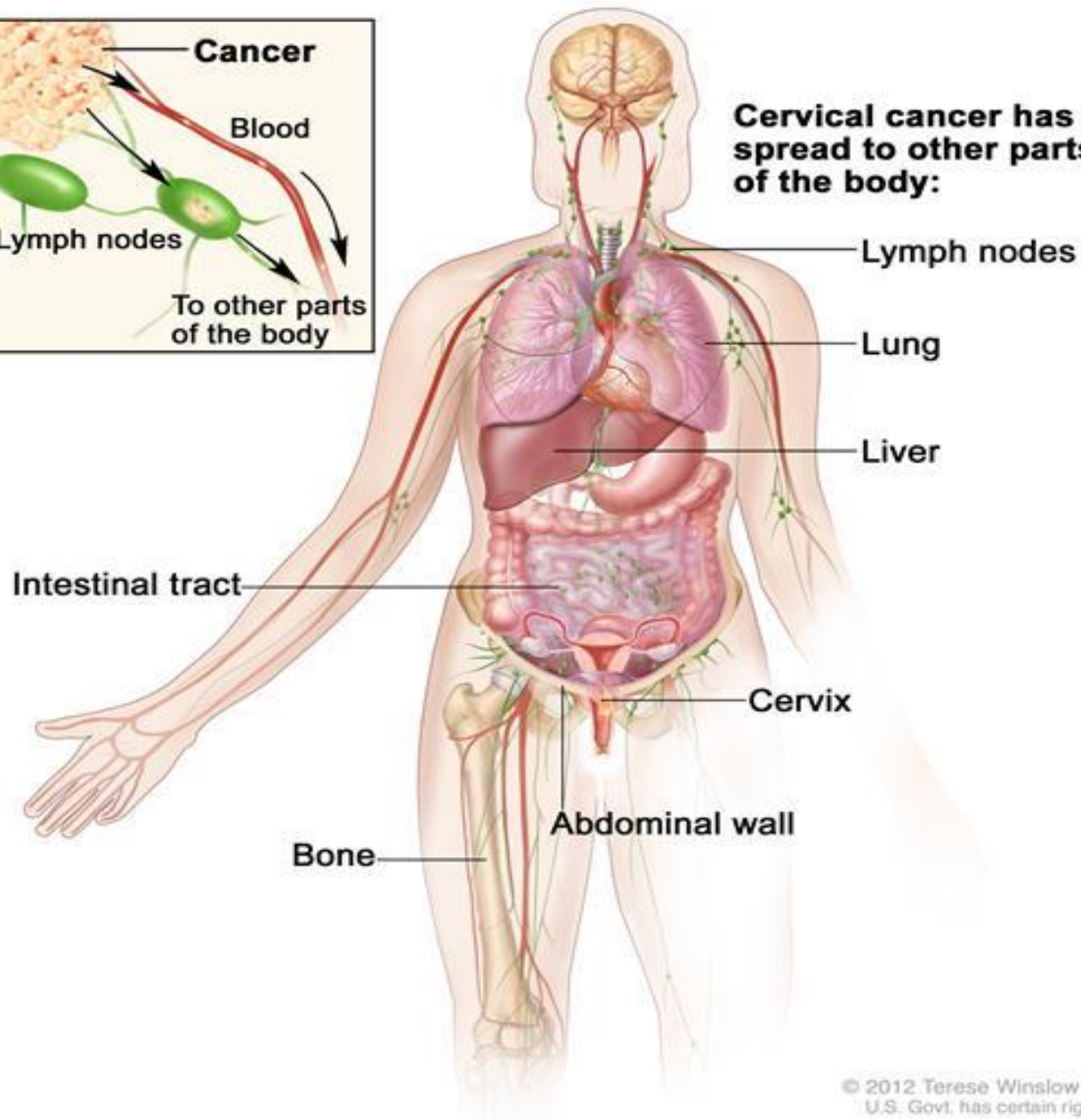




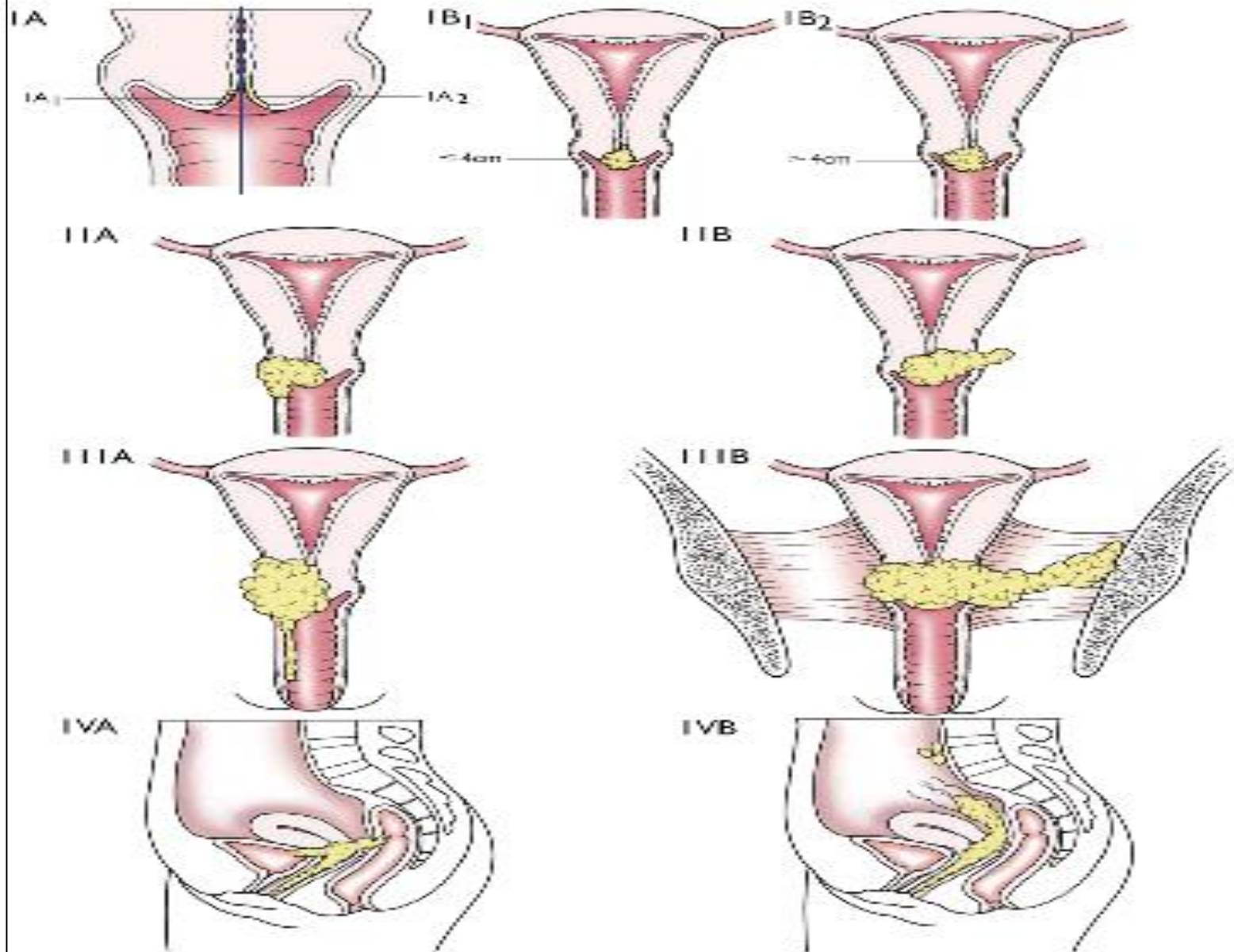
## Stage IVB Cervical Cancer



**Cervical cancer has spread to other parts of the body:**



# Clinical staging of cervical cancer





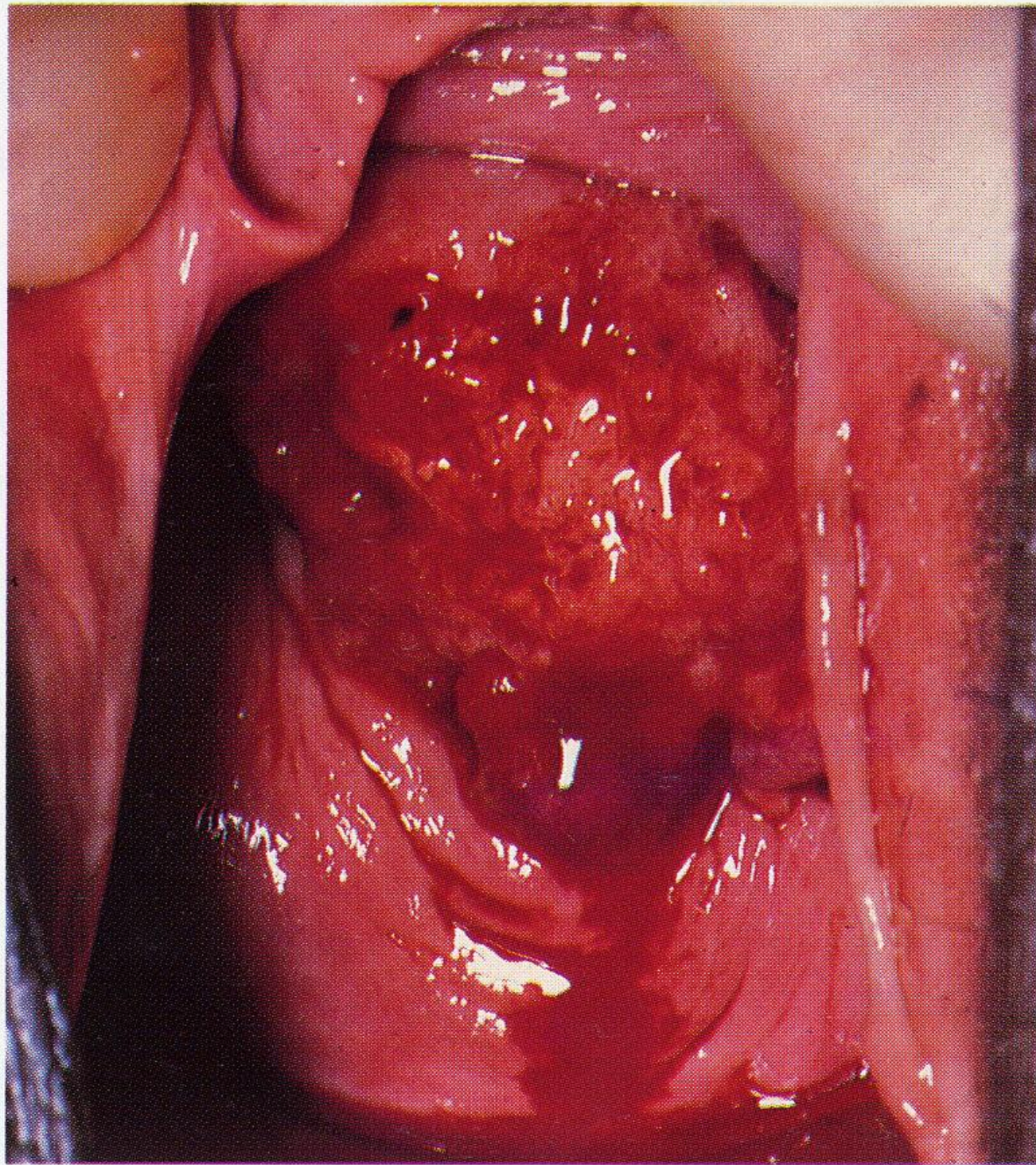


图 1 Cervical cancer

