

Case Report: Delayed Presentation of Advance Vaginal Cancer During Covid-19 Era-Balancing Risks and Safety Netting Decisions

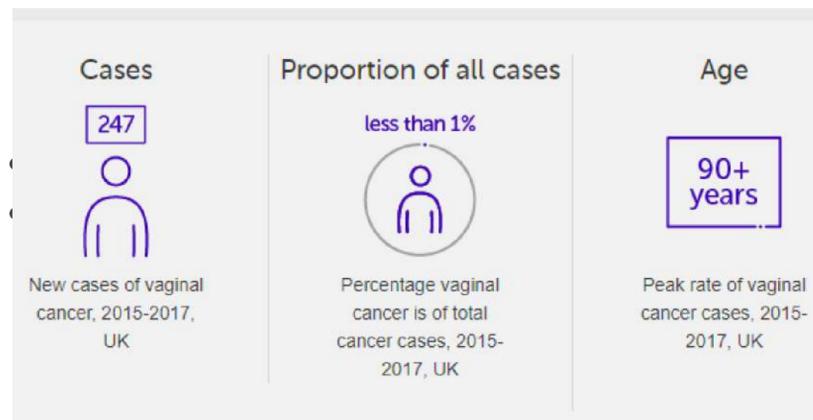
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INTRODUCTION

- Primary Vaginal cancers are rare tumors, comprising 1-2% of all female genital tract malignancies ⁽¹⁾
- Historically being diagnosed in older postmenopausal women (mean age 60)
- We present the unusual case of a young low risk lady with acute symptoms over few months, who couldn't approach timely help due to Public Health measures of lockdown and had metastatic disease by the time of presentation.

BACKGROUND



- The predominant (90%) histologic subtype is squamous cell carcinoma ⁽²⁾ adenocarcinoma 8-10%, sarcoma melanoma-rare
- Primary prevention (HPV vaccination)
- Secondary prevention (screening co-testing HPV smears)
- Tertiary prevention (treatment of precancerous lesion for early localized disease) ⁽³⁾

CASE

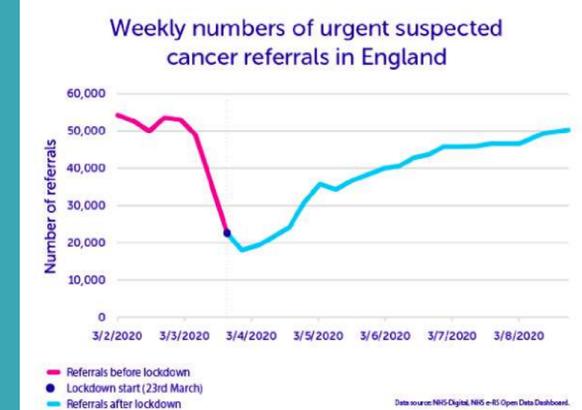
- **46 years old**, nullipara, a furloughed worker living alone in bedsit, **self referred** via ambulance to the A&E in August 2020 with a two month history of painful bleeding mass in vagina along with nausea, vomiting, severe constipation and no appetite.
- A **telephonic GP consultation** a month ago led to an impression of uterine prolapse and advised to await Gynecology outpatient referral. Prior smear history: normal
- **EUA upon admission** revealed a normal cervix, a craggy vaginal mass that was biopsied at multiple points.
- **US Pelvis/CT Chest/Abdomen/Pelvis +MRI** reported multiple small nodules throughout both lung fields, suspicious of metastatic deposits and a 18 x 10 cm lobulated pelvic mass with cystic-solid components and small pelvic lymph nodes bilaterally



- **Histology** reported Grade 2 Squamous Cell Carcinoma of Vagina, with lymphovascular invasion
- **Final Diagnosis at MDT Cancer Centre: Stage 4B Vaginal Squamous Cell Carcinoma.** She remained under palliative care on the ward with no social access due to the pandemic measures and was discharged to Hospice community care after two weeks. Re-admitted for pain relief and palliative care after ten days and discharged with same care plan.

CONCLUSION

During the pandemic, the 2ww urgent suspected cancer referrals to secondary units dropped to the lowest around 60% outlined by CRUK steadily rising thereafter ⁽⁴⁾



Robust safety netting protocol⁽⁵⁾ has been mandated at primary level of care ensuring: patient communication about next steps and follow up after consultation, keeping patient's contact details up to date, encouraging patients to present without delay⁽⁶⁾

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