

Clinical Echocolpocscopy Features Of Cervical Cancer

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Abstract

In recent years, doctors of ultrasonic diagnostics and cancers began to pay attention to the possibility to obtain information about the status of the cervix, especially with the aim of assessing the prevalence of tumor process, which is especially important in planning treatment. However, the information to date is fragmented and based on a small number of publications. However, to date not clearly developed sonographic criteria for cervical cancer, given the clinical course of the disease and possibilities of modern digital (digital) ultrasonic equipment, transvaginally, color echocardiography to better identify cervical pathology, which will improve timely, differential, and clarifying the diagnosis of cervical cancer.

Keywords: Echocolcoscopy, cervical cancer, a comprehensive clinical, laboratory,

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ultrasonic, and morphological study

Introduction

It is no secret that women with malignant tumors of the cervix are received in specialized Oncology institutions in more than 60% of cases in advanced stages of tumor process, which is reflected in the unsatisfactory results of treatment, survival, and mortality. (Bohman Y. V.,1989). In this regard, the timely diagnosis of cervical cancer is an actual problem of modern Oncology. Currently, the diagnosis of cervical cancer is carried out comprehensively with the use of clinical, instrumental, and laboratory methods of research. Among them the special role of ultrasound diagnostics. The method has a number of advantages: high in formativeness, not invasiveness, safety, reusability, and holding under his control invasive procedures, allows the differential diagnosis between malignant, benign, and non-neoplastic diseases of the uterus, to assess the local, regional and overall prevalence of malignancy [4,5,8]. Until recently, most publications were focused on the possibilities of two-dimensional percutaneous (transabdominal) ultrasound in the diagnosis of neoplastic and non-neoplastic diseases of the genitals in women.

They are quite detailed and describes the sonographic characteristics of benign, non-neoplastic diseases of the uterus, appendages that allowed differential and clarifying the diagnosis of these diseases. The development of modern technologies of ultrasound diagnostics enabled the adoption of methods intracavitary (vaginal) ultrasound, which turned out to be more informative in women with severe subcutaneous fat of the anterior abdominal wall, with small-sized tumors of the organs of the genitalia. At the same time, the method transvaginal ethnography has its drawbacks. The method turned out to be less informative with large tumor conglomerates occupying the small pelvis [1,4,5], this showed the feasibility of the integrated use of percutaneous (transabdominal) and transvaginal ultrasound imaging.

In recent years, methods for contrasting ultrasound of the uterus continue to develop, providing an assessment of the state of the uterine cavity in hyperplastic processes and endometrial cancer. Until recently, literary sources testified to the low informative value of ultrasound in the diagnosis of cervical pathology, including cervical cancer. However, publications of recent years indicate a high information content of ultrasound in assessing the degree of the local and general prevalence of cervical cancer [1,4].

Materials And Methods

In this regard, we examined clinical and sonographic features of cervical cancer in 115 patients at the age of 21 to 70 years. According to the International classification TNM (who,1998). T1bN0M0 stage cervical cancer was diagnosed in 4(3,4%) patients; T2aN0M0 - in 17 (14.8%), T2bN0M0 - 44(38,3%) patients, T3aN0M0;T3N1M0 stage 21(18,3%), T3bN0M0;T3bN1M0 -y23(20,0%) patients, and T4N0M0;T4N0M1; T4N1M1 стадия diagnosed in 6 (5,2%) patients. In all patients, the diagnosis was verified morphologically.

Results And Discussion

Analysis of the results of complex examination allowed to reveal that 25(21,7%) patients with cervical cancer at admission he complained of the presence of watery discharge from the genital tract, 87(75,7%) patients had bleeding, 24 (20,9%) - pin 11 (9,6%) stated that, acyclic bleeding. Most patients complained of weakness, malaise, pain in the abdomen, and lumbar region. 55(47,8%) patients noted the development of the disease in the last 6 months. 32 (27,8%) – during the year, the remaining 28(24,4 %) patients in terms of more than a year. Only 14(12.2 percent) patients of cervical cancer were in menopause within 1-5 years or more.