## Management

Early disease(stages Ia2- II a) may be treated with either radiation therapy or radical hysterectomy(with bilateral pelvic lymph node dissection)

(i).surgical treatment:indication Ia~ II a early stage

Ia1: total hysterectomy, If ovary is normal, ovary should be reserved.

Ia2- II a (early stage) : radical hysterectomy with pelvic lymphadenectomy, If ovary is normal, ovary should be reserved.

(ii).radiotherapy:

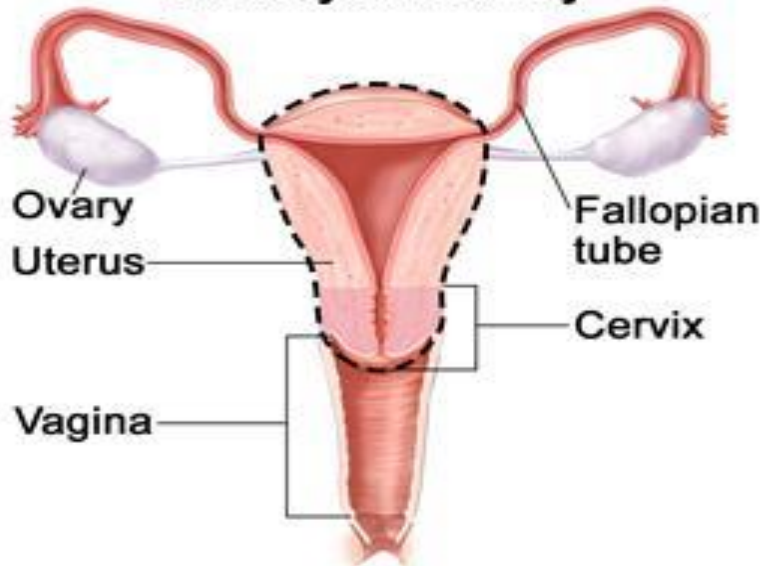
intracavity irradiation , extrinsic irradiation

Indication: II b late stage, III, IV;

