Small Cell Neuroendocrine Carcinoma of the Uterine Cervix

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Small cell neuroendocrine carcinoma (SCNEC) of the uterine cervix is a rare finding representing 2%–5% of all cervical malignancies. The natural history of this disease differs from the more commonly seen squamous cell or adenocarcinoma of the cervix. Patients diagnosed with SCNEC are more likely to have lymph node metastases and lymphovascular space invasion, and their clinical course is frequently marked by local and distant failure.

Objective

We intend to expose through four cases of SCNEC of the cervix the peculiar therapeutic and prognostic aspects of this type of cervix tumours.

Materials

Case 1: a 42 years old patient diagnosed with a stage IIIB tumour of the uterine cervix. The morphological and immunohistochemical study retained the diagnosis of SCNEC. A radiologic examination revealed no metastasis. The patient received a radiotherapy (46 Gy) associated with Etoposide and Cisplatin based concomitant chemotherapy followed by brachytherapy (24 Gy). 7 months later, we discovered an adenocarcinoma of the pancreas as well as hepatic and adrenal glands metastases. She received a palliative chemotherapy (Gemcitabine) and died 5 months later.

Case 2: A 40-year-old woman was admitted for an uterine cervix tumour stage IIIB. Based on morphological and immunohistochemical findings, the histologic diagnosis was consistent with SCNEC. The therapeutic approach was based on the concomitant radio chemotherapy. She died 5 months after the end of the treatment.

Case 3: A case of SCNEC stage IV of uterine cervix diagnosed at a 75-year-old patient. She reported a history of post menopausal metrorrhagia and haemoptysis during the 4 last months.
A radiological examination revealed a lung and hepatic metastases. The patient received one cycle of Etoposide and Cisplatin based palliative chemotherapy and died 1 month later.

Conclusion

The cervical location of SCNEC is rare. Despite aggressive locoregional treatment with surgery and/or radiation therapy, relapse is common and adjuvant systemic chemotherapy is generally recommended. However, most patients develop metastatic disease and the prognosis is poor.