

Mucinous adenocarcinoma of the cervix: Series of 75 cases

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OBJECTIVES

The aim of this study was to describe the prevalence, form of diagnosis, patient's characteristics, clinical stage at diagnosis, treatment implemented, disease-free interval and overall survival of women with mucinous adenocarcinoma of the cervix.

METHODS

We retrospectively analyzed medical records of the National Cancer Institute patients, whose histopathological material confirmed mucinous adenocarcinoma of the cervix. The evaluation period was from 01/01/1996 to 01/01/2011, with a total of 75 cases. The FIGO staging was applied. Type of radiation and chemotherapeutic agents used were not individualized. Individual characteristics of patients who were taken into account were: age, race, pregnancies and parity, menarche, first sexual intercourse, menopause, smoking, alcohol use, contraceptive use and the history of personal and family cancer. The survival interval was considered from the date of the diagnosis up to the last medical consultation or until the death registration.

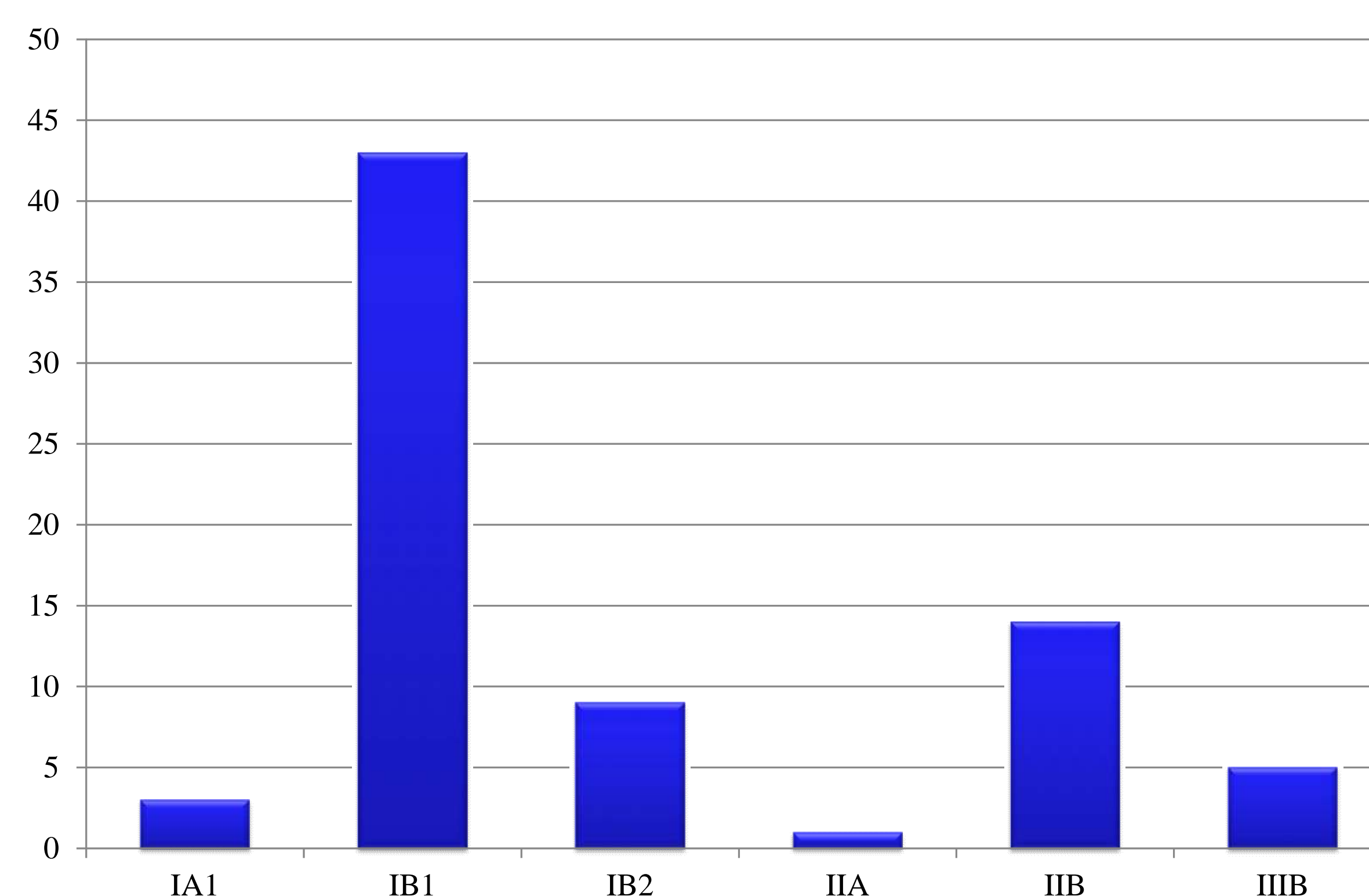
RESULTS

The study included 75 patients, 29 to 82 years of age (median 50 years). One black woman, 46 white and 28 dark women. The prevalence of smoking and alcohol consumption were respectively 13/75 and 9/75. The staging at diagnosis was IA1 (3 / 75), IB1 (43/75), IB2 (9 / 75), IIA (1/75), IIB (5/75) and IIIB (14/75). The median survival time was 37 months.