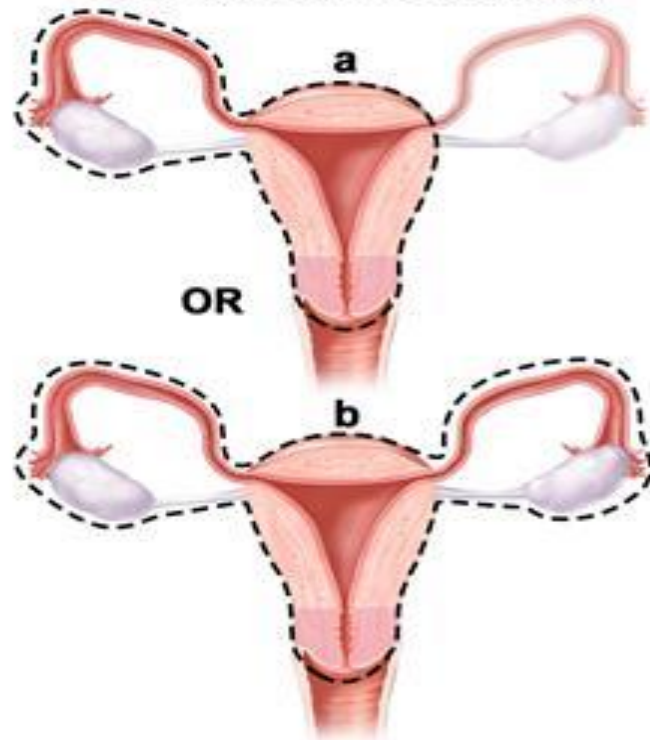
can not endure operation



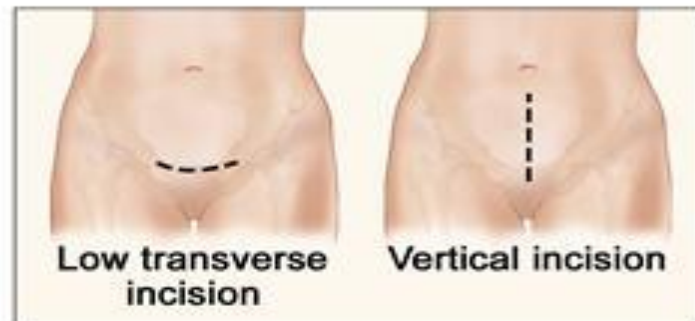
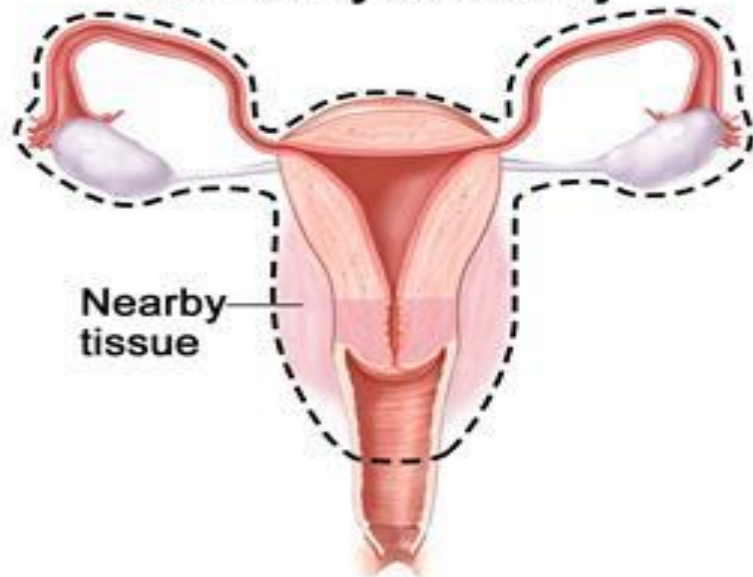
### Total hysterectomy



### Total hysterectomy with salpingo-oophorectomy



### Radical hysterectomy



# Management

(iii).comprehensive treatment of operation and radiotherapy:

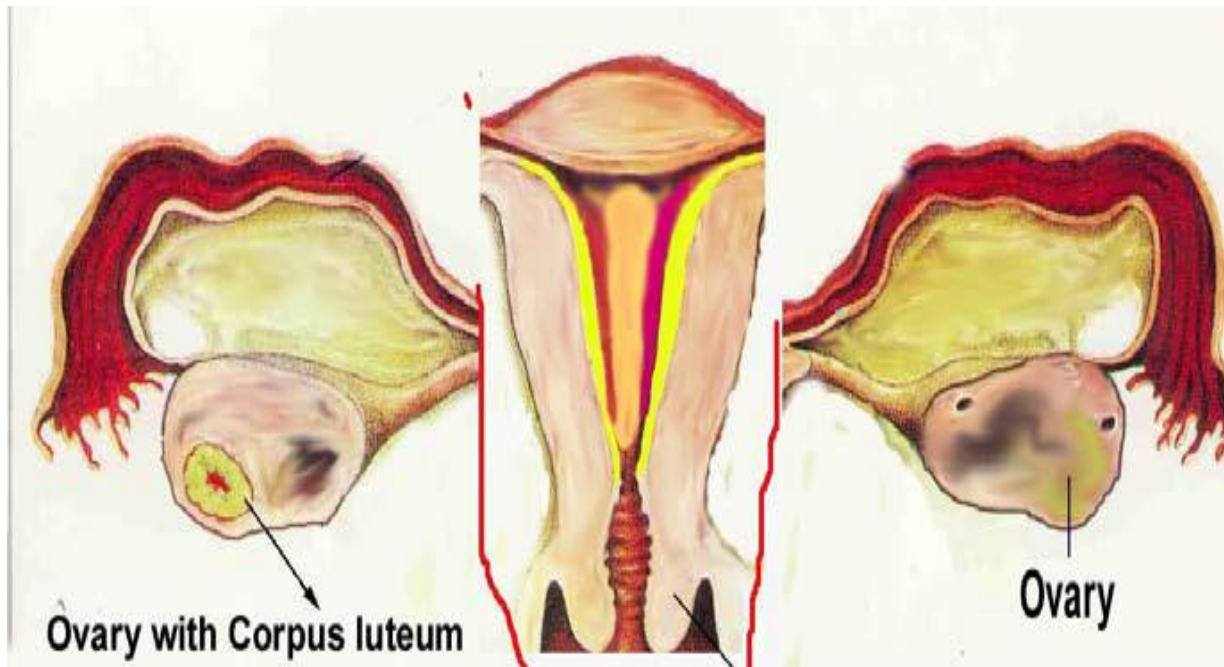
Preoperation radiation:locally advanced cervical cancer

