34-year-old G0P0 female with 7-month history of pelvic pain and abnormal uterine bleeding.

Amber Wilkes, MS3

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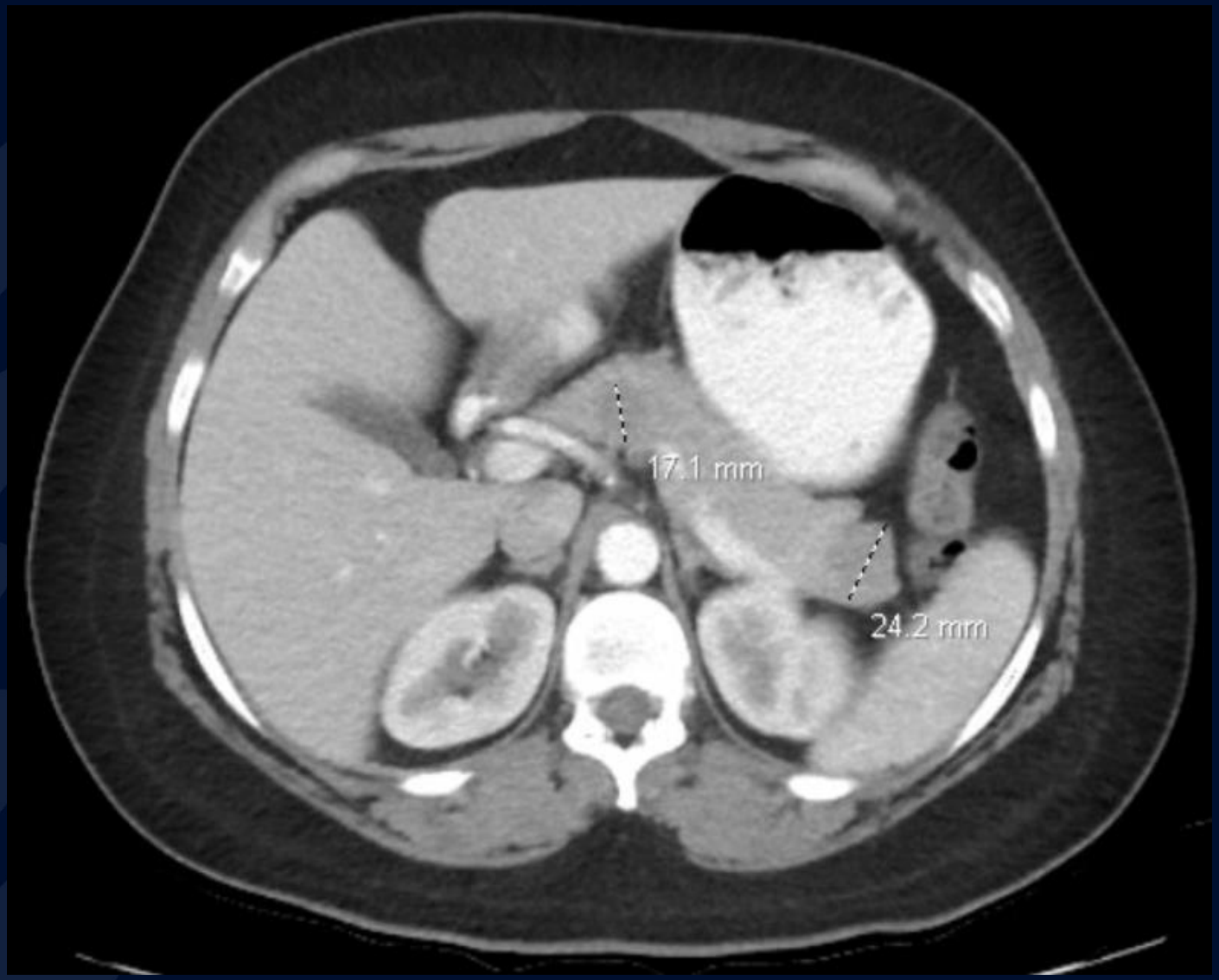
CT IV and Oral Contrast



