

Undifferentiated Lymphoepithelial Carcinoma of Cervix: A Rare Case Report

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Abstract

Lymphoepithelial Carcinoma (LEC) is a rare malignancy. It has been diagnosed in head and neck region, but it was extremely rare in the cervix. There are only few case reports describing the cytology and the management of these tumors. In this report, we describe a very rare case of undifferentiated lymphoepithelial carcinoma of cervix in 50-year-old woman.

Keywords Lymphoepithelial carcinoma; Cervix; Management tumors, Post-menopausal bleeding

Introduction

Lymphoepithelial carcinoma (LEC) is not common malignant tumor which composed of undifferentiated malignant epithelial cells associated characteristic lymphoid stroma. This frequently occurred in nasopharynx. Meanwhile, it can also occur in other organs like the salivary glands, particularly the parotid and submandibular glands. It is significantly associated with Epstein-Barr virus (EBV). These tumors mainly affect females in the fifth decade of life.

Case Presentation

A 50-year-old woman presented in our department with 24 months history of post-menopausal bleeding of low abundance and pelvic pain, which was increasing in intensity over 3 months. However, she denied any weight loss, fever or altered urinary or bowel habits.

On physical assessment, she was with good performance status without pallor. Vaginal examination showed an ulcer and budding tumor destroying the cervix and the upper third of vagina.

A cervical biopsy was performed the histological results with immunohistochemistry were in favor of undifferentiated lymphoepithelial carcinoma with the following characteristics.

Evidently malignant tumor characterized by a diffuse cellular layer of carcinomatous element of syncytial appearance with a scanty and badly limited cytoplasm with large vesicular nuclei, prominent nucleoli, and a dense lymphocytic infiltrate in **Figures 1a and 1b**. The results of immunohistochemistry with anti p40 and anti LAC (2B11+ PD7/26-DAKO) were positive in **Figures 1c and 1d**.

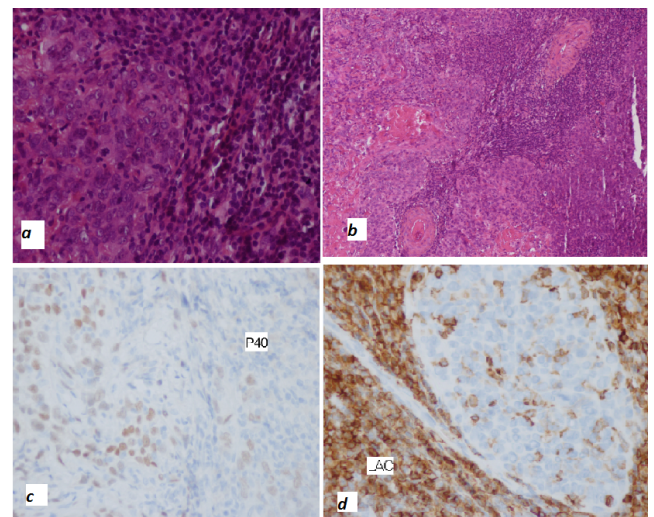


Figure 1 a-b Undifferentiated lymphoepithelial carcinoma with diffuse cellular layer of carcinomatous element of syncytial appearance with a scanty and badly limited cytoplasm, large vesicular nuclei, prominent nucleoli, and a dense lymphocytic infiltrate, c-d results of immunohistochemistry with anti p40 and anti LAC (2B11+ PD7/26-DAKO) positive.

Magnetic Resonance Imaging (MRI) showed a tumor of cervix measuring 30 mm × 22 mm × 20 mm, with evidence of parametrial invasion and clear interface with bladder and rectum (**Figure 2**). She was staging according to the International Federation of Gynecology and Obstetrics staging system 2009 as FIGO IIB. After multidisciplinary board meeting, patient was started on chemoradiation.

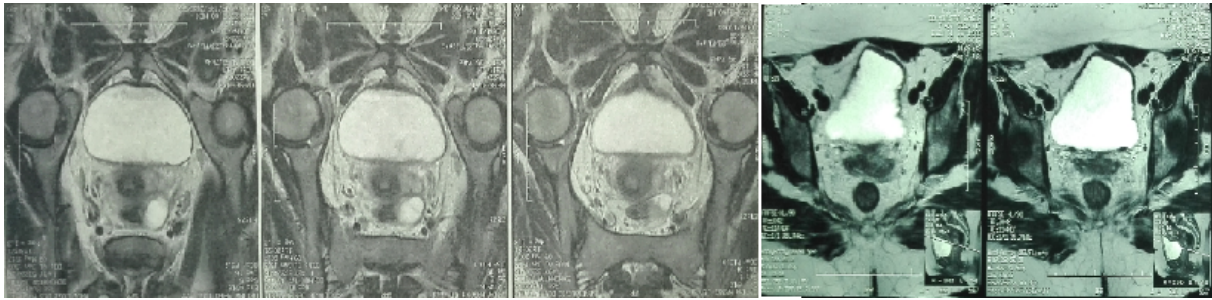


Figure 2 Tumor of cervix measuring 30 mm × 22 mm × 20 mm, with evidence of parametrial invasion and clear interface with bladder and rectum.

Discussion

Lymphoepithelial carcinoma (LEC) is a rare malignancy. Histologically, it is an undifferentiated carcinoma with an intermixed reactive lymphoplasmacytic infiltrate. The World Health Organization (WHO) has defined it as “a poorly differentiated squamous cell carcinoma or histologically undifferentiated carcinoma accompanied by a prominent reactive lymphoplasmacytic infiltrate, morphologically similar to nasopharyngeal carcinoma” [1]. It has been diagnosed in the oral cavity, oropharynx, nasal cavity, paranasal sinuses, salivary gland and in numerous other organs of the head and neck region, but it was extremely rare in the cervix. These tumors are considered to be a rare variant of squamous cell carcinoma (SCC) of the cervix. With an incidence ranging from 0.7% (west) to 5.5% (Asia), However being potentially radiosensitive and having fewer chances of nodal metastasis, they have a better prognosis [2].

Conclusion

There are only few case reports describing the cytology and the management of these tumors. Our case had a classical histopathology of LEC with syncytium of large anaplastic epithelial cells in a background of intense lymphoplasmacytic infiltrate [3,4].

The etiology and pathogenesis of LEC of uterine cervix is still unclear. While the role of EBV has been well established in the LEC of nasopharynx its role in that of cervix is controversial. Tseng et al. suggested EBV as a potential causative agent in 1997 who detected it in 73.3% cases of Asian women [5]. But its role in the western population seems less likely. In contrast, Chao et al. in 2009 suggested that human papilloma virus (HPV) and not EBV is involved in the carcinogenesis of LEC of

the cervix and also that EBV sequences actually exist in the florid inflammatory stromal component of these tumors [6,7].

Mills et al, report in his paper one case was successfully treated with radiation therapy, with 10-year disease-free follow-up [8].

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