Postoperation radiation:If there is lymph nodes , or parametrial involvement

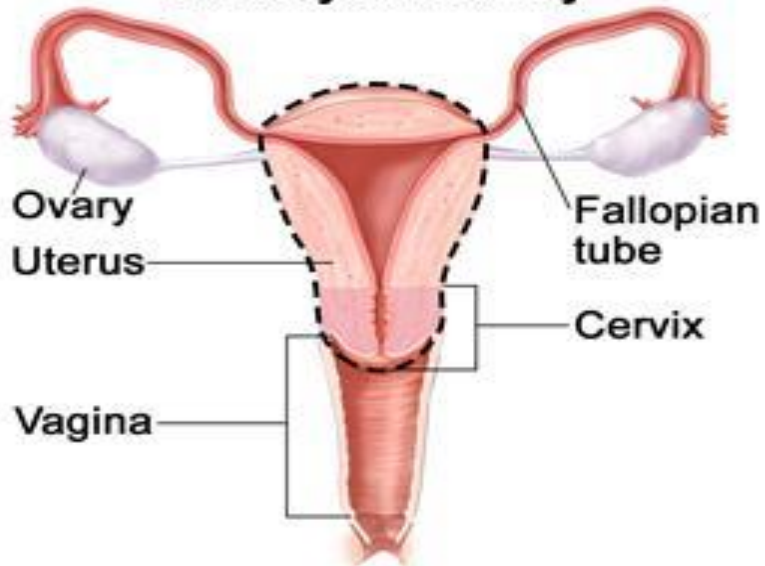
(iv).chemotherapy:TP

Indication: late stage or recurrent cervical cancer,

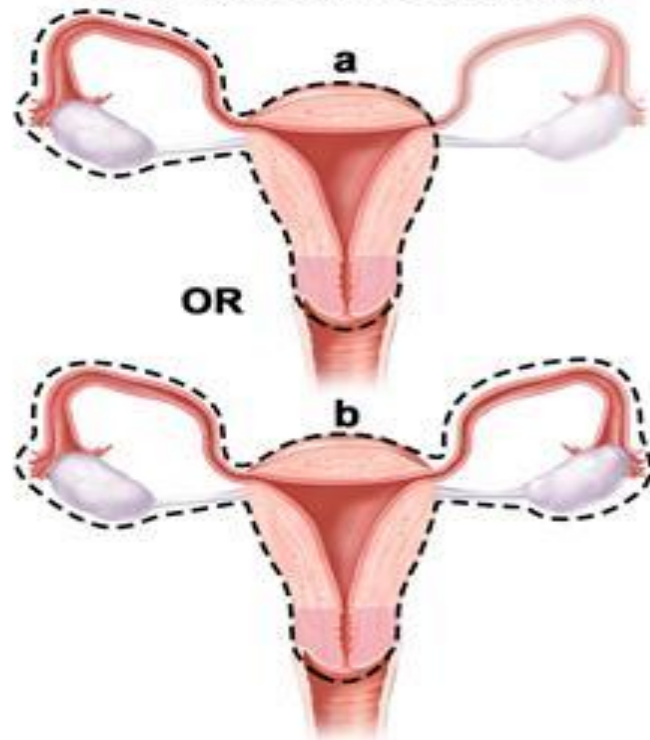