Gynecological examination at 111 (96.5 percent) of patients had an increase in the size of the cervix due to the presence of a tumor of large size, with helophytic growth form tumors occurred in 55(47,8%) patients, in 44(38.3 percent) - entophytic form, of these, 11 (25,0%) patients the cervix was almost completely destroyed by the tumor, in 16(13.9 percent) diagnosed with a mixed form of growth of cervical cancer. In 44(38.3 percent) patients had parametrical infiltration not extending to pelvic bones with two sides, at 23(20,0%)- reaching to the bones of the pelvis with one hand. In 2(1.7%) patients showed signs of tumor invasion into the bladder. Signs of enlarged lymph nodes in the pelvis were in 2 (1.7%) patients with an abdominal-vaginal examination, in 2 (1.7%) signs of tumor invasion of the cervix into the rectum with the rectal abdominal murine study. However, the clinical and bimanual studies have not yielded satisfactory data on tumors of the cervix, the extent of the local and systemic dissemination of tumor process, that have been supplemented with data from other research methods (cystoscopy, barium enema, rentgenografija, CT, etc.), as well as comprehensive ultrasound examination.

Analysis of the results of complex ultrasound studies has shown that cervical cancer is typically a combination of direct and indirect sonographic signs. Direct signs directly caused by tumor formation of cervical cancer, and indirect - the spread of a tumor to nearby tissues and organs, as well as metastatic lesions of other organs and tissues.

The frequency of direct and indirect sonographic signs of cervical cancer are presented in table 1 and 2

Table 1

Frequency of direct sonographic signs of cervical cancer (p-115)

	Sonographic signs	Number of patients	M+m %
1	Size of the cervix		
	Enlarged	111	96,5±1,6
	Not increased	4	4,5 ±1,6

2	Contours of the cervix flat uneven clear fuzzy	4 111 4 111	3,4 ±1,6 96,6± 1,7 3,4 ±1,6 96,6±1,7
3	Cervix shape Right Wrong	4 111	3,5 ± 1,7 96,5± 1,7
4	Tumor localization Along the front wall Along the back wall On the front and back of the cervix	43 37 35	37,4 ± 4,1 32,2 ±4.1 30,4 ±4,4
5	Tumor structure Homogeneous Heterogeneous	41 74	35,7 ± 4,46 64,3 ±4,46
6	The echogenicity of the tumor Hypoechoic Hyperechogenic Mixed	103 3 9	89,6 ±2,62 2,6 ±2,6 7,8 ±3,9
7	Cervical canal Is being visualized not visualized thickened deformed expanded	105 10 88 72 10	91,3 ± 2,62 8,7 ± 2,6 76,5 ± 3,9 62,6 ±4,5 8,7 ±2,6

As can be seen in table 4.5. Cervical cancer echographically was characterized by an increase in its size in 96.5% of cases. The size of the cervix ranged from 42 x 39 x 47 mm to 97x 71 x 83 mm. Moreover, the contours of the cervix were often uneven (96,6%), fuzzy (96,6%), and wrong (96.5%). Two-dimensional ultrasound allowed us to determine the localization of the neoplastic process of the uterine cervix. And this was possible with greater certainty to say when combined percutaneous and transvaginal ultrasound. So cervical cancer tumor was localized on the anterior wall in 37.4 % cases, rear - 32.2% on the front and back wall - at 30.4%. Moreover, the more was the size of the tumor, and

the distribution process occupies a large area and volume of the cervix.

In 4 (3,5%) patients with stage 1B cervical cancer, echographically hotbed of the tumor was better visualized with transvaginal echography in the form of a lesion of low echogenicity. A tumor with cervical cancer was more often hypoechoic (89,6%), heterogeneous in structure (64.3 percent). Two-dimensional ultrasound allowed us to assess the condition of the cervical canal. So in 91,3% of cases, the cervical canal was visualized clearly throughout, and in 76,5% - it was unevenly thickened. Its thickness ranged from 6-12 mm with the strain (62.6 percent) and parts of the seal and expansion.

To illustrate the following clinical observation.

Sick Timofeeva O. I., 35 years old (history of the disease 639) admitted to the Department of Gynecological Oncology of the Andijan branch of the Republican scientific-practical medical specialized Oncology center with complaints of bloody discharge from the genital tract, lower abdominal pain.

From the anamnesis: considers himself sick for 3 years, received treatment on the inflammatory process appendages and STIs (sexually transmitted infections). Six months ago in a private clinic removes a polyp of the cervix, after which at this place formed an ulcer.

The words of the patient, the heredity are not burdened, bad habits deny. Pregnancies were 2, delivery-1, abortion-1. Appealed to the Tashkent region ontological dispensary for examination and treatment. On examination, the patient's condition is satisfactory. Of the internal organs, pathology was not determined. During the inspection of the external genitals are developed correctly.