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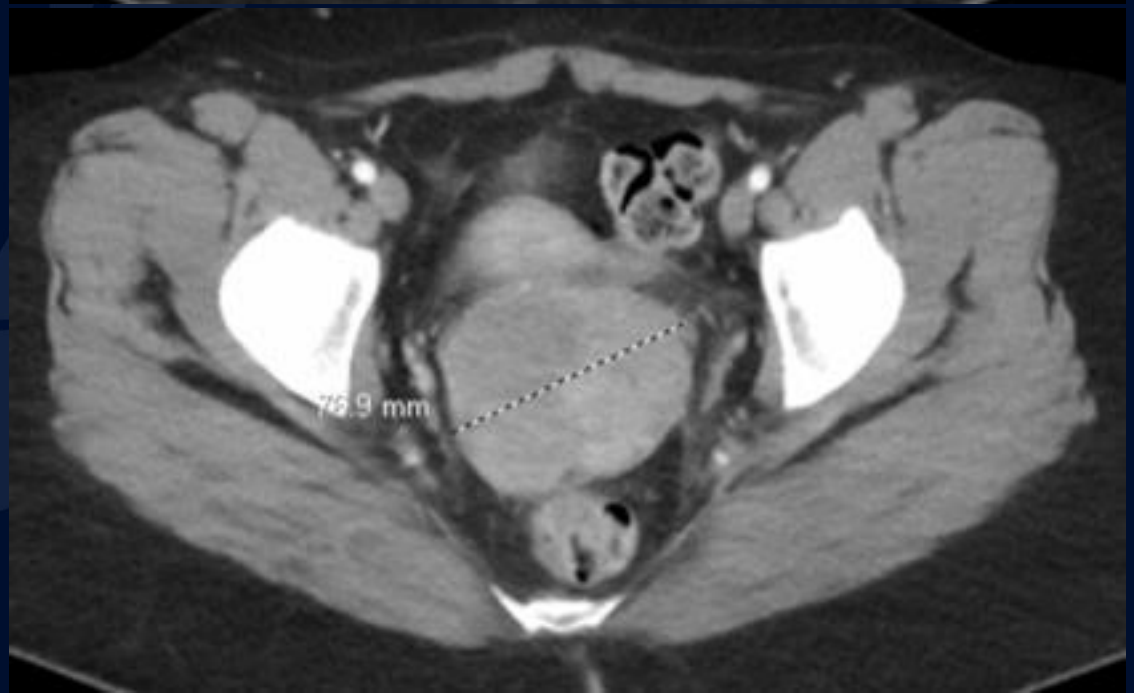
CT IV and Oral contrast



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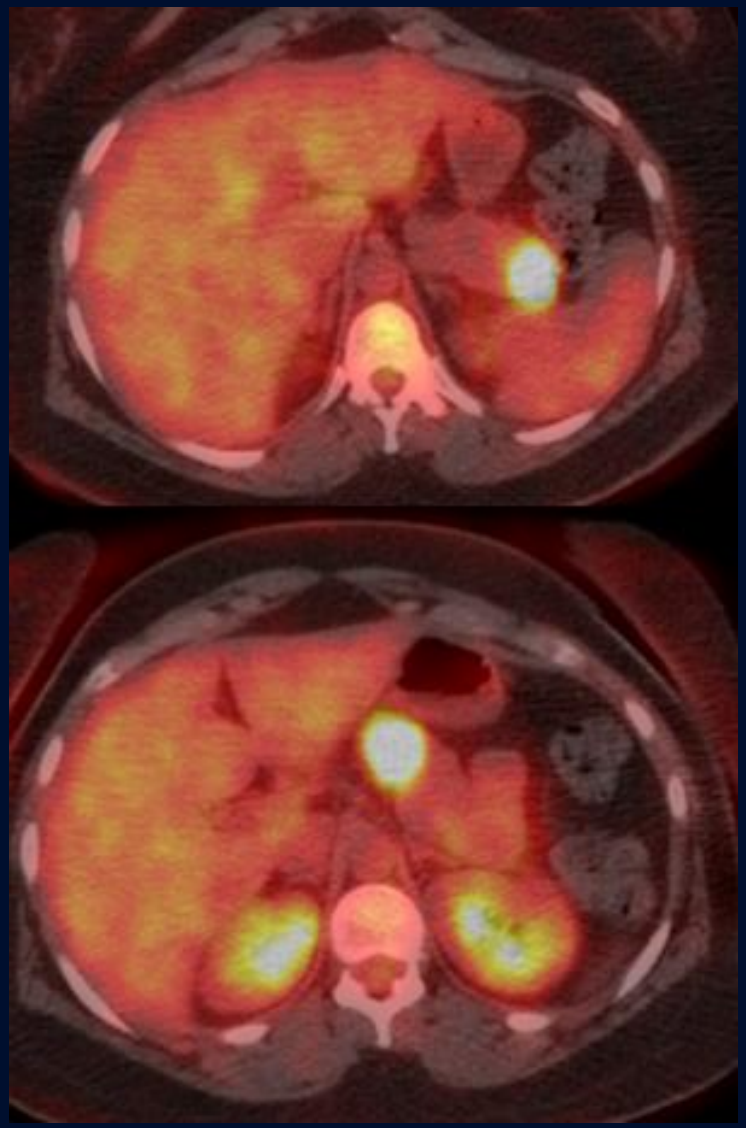
PET CT