# Evolution of treatment



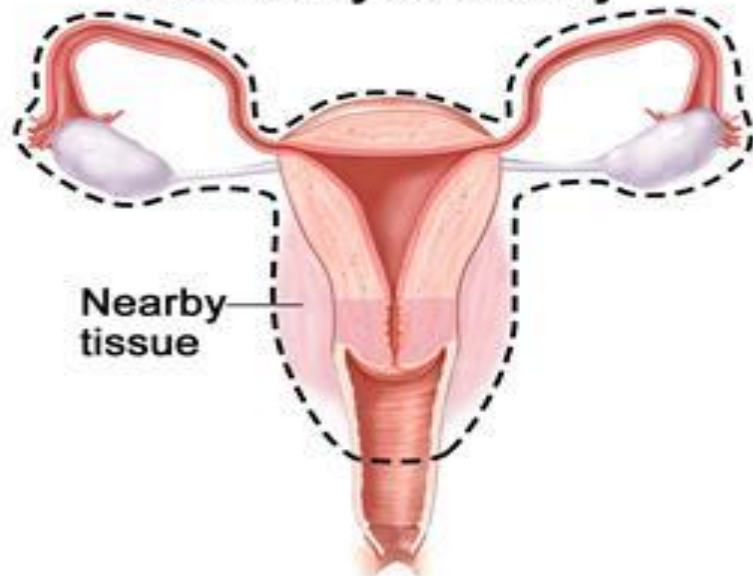
### Total hysterectomy



### Total hysterectomy with salpingo-oophorectomy

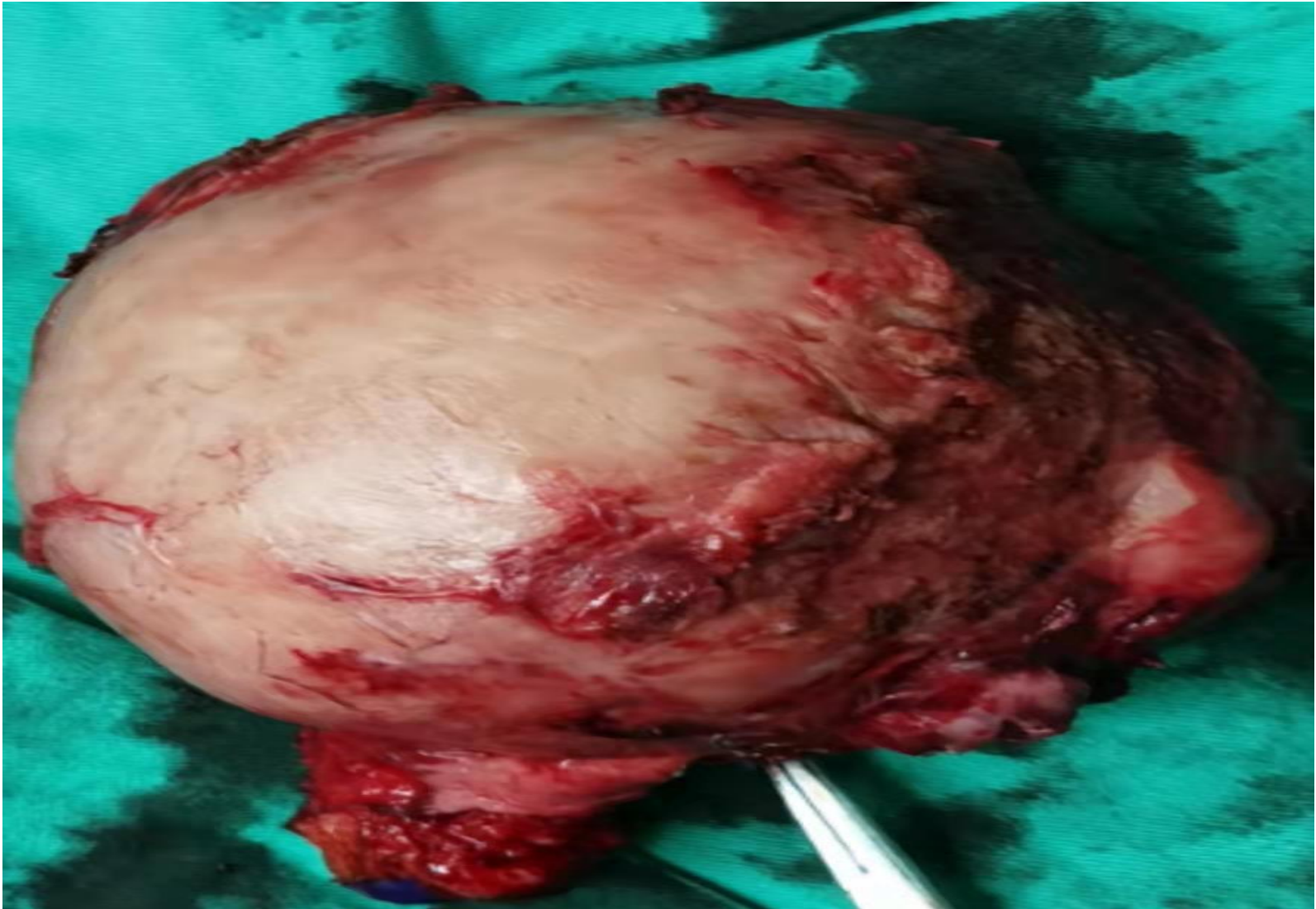


### Radical hysterectomy

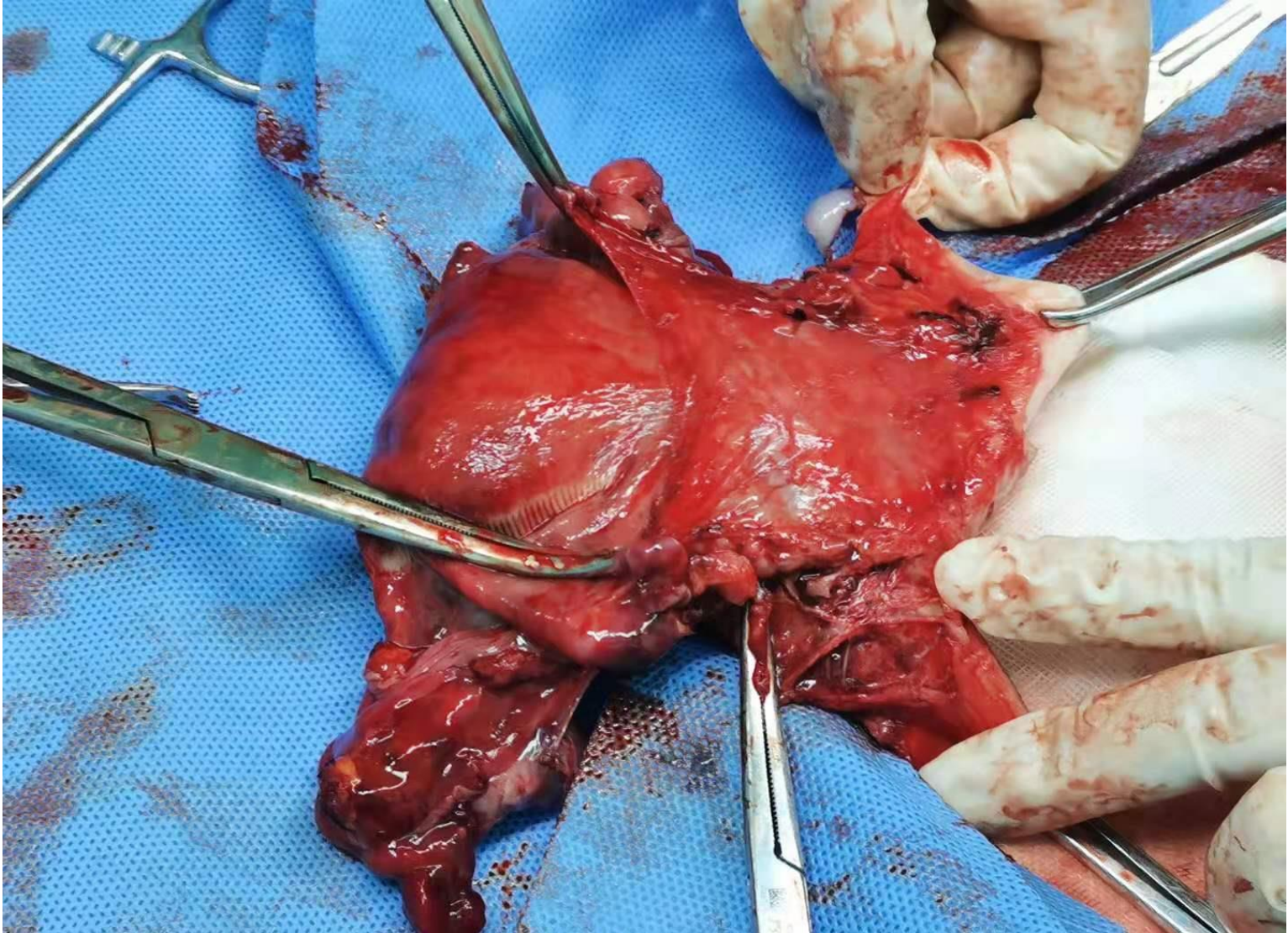




