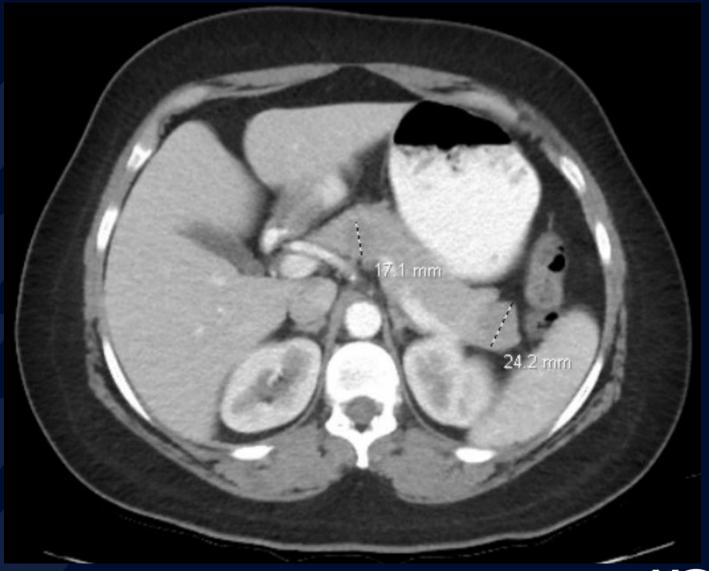
34-year-old G0P0 female with 7-month history of pelvic pain and abnormal uterine bleeding.