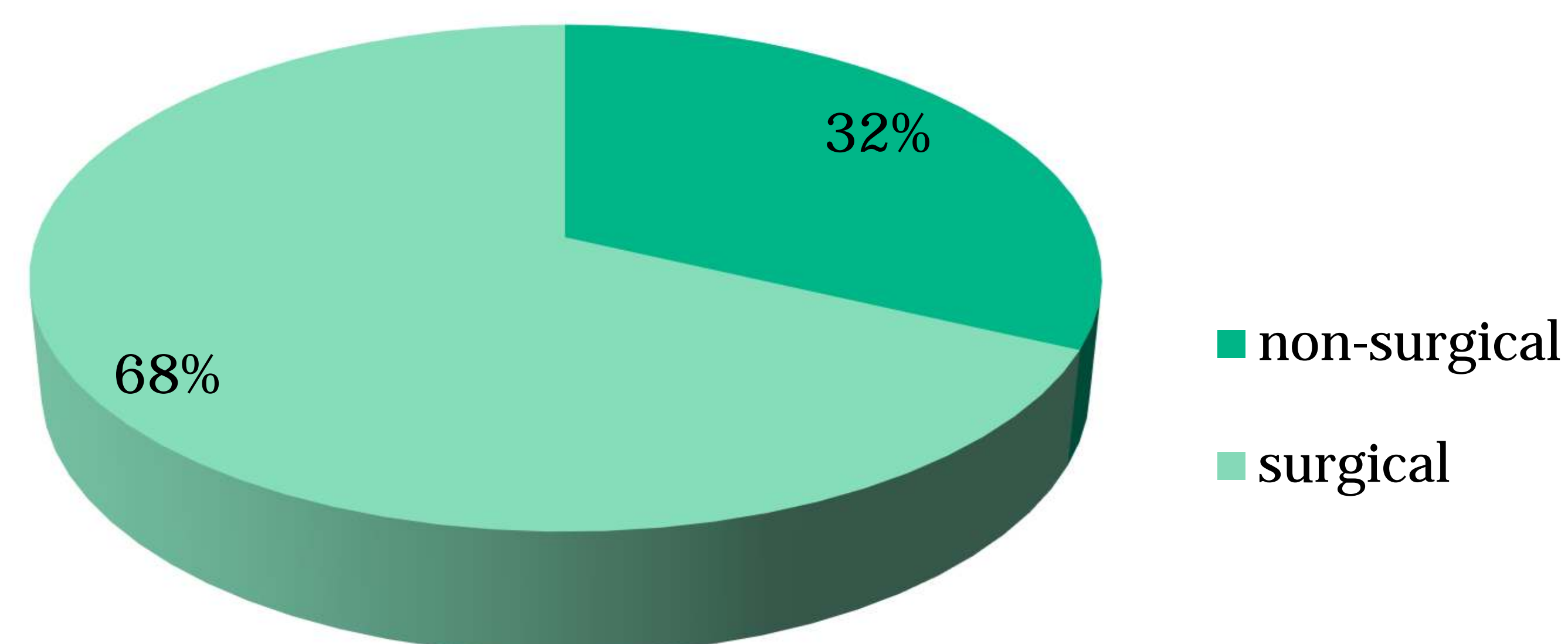
CONCLUSION

Adenocarcinoma of the cervix represents 20-25% of cervical cancers in developed countries and is strongly associated with oral contraceptive use. Contrary to what is observed in most publications, in our study, patients who did not use of oral contraceptives were the majority. The mucinous subtype is the most common adenocarcinoma of the cervix, yet it's frequency is still much smaller than of the squamous cell carcinoma. Due to the rarity of this subtype, it is difficult to plan large prospective studies. Since most patientes were early diagnosed in our study, most cases were submitted to surgical treatment, and radical hysterectomy was the treatment of choice. The disease-free interval for those patients was 22 months with an overall survival of 37 months, values that reflect the bad prognosis of the disease, even when diagnosed in early stage and treated radically. Further studies with a larger sample are needed to evaluate this tumor type and from there, draw the best prevention and treatment.

STAGING



TREATMENT



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