# Total hysterectomy

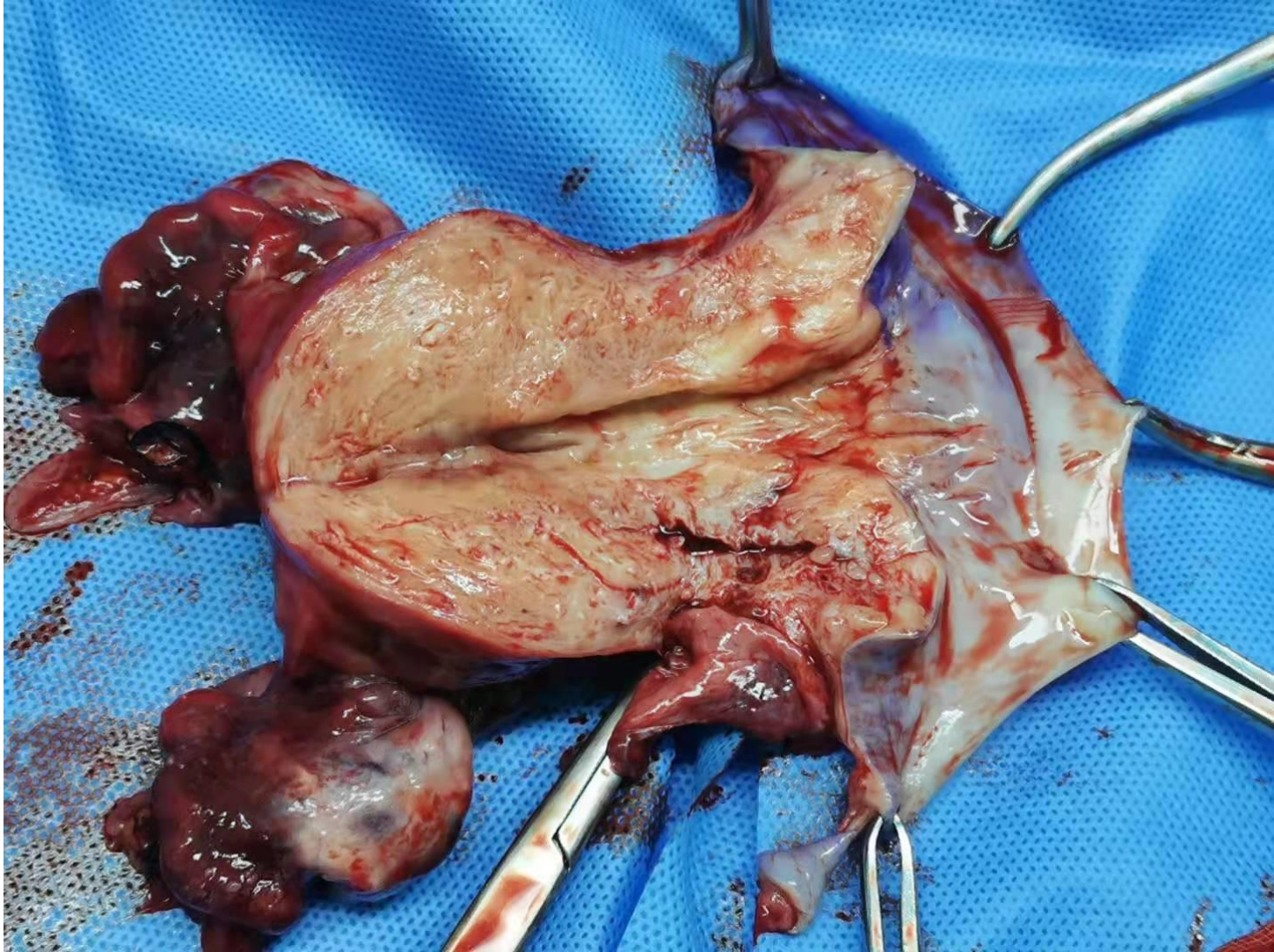


# Radical hysterectomy

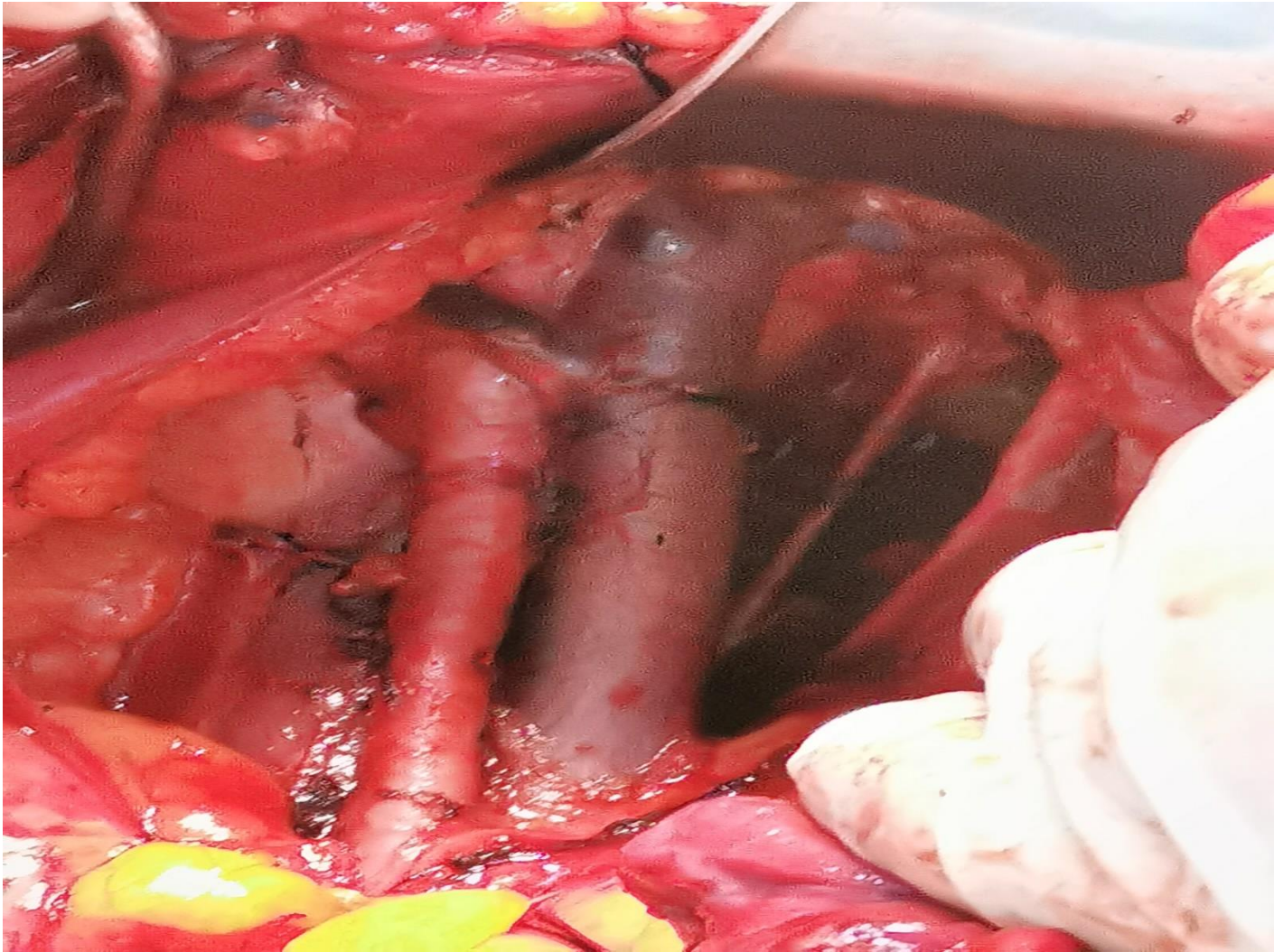




# Radical hysterectomy



# Pelvic lymphadenectomy





# Follow up

The first follow up is in 1 month after discharge, then once a time every 2~3 month within 1 year. in the second year once a time every 3~6 month. during 3~5 years after discharge once a time each year, The contents of the follow up include clinical examination, regular chest X-ray and blood RT HPV TCT SCC

奉献

博爱

人道

Thank you

谢谢

Thank you