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Neuroendocrine Carcinoma of the Cervix with Pancreatic Metastases

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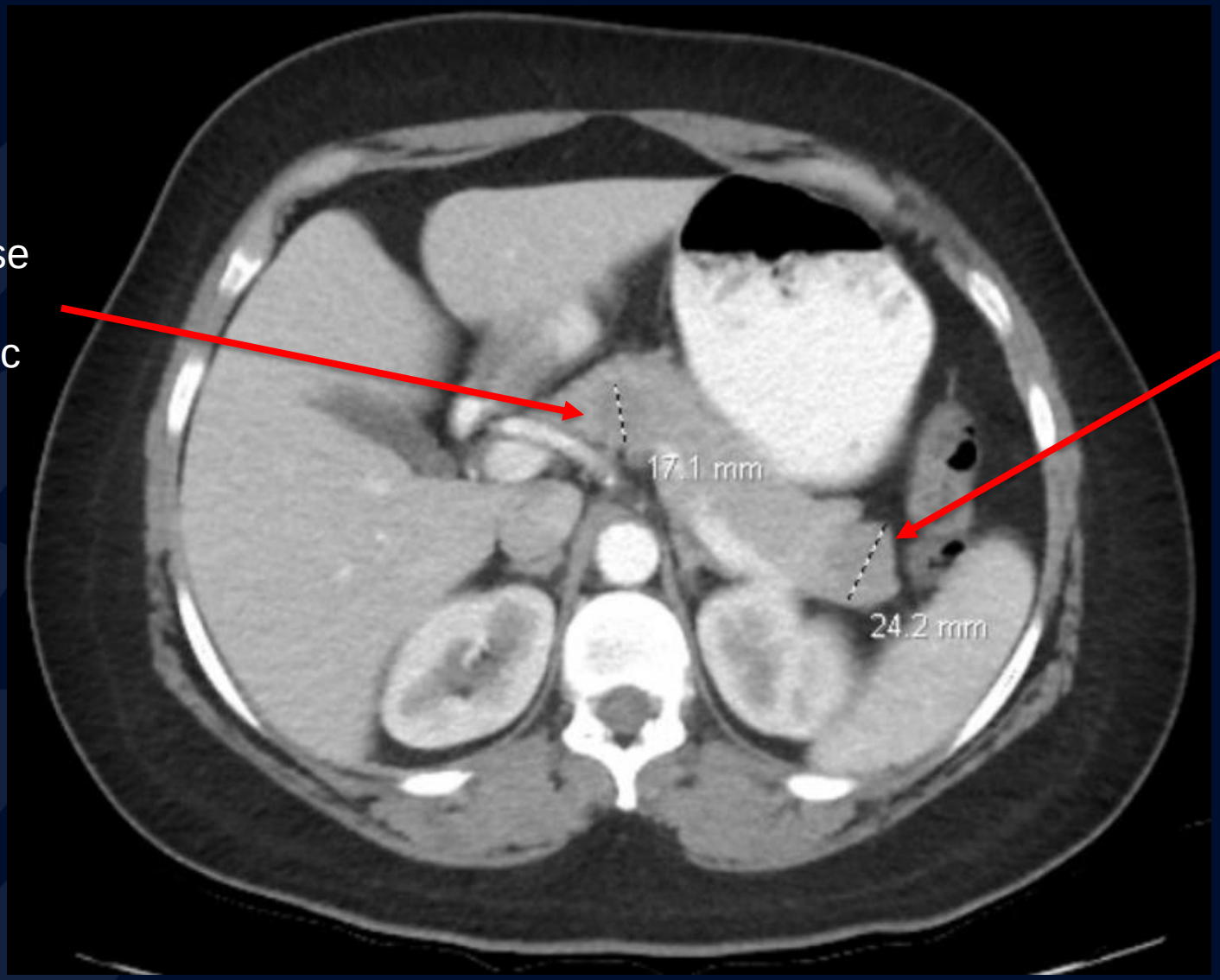
CT IV and Oral Contrast

