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Molecular follow up of patient with preneoplastic lesion that progress to cervical cancer locally advanced

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Introduction: We report a case of squamous cell carcinoma of the uterine cervix stage IIIB with 16 years of progression.

Case: A 43-year old woman was diagnosed with a high-grade squamous intraepithelial lesion of uterine cervix (HGSIL) in 1986. There were several colposcopy and directed biopsies, with changes consistent with HGSIL and HPV infection. The gynecologist meeting decides that the patient should be treated by means of an abdominal extended hysterectomy, being sent to another hospital for definitive treatment. Due to administrative problems she was never treated. She returned to the National Cancer Institute on September of 2002 with a tumor of size of 5 cms, and is diagnosed with squamous cell carcinoma of the uterine cervix IIIB. She begins exclusive radiotherapy but abandoned and died in 2005.

Methods: Analysis of molecular markers was performed on biopsies taken in 1986 and 2002 respectively. Results: HPV16 E6 E-r and AA mixed variants were detected in samples took in 1986. A HPV16 E-r and AAc variant was detected in 2002, which could indicate the persistence of the infection. Polymorphism analysis of Arg72Pro p53 in 1986 and 2002 showed an Arg/Pro genotype respectively. An increment of expression of anti-apoptotic, glycolytic and hypoxic markers, IGF1R, Survivin, GLUT1, and CAIX, was observed in 2002 compared with the analysis done 1986.

Conclusions: The progression of cervical lesions to invasive cancer can be avoided by the use of molecular profiling analysis, ensuring early diagnosis and better therapeutic management that could include molecular targets.

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