

## Clear cell adenocarcinoma of the cervix in adolescence: An extremely rare case

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### ABSTRACT

**Introduction:** Clear cell adenocarcinoma of the cervix is uncommon, and occurs in 1% of cervical cancers. Cervical clear cell carcinoma in adolescence is exceedingly rare, less than 50 cases have been reported thus far. It is usually associated with diethylstilbestrol (DES) exposure in-utero, which is not identified in this case. **Case Description:** An 18-year-old sexually naïve girl presented with a 2-year history of vaginal discharge and abnormal uterine bleeding. She noticed some tissue prolapse out of her vagina during exertion occasionally. Transabdominal ultrasound revealed an anteverted uterus with a huge cervical mass measuring 7 x 7 x 7 cm. CT scan revealed no local infiltration or distant metastasis. Examination under anesthesia revealed a cervical growth measuring 3 x 4 cm with thickened left parametrium, conferring to clinical staging FIGO Stage 2B. Cervical biopsy HPE showed cervical clear cell adenocarcinoma. She had no maternal history of DES exposure in-utero, no known medical illness, and does not smoke. She was planned for concurrent chemotherapy and radiotherapy. **Discussion:** Cervical clear cell carcinoma in adolescence is extremely rare and often diagnosed at a later stage. Its etiopathogenesis is unclear and no management guideline is available. It is linked to in-utero DES exposure interfering with the Mullerian duct development. Heavy menses in teenagers is often attributed to the anovulatory cycle and speculum examination is deferred in sexually naïve patients causing a delay in diagnosis. Surgery is deferred in the advanced stage and chemoradiotherapy has many negative impacts on fertility with poorer prognosis. This report increases awareness about cervical cancer in non-DES exposure, sexually naïve adolescents.

## Case report on the conservative management of a prepubertal girl with urethral prolapse

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### ABSTRACT

**Introduction:** Urethral prolapse (UP) is a rare, benign condition that often goes misdiagnosed and mismanaged. It consists of the eversion of the distal urethral mucosa through the outer urethral meatus, leading to vascular obstruction and prolapsed tissue edema. It can be worrying to the parents as it often causes vaginal bleeding. Its cause is still unclear. However, estrogen deficiency may play a role. No investigation is necessary as its diagnosis is essentially clinical. Treatment of urethral prolapse ranges from conservative therapy to various surgical techniques. **Case Description:** A six-year-old girl presented with vaginal bleeding associated with dysuria. There were no other urinary symptoms. Genital examination showed a hyperemic circular mass above the vaginal introitus covering the urinary meatus with a size of 0.5 cm diameter and length with no active bleeding. After confirming the diagnosis of UP, conservative treatment was decided using a daily application of estrogen cream. The examination after 2 months showed normal vaginal mucosa with no evidence of relapse. **Discussion:** UP is a rare condition occurring in prepubertal girls evidenced by a urethral mass and bleeding. Increased physician awareness and early recognition of UP avoids unnecessary examinations and treatment. Conservative management is an effective option. It aims to reduce mucosal oedema, improve local hygiene and counteracts the lack of estrogen by using estrogen cream. This treatment is also effective in reducing patients' and their parents' anxiety. Surgical management can be reserved for failed conservative management.