

Treating Cervical Cancer While Preserving Pregnancy

A Multidisciplinary Challenge

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CERVICAL CANCER AND PREGNANCY

Cervical cancer is the most common gynecological malignancy diagnosed during **pregnancy**. Its management poses significant clinical and ethical challenges, requiring a balance between optimal **maternal treatment and fetal well-being**.

We report a **rare case of cervical cancer diagnosed during pregnancy**, managed with neoadjuvant chemotherapy to allow continuation of gestation.

CLINICAL CASE

We describe the case of a **37-year-old Angolan pregnant woman (G5P3)** with no relevant medical history, who presented in the first trimester with **recurrent vaginal bleeding**.

A **4-cm exophytic cervical lesion** was identified. She had never participated in an organized cervical cancer screening program. Cervical biopsy and co-testing revealed **HPV-16 infection and high-grade squamous intraepithelial lesion (HSIL, CIN 3)**.

Due to colpo-histological discrepancy, an extended biopsy was performed at 18 weeks of gestation, confirming **invasive squamous cell carcinoma** of the cervix. Pelvic MRI showed findings consistent with **FIGO stage IB2 disease**.

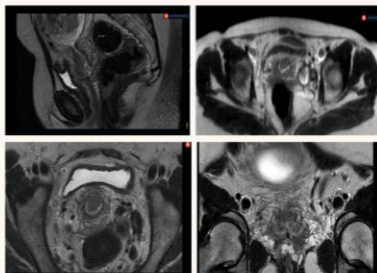


Fig 1. MRI-TAP identifies an expansive/neoepithelial lesion measuring 30 × 20 × 19 mm, with no invasion of the parametria or extension to the vaginal vault, and no lymphadenopathy with pathological characteristics in the pelvic chains (stage IB2).

After multidisciplinary discussion in Gynecologic Oncology and considering the patient's **strong desire to preserve the pregnancy**, **neoadjuvant chemotherapy** with carboplatin every 3 weeks and weekly paclitaxel was initiated, with planned **postpartum restaging**.

The pregnancy progressed without complications. An **elective cesarean section** was performed at **34 weeks** of gestation following fetal lung maturation, resulting in the delivery of a healthy newborn weighing 2145 g, with Apgar scores of 8, 9, and 10.

Postpartum pelvic MRI demonstrated stable disease. Two months after delivery, the patient underwent a **radical hysterectomy (Wertheim-Meigs procedure)** without complications.

She remains in good general condition and under regular oncologic follow-up, with **no evidence of recurrence, two years after diagnosis**.

CONCLUSIONS

This case highlights the **importance of a multidisciplinary, individualized approach to cervical cancer diagnosed during pregnancy**. Treatment decisions should take into account **tumor stage, gestational age, and, critically, the patient's wishes regarding pregnancy continuation**. Neoadjuvant chemotherapy can be a safe and effective option in selected cases, allowing fetal maturity while maintaining oncologic control.

Bibliography:

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