

Multiple bowel stenosis and perforation as long-term complications of chemoradiotherapy for advanced cervical cancer in a young woman: case report

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ABSTRACT

Background. Although combined treatment (chemoradiotherapy) appears to improve the overall and progression-free survival of patients with locally advanced cervical cancer, some acute toxicity is increased (hematological toxicity, nausea, vomiting) while the long-term side effects are unclear.

Case. A 35-year-old Caucasian woman with a diagnosis of advanced cervical cancer (FIGO stage IIIB) was treated with neoadjuvant chemoradiotherapy not followed by radical surgery. She underwent whole pelvic radiation therapy for a total of 40 Gy in fractions of 2.5 Gy given 4 times per week for 4 consecutive weeks followed by 2 sessions of intracavitary brachytherapy starting within 7 days of completion of external beam radiotherapy (3500 mg/h and 2500-3000 mg/h). Cis-DDP IV was administered at a dose of 25 mg/m² on day 1 and then weekly until completion of the radiotherapeutic protocol. After several months the patient presented persistent gastrointestinal symptoms and an X-ray showed findings consistent with bowel occlusion. The patient underwent emergency surgery and multiple bowel stenosis with perforation was diagnosed.

Discussion. This is the first report in which neoadjuvant chemoradiotherapy is associated with the late complication of multiple stenosis and bowel perforation in a young woman with advanced cervical cancer. Considering that despite the large number of studies about noncisplatin agents there is not enough evidence to justify treatment with alternative agents, this case report might provide new important data regarding the late morbidity of cisplatin-based concurrent chemoradiation.

Key words: long-term complications, chemoradiotherapy, advanced cervical cancer.

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