Hypodense lesion in pancreatic body



Hypodense lesion in pancreatic tail

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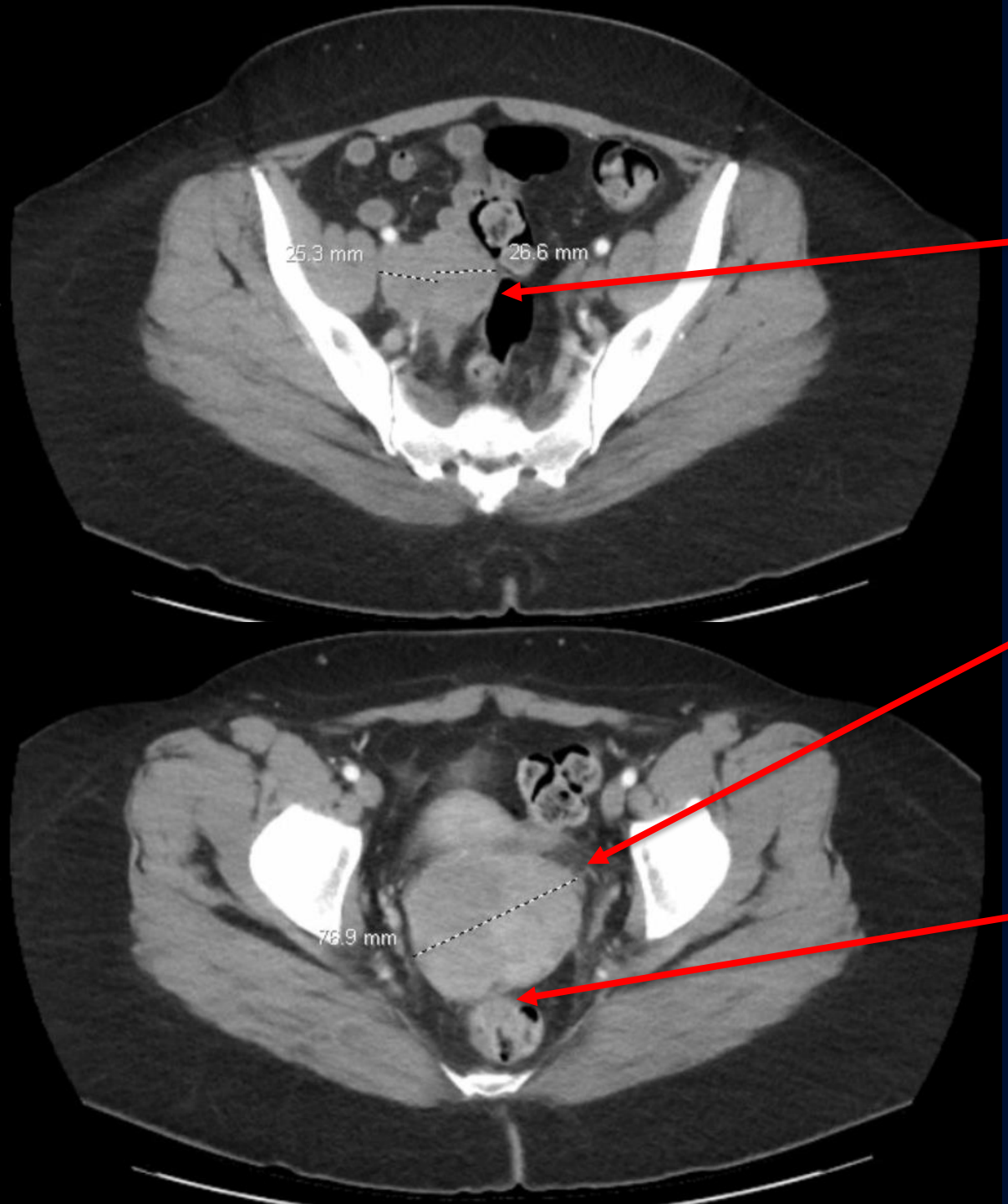
CT Contrast



