Cervical cancer with pyometra—an insidious cause of uraemia in a post-menopausal woman

Chih-Yu Yang¹,², Ming-Yu Lai¹,², Wu-Chang Yang¹,², Chih-Ching Lin¹,² and Yee-Yung Ng¹,²

¹Division of Nephrology, Taipei Veterans General Hospital and ²School of Medicine, National Yang-Ming University, Taipei, Taiwan, Republic of China

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Case

A 64-year-old post-menopausal woman presented with dysuria, weakness and poor appetite that had lasted 3 months. A bilateral percutaneous nephrostomy (PCN) catheter was placed for bilateral hydroureteronephrosis at a local hospital, but malfunctioned due to blood clot formation. Physical examination revealed peritoneal signs. Laboratory test revealed leucocytosis, azotaemia with blood urea nitrogen (BUN) 93 mg/dl, creatinine (Cr) 16.3 mg/dl, and severe metabolic acidosis. Haemodialysis was initiated for uraemia. Computed tomography of the abdomen demonstrated the presence of ascites with peritoneal thickening in the lower peritoneal cavity, obstruction of the uterine outlet with intra-uterine fluid retention, tissue plane blurring between the uterine cervix and urinary bladder, and obstructive uropathy with the obstruction level at the bilateral uretero-vesical junction (Figures 1 and 2). Cervical cancer with pyometra was suspected and treated with dilation and curettage surgery, during which 150 c.c. of pus was drained out. Empiric antibiotics were given and sepsis resolved thereafter. A bilateral PCN catheter functioned well after repeated revisions. Haemodialysis was discontinued 3 weeks later (BUN 33 mg/dl, Cr 2.8 mg/dl). A biopsy of the cervix revealed squamous cell carcinoma with stromal invasion and the staging was IV A because of urinary bladder spreading. The patient recalled that she had suffered from intermittent vaginal spotting for the last 4 years, but had ignored it.

Discussion

Pyometra is usually associated with advanced endometrial or cervical cancer [1]. It was reported in 0.89% (27/3041) of cervical cancer patients [2]. It is a potentially lethal disease, which should be considered as an abscess and treated promptly and vigorously by curettage of the cavity and endocervical canal after dilatation. Antibiotics effective against aerobic and anaerobic bacteria should be given to all patients with...
signs of systemic infection [3]. Recently, Takai et al. [4] reported 378 cases of cervical cancer; 12 patients (3.2%) were untreated and suffered bilateral ureteral obstruction with anuric renal failure. To our knowledge, uraemia due to cervical cancer complicated by both obstructive uropathy and pyometra has never been reported. Nephrologists should bear in mind that gynecological malignancy might be the aetiology of obstructive uropathy in a woman, even in developed countries today.

Conflict of interest statement. None declared.

References


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Fig. 2. [vertical section] Fluid retention in the uterine cavity (white arrow) with a bilateral hydroureter (black arrow; left side only depicted). The urinary bladder (white arrowhead) with a collapsed Foley catheter inside.