

The background of the slide is a light gray gradient, decorated with numerous realistic water droplets of various sizes. Some droplets are large and prominent, while others are small and scattered. They are positioned around the text, with some appearing to be on the surface and others slightly above it, creating a sense of depth and texture.

# **CASE REPORT OF A PATIENT WITH COMPRESSIVE URETERAL OBSTRUCTION DUE TO CERVICAL CANCER PELVIC MASS**

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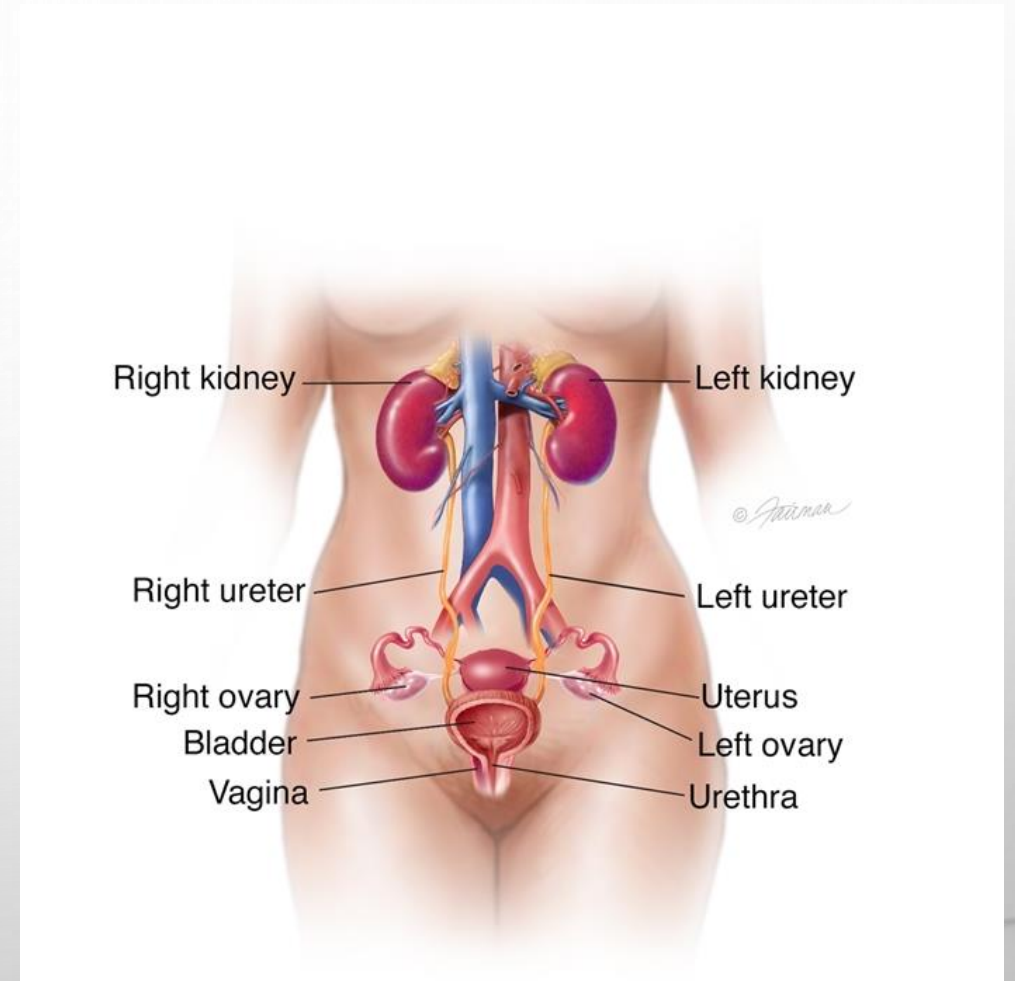
# **INTRODUCTION**

**CERVICAL CANCER IS ONE OF THE LEADING FEMALE MALIGNANT DISEASES WORLDWIDE. DUE TO THE INTRODUCTION OF CERVICAL SCREENING MANY COUNTRIES WITNESSED A DROP IN ADVANCED AND INOPERABLE STAGES. HOWEVER, BESIDE THE REGULAR SCREENING, THERE ARE STILL CASES OF AN ADVANCED INOPERABLE DISEASE THAT RAPIDLY EXPAND AND COMPRESS AND/OR INFILTRATE SURROUNDING TISSUES AND ORGANS IN THE PELVIS. BESIDE THE INTRODUCTION OF NEW TARGET THERAPY, THE EXTERNAL BEAM CONCURRENT RADIOTHERAPY FOLLOWED BY BRACHYTHERAPY IS THE MAINSTAY OF CERVICAL CANCER TREATMENT.**