In the mirrors cervix cylindrical shape, deformed by the presence of education located on the front lip size 2,5x3 cm, with a flat surface. The vaginal mucosa is pale pink. Watery discharge.

When vaginal study (PVS) the body of the uterus of normal sizes, dense consistency, without pain. The cervix is enlarged, deformed, dense consistency. Marked shortening of the arches to the right with parametrical infiltration not extending to pelvic bones. The parameters left free.

X-rays from 02.03.20 - from the lungs and heart revealed no pathology. SCC -0,28 mg/l at norm(0,16-1,5). Ultrasound from 02.03.20. The liver is located in the right upper quadrant; its size is not enlarged. The contours of the liver are smooth, clear. The angle of the right lobe is less than 75*, left -45*. The structure of the liver is homogeneous. The vessels are viewed all over. The diameter of the portal vein 11 mm. The diameter of the common bile duct is 4 mm. the Gall-bladder oval-shaped, walls smooth, clear, thickness-2 mm, Content homogeneous.

Kidneys - located in a typical place, the size of both kidneys was normal. Parenchyma and CHLS were unchanged.

In the pelvis behind the bladder visualized the uterus in position

anteflexion-versio, size 60x47x58 mm, the contours of the body of the uterus is a smooth, clear structure of the myometrium homogeneous, endometrial 4 mm, homogeneous (1 phase). Cervix size 56x42-51 mm, with irregular, indistinct contours, the deformed, the structure is heterogeneous. On the anterior wall of the cervix is determined by education low echogenicity, without clear contours. The cervical canal is misshapen, uneven, thickened to 7mm. (Fig.4.6.) The appendages on the right -

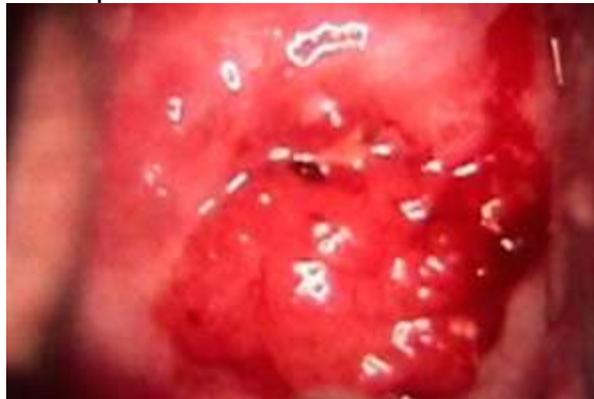
30x25x28 mm, left – 29x 26x30 mm cavity turning diameters of 10 mm. Inguinal / iliac lymph nodes were not visualized.

Conclusion

According to the ultrasound pattern typical of disease of the cervix. Cr. Colli uteri. Patients underwent a morphological examination of the tumor of the cervix, histology from 7.03.05.- keratinized squamous cell cervical cancer. Conducted laboratory research methods. General analysis of blood (from 02.03.05.) Hb-90 g/l, er. - $3.1 \times 10^{12}/l$, CPU - 0, 9. leukocytes $4.8 \times 10^9/l$, platelets - $236.8 \times 10^9/l$, ESR - 44 mm/ h.

Urinalysis (from 02.03.05.) protein – 0,033 %, leukocytes 16-20 insight. Blood biochemical parameters in the norm.

A comprehensive clinical, laboratory, ultrasonic, and morphological study has allowed establishing the diagnosis of Cr Colli uteri, T2 N0M0 stage II, clinical group II. In colposcopy: the Tumor has a heterogeneous texture, visibly its growth over the mucosa. The surface growths bumpy, juicy, bleeding. Pathology painted red through her translucent blood vessels. In some parts of the external OS visible white-yellow the sores.



1. Colposcopic picture of cervical cancer
A sick planned course of combined radiation treatment.

Acknowledgment

As can be seen from the observations of clinical examination supplemented with two-dimensional echocardiography has allowed more detail to determine the localization of the tumor process, to assess the state of nearby organs and tissues that formed the basis for selecting the correct tactics of treatment. Analysis of the results of complex ultrasound studies has shown that cervical cancer is typically a combination of direct and indirect sonographic signs. Direct signs directly caused by tumor formation of cervical cancer, and indirect - the spread of the tumor to nearby tissues and organs, as well as metastatic lesions of other organs and tissues.

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