Right adnexal mass

Cervical mass with likely parametrial invasion on right

Loss of soft tissue plane between anterior rectal wall and cervical mass

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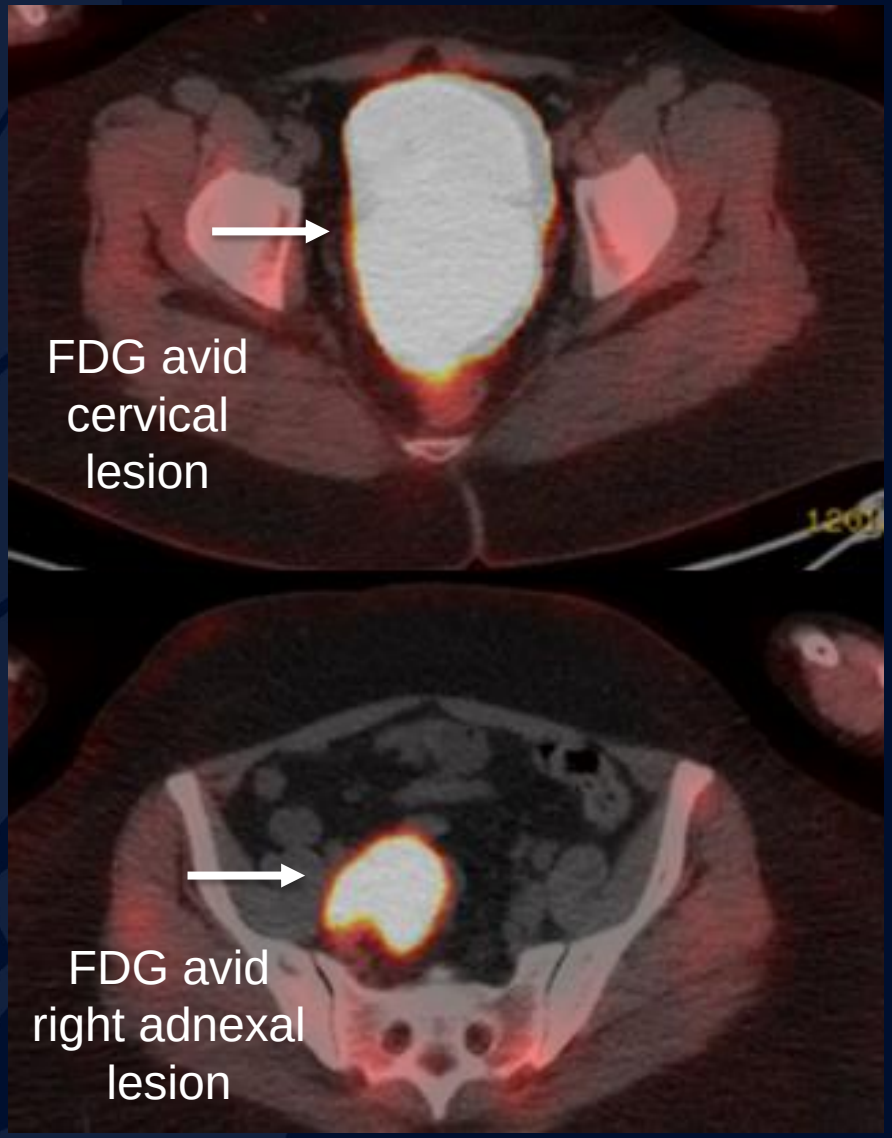
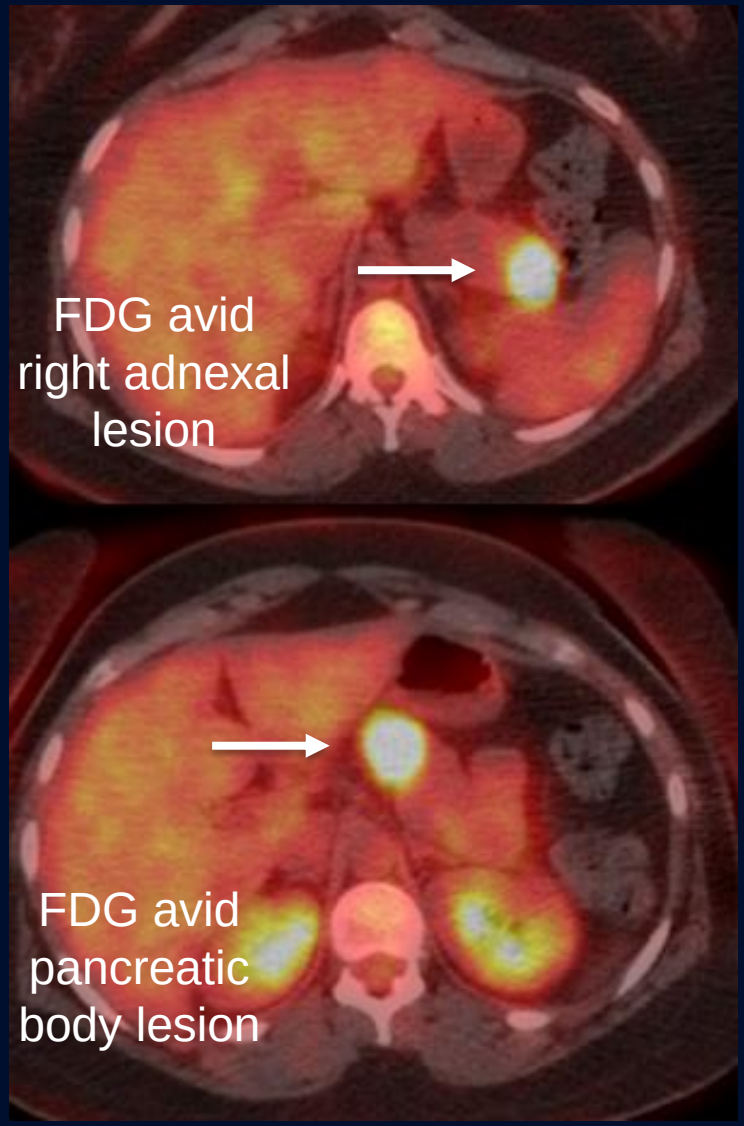
PET CT





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Neuroendocrine Carcinoma of the Cervix (NECC)

- Neuroendocrine tumors arise from cells originating from neuroectoderm which display immunohistochemical staining profiles consistent with endocrine glandular cells, such as synaptophysin, neuron-specific enolase, chromogranin and CD56.
- Neuroendocrine carcinoma of the cervix (NECC) is a rare subtype of cervical cancer, comprising ~1.4% of all cases of cervical cancer.
  - Small cell and large cell NECC are considered high-grade cancers
- NECC has a poor prognosis, partially because there are no standardized treatments based on controlled trials.
  - Mean recurrence-free survival: 16 months
  - Mean overall survival: 40 months
  - High tendency to metastasize with lung being the most common site
- Most common treatment: radical surgery with chemotherapy
- Cisplatin/carboplatin and etoposide are the most used agents although immune checkpoint inhibitors and targeted agents are now being tried as well.
  - Treatment largely based off on findings for neuroendocrine tumors of different primary sites (lung, pancreas) because of the increased incidence in these other locations.

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