Primary Adenocarcinoma of the Uterine Cervix: Changing Clinical Profile

Pralhad Kushhtagi, MBBS, MD, DipNB and Kuntal Rao, MBBS, MD
Department of Obstetrics and Gynaecology, Kasturba Medical College, Manipal 576119, Karnataka, India

EDITORIAL COMMENT: The authors of this paper agreed to present their data concerning the changing incidence of primary adenocarcinoma of the cervix in an Indian centre as a summarized report. The interval of follow-up (6 months) is short but the numbers of patients studied are large. There has been an increase in the number and percentage of cervical adenocarcinomas in this series; follow-up at 6 months suggests that prognosis is worse in women with adenocarcinoma compared to those with squamous cell carcinoma of the cervix.

Periodic evaluation of behaviour of any malignant neoplasm is important, particularly if the neoplasm is not common and if large experience is not easily accumulated. Primary adenocarcinoma of uterine cervix, although the second most common histological variety of cervical malignancy is relatively uncommon when compared to the squamous cell type.

Between January, 1984 and December, 1988 we had 31 patients with a diagnosis of primary invasive cervical adenocarcinoma at our Institute. Attention was paid to differentiating the cases from the endometrial tumours. The overall incidence of adenocarcinoma in the above period (5.2%) compared to the proportion of cases in the preceding 5 years i.e. 1979 to 1983 (1) showed a significant increase (table 1). Such a trend could be explained by a diminishing frequency of squamous carcinoma resulting from cytoscoping (2,3), but this does not seem to be the explanation at this Institute. Shingleton et al (4) could not attribute an increase in their series to such an effect and concluded that the rise was actual and not relative. The suggestion has been made that oral contraceptives may have some aetiological significance (5). Unfortunately, data regarding hormonal use are lacking in our study.

Many authors have reported higher mean age in adenocarcinoma patients (6-8), and greater frequency of nulligravity and nulliparity (7,9,10) than in squamous carcinoma patients, but we could not find significant differences in patients' age and parity at admission with 2 histological types in our study.

The interesting point in our series was that 6 of 31 patients with adenocarcinoma (19.4%) had early disease i.e. stage 1 plus 2A, and 3 of them were diagnosed after hysterectomy done for abnormal uterine bleeding with no obvious cervical lesion and negative fractional curettage. Conversely in patients with squamous cervical carcinoma only 11.7% (63 of 538) had early disease. The adenocarcinoma patients with early disease were significantly younger than those with late disease (41.83 SD 2.64 and 53.96 SD 10.33 years, t-test, p < 0.001) and also than the patients with early squamous carcinoma (51.45 SD 9.88 years, t-test, p < 0.001).

From the available data, the disease-free status, as early as 6 months after therapy was found to be significantly poorer in adenocarcinoma patients than in squamous carcinoma controls (9/31 versus 9/31). This communication draws attention of clinicians to the importance of thorough examination of patients with abnormal uterine bleeding and to suspect the possibility of adenocarcinoma of the uterine cervix even though the cervix appears normal.

Table 1. Adenocarcinoma Compared to All Cervical Cancers in 2 Time Periods

<table>
<thead>
<tr>
<th>Time period</th>
<th>All cervical cancers</th>
<th>Cervical adenocarcinoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earlier study 1979-1983</td>
<td>380 8.1 2.1</td>
<td></td>
</tr>
<tr>
<td>Present study 1984-1988</td>
<td>599 31 5.2</td>
<td>p &lt; 0.02</td>
</tr>
</tbody>
</table>

References