- PRESENTING A CASE OF 45 YEARS OLD FEMALE PATIENT WITH DIAGNOSED INOPERABLE HPV ASSOCIATED CERVICAL CANCER WITH LOCO-REGIONAL SPREAD IN PELVIS (CLINICAL STAGE IIIB) WITH CONSECUTIVE BILATERAL URETERAL COMPRESSION WHICH RESULTED IN ACUTE RENAL FAILURE. INITIALLY PATIENT WAS WITH UNILATERAL NEPHROSTOMY AND ON CHRONIC HEMODIALYSIS. LABORATORY RESULTS HAD AN ELEVATED LEUCOCYTES ( $22 \times 10^9/L$ ), INCREASED LEVELS OF DEGRADATION PRODUCTS (UREA, CREATININE), AS WELL AS AN INCREASED LEVELS OF GAMMA-GLUTAMYL TRANSFERASE (GGT) ENZYME AND OTHER TRANSAMINASES.**

# OBJECTIVE

**SINCE THERE WERE NO OPTIONS FOR SURGICAL TREATMENT OR SYSTEMIC ONCOLOGICAL TREATMENT, IT WAS DECIDED TO IRRADIATE THE PATIENT AS THE ONLY POSSIBLE CURATIVE METHOD WITH AN AIM FOR EVENTUAL URETERAL DECOMPRESSION AND RESTORING THE KIDNEY FUNCTION. AN INTRA-VENOUS ANTIBIOTIC THERAPY WAS APPLIED WITH MODULATED DOSE AND AN EXTERNAL BEAM RADIATION THERAPY WAS STARTED. IT WAS DECIDED NOT TO GIVE CISPLATIN CONCOMITANTLY WITH THE ONGOING RADIATION TREATMENT, BECAUSE OF BILATERAL RENAL FAILURE AND BECAUSE OF PATIENT DECREASED PERFORMANCE STATUS. STANDARD FRACTIONATION RADIOTHERAPY WAS ADMINISTERED IN 28-DAILY FRACTIONS TILL REACHING 50.4GY WITH ADDED CONSECUTIVE BOOST OF 10GY (TOTAL 60.4GY).**



# **RESULTS/CLINICAL OUTCOME**

**TUMOR INFILTRATED THE WHOLE OF THE UTERUS AND INITIALLY AT THE START OF THE TREATMENT AND IT'S VOLUME MEASURED 640.3CCM. AT THE 17<sup>TH</sup> RADIOTHERAPY FRACTION IT REDUCED TO 548.5CCM. AT THE 27<sup>TH</sup> FRACTION IT MEASURED 342.4CCM, BUT DESPITE THE ALMOST 50% TUMOR REDUCTION, THERE WAS NO VISIBLE URETERAL DECOMPRESSION AND NO CONDITIONS FOR PERFORMING AN INTRACAVITARY BRACHYTHERAPY. THEREFORE, A 5-FRACTION CONSECUTIVE BOOST (TTD=10GY) WAS ADDED. THERE WAS STILL NO SPONTANEOUS URINATION FUNCTION, HOWEVER NEPROSTOMY URINARY ELIMINATION INCREASED, PATIENT CONDITION DURING THE TREATMENT STABILIZED AND PATIENT HAD A REDUCTION IN HEMODIALYSIS DAYS.**

**LABORATORY RESULTS SHOWED A NORMALIZATION OF LEUCOCYTE LEVELS ( $5.54 \times 10^9/L$ ), CREATININE LEVELS DECREASED IN NORMAL RANGE ( $83\mu\text{MOL}$ ), POTASSIUM REDUCED TO ( $4.6\text{MMOL/L}$ ) AND GGT NORMALIZED ( $46\text{U/L}$ ). ON THE FIRST POST-TREATMENT CHECKUP, PATIENT WAS STILL WITH NEPROSTOMY CATHETER, BUT NOT ON HEMODIALYSIS, WHEELCHAIR FREE. VAGINAL SMEAR RESULT WITH NO MALIGNANT TISSUE DETECTED, HOWEVER VAGINAL SWAB TEST SHOWED PRESENCE OF BACTERIA. BECAUSE OF PRESENT NECROSIS A SECOND SMEAR WAS TAKEN. ON THE SECOND CHECKUP, PATIENT STARTED TO URINATE SPONTANEOUSLY AND SECOND VAGINAL SMEAR RESULT SHOWED NO MALIGNANT CELLS PRESENT.**

# CONCLUSION

**IT CAN BE CONCLUDED THAT IN CASES OF HPV ASSOCIATED CERVICAL CANCER TUMORS WITH BILATERAL URETERAL OBSTRUCTION, RADIOTHERAPY CAN BE AN EFFECTIVE DESOPSTRUCTIVE TREATMENT.**

