A 75-year-old woman with a history of squamous cell carcinoma of the cervix (FIGO staging IIa: T2a, N0, M0) was treated with neoadjuvant platinum-based chemotherapy, followed by laparoscopic bilateral hysterectomy and bilateral pelvic lymphadenectomy. One year later, recurrent disease at the vaginal dome was detected and treated with cisplatin chemotherapy and radiotherapy (4500 Gy total), with a complete response. After 2 years, she developed additional lesions at the right iliac fossa for which cisplatin and topotecan were administered, with a partial response. The patient was subsequently enrolled in an experimental trial and received 10 cycles of atezolizumab and tiragolumab. One year later, two solid lesions were detected close to the posterior (25 mm) and lateral (35 mm) bladder walls. The former lesion was treated with radiation therapy, but the second lesion could not be treated owing to close proximity to the bladder. Endoscopic ultrasound (EUS)-guided radiofrequency ablation (RFA) of the peri-bladder nodule was offered to the patient and scheduled. Contrast-enhanced EUS showed some degree of contrast enhancement of the untreated nodule. The 19 G RFA needle was inserted into the lesion and radiofrequency current was administered at 50 W until increase of impedance on the RFA generator. In total, five RFA treatments were delivered to cover the lesion. Post-RFA contrast-enhanced EUS showed absence of any residual enhancement. Computed tomography 1 month later showed complete response of the treated nodule by modified RECIST criteria, with a size reduction (Video 1). This is the first report of the feasibility of EUS-RFA for treatment of a recurrent cervical tumor in the pelvis, for which no more treatment options were available. If proved safe, EUS-RFA alone or in combination with other treatment modalities, can become part of the therapeutic armamentarium for locally recurrent gynecologic cancers that respond poorly to standard approaches [1–4].

Endoscopic ultrasound-guided radiofrequency ablation of recurrent cervical cancer in the pelvis untreated by radiation therapy
Competing interests

A. Larghi is a consultant for Boston Scientific and Pentax Medical. He has received research grant from Medtronic.

The authors

Vanda Salutari1, Mario Gagliardi2, Gianenrico Rizzatti2, Francesca Ciccarone3, Eugenia D’Angeli1, Giovanni Scambia1,2, Alberto Larghi1,2

1 Division of Gynecological Oncology, Department for the Protection of Women’s and Children’s Health and Public Health, Fondazione Policlinico Universitario A. Gemelli IRCCS, Largo A. Gemelli 8, 00136 Rome, Italy
2 Digestive Endoscopy Unit, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy
3 Università Cattolica del Sacro Cuore, Rome, Italy

Corresponding author

Alberto Larghi, MD, PhD
Digestive Endoscopy Unit, Fondazione Policlinico Universitario A. Gemelli IRCCS, Largo A. Gemelli 8, 00136 Rome, Italy
alberto.larghi@policlinicogemelli.it

References


Bibliography

Endoscopy
DOI 10.1055/a-1730-4346
ISSN 0013-726X
published online 2022
© 2022. Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

Endoscopy E-Videos
https://eref.thieme.de/e-videos

Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

This section has its own submission website at
https://mc.manuscriptcentral.com/e-videos

Video 1 Endoscopic ultrasound-guided radiofrequency ablation of recurrent cervical cancer in the pelvis, untreatable by radiation therapy.

E-Videos

This document was downloaded for personal use only. Unauthorized distribution is strictly prohibited.