
Ulrikh Elena (RU) [1], Berlev Igor (RU) [2], Urmancheeva Adiliya (RU) [3], Verbitskaya Evgeniya (RU) [4], Gamzatova Zaynab (RU) [5], Mikaya Nikolay (RU) [6]

Cancer complicating pregnancy, is an extremely difficult dilemma of medical practice. Cervical cancer accounts 1-13 cases per 10,000 pregnancies. Several Guidelines devoted to this problem exist (ESGO, ESMO, INCIP) based on international experience and expert opinion.

A 29-year-old woman with Cervical Cancer cT2a1NxMoG2 and 16/17 weeks of gestation referred to N.N.Petrov Research Institute of Oncology, Saint-Petersburg, Russia. Morphologically - squamous cell cancer. The status of lymph nodes differed according to Ultrasound Imaging (positive) and Magnetic Resonance Imaging (negative). Diagnostic endovideosurgical lymphadenectomy was performed to exclude the presence of metastatic lymph nodes. Morphological report showed negative lymph nodes. The diagnosis after surgical staging was Cervical Cancer pT2a1NoMoG2. The pregnancy was prolonged. The patient received two cycles of neoadjuvant chemotherapy (Carboplatin AUC5). Caesarean section with radical hysterectomy was performed in 33 weeks of gestation. Healthy boy 1.950 grame was delivered. The patient received external beam radiation after surgical treatment. Four-month follow-up reveals no recurrence in mother, no physical deviations in child.