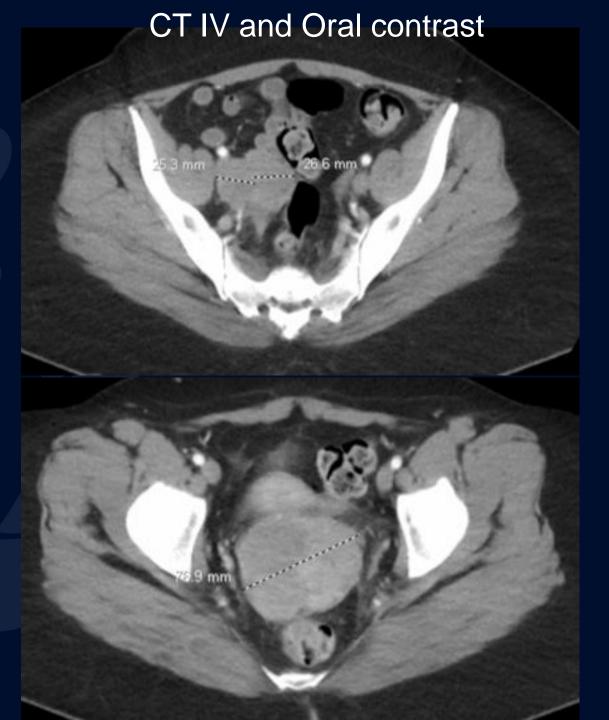
Amber Wilkes, MS3



CT IV and Oral Contrast



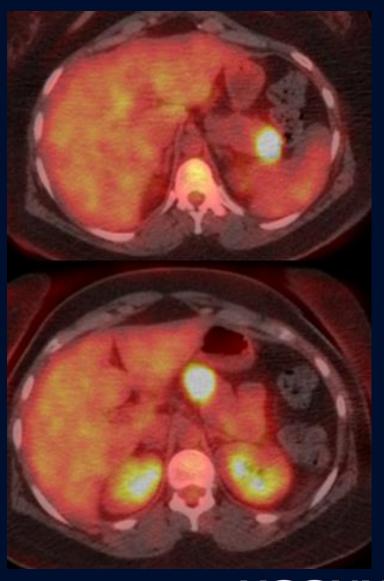






PET CT









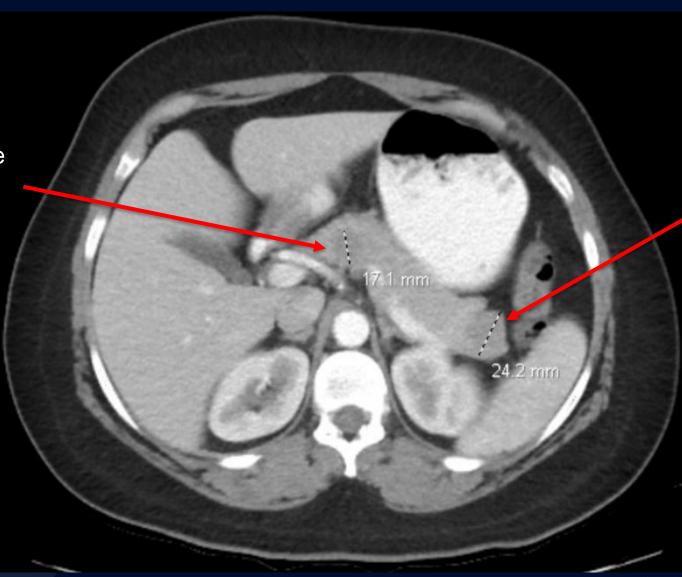


Neuroendocrine Carcinoma of the Cervix with Pancreatic Metastases



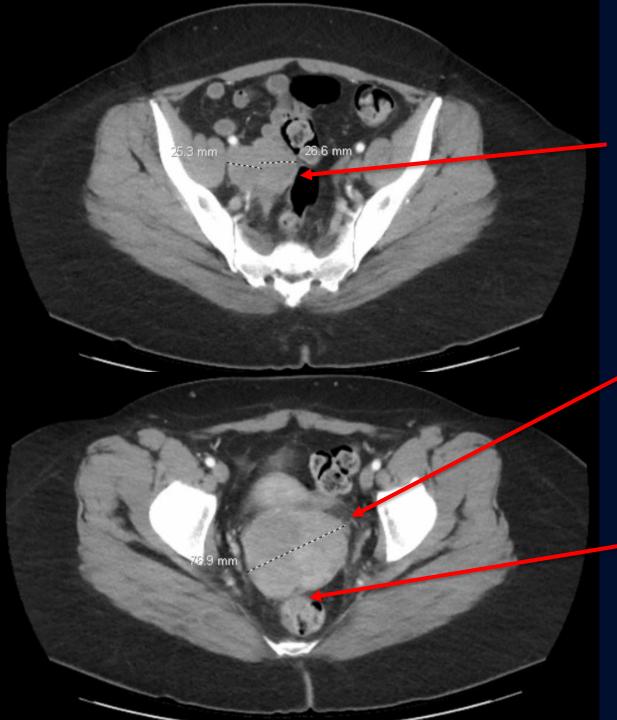
CT IV and Oral Contrast

Hypodense lesion in pancreatic body



Hypodense lesion in pancreatic tail





CT Contrast

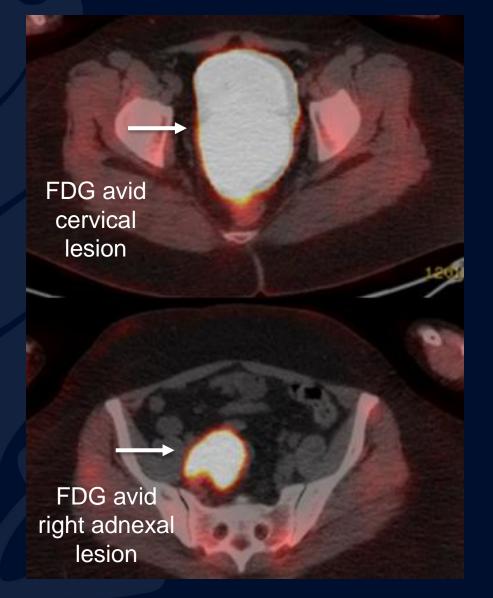
Right adnexal mass

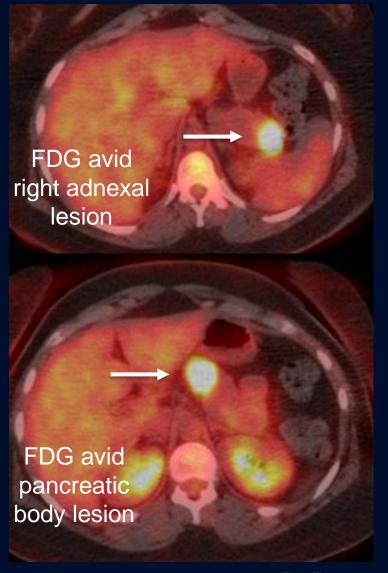
Cervical mass with likely parametrial invasion on right

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



PET CT







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.



References

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