

Resección neoplásica de carcinoma de cérvix:

Informe basado en CAP vigente, AJCC/UICC TNM 8ª ed.:

- Procedimiento: traquelectomía. / histerectomía total más doble anexectomía / salpinguectomía. / histerectomía radical / simple. / salpinguectomía / anexectomía derecha. / izquierda.
- Tipo de cirugía: abdominal. / vaginal. / laparoscópica.
- Localización: cuadrante de 12 a 3 h (izquierda súpero-anterior). / cuadrante de 3 a 6 h (izquierda ínfero-posterior). / cuadrante de 6 a 9 h (derecha ínfero-posterior). / cuadrante de 9 a 12 h (derecha súpero-anterior).
- Tamaño:
 - * Dimensión mayor: cm.
 - * Dimensiones adicionales: cm.
- Tipo histológico: carcinoma escamoso (asociado / no asociado a VPH / NOS). / adenocarcinoma (NOS / asociado a VPH / no asociado a VPH, subtipo gástrico / de células claras / intestinal). / adenocarcinoma endometriode. / carcinosarcoma.
- Grado histológico: G1 (bien diferenciado). / G2 (moderadamente diferenciado). / G3 (pobrementemente diferenciado) de la FIGO.
- Invasión estromal.
 - * Profundidad: <3 mm. / entre 3 y 5 mm. / >5 mm.
 - * Alcance de la profundidad: contenido en tercio superficial. / alcanza tercio / profundo.
 - * Extensión longitudinal: mm.
 - * Extensión circunferencial: mm.
- Extensión a otros órganos: no presente. / infiltra parametrios / vagina (tercio superior / medio / inferior). / pared pélvica. / mucosa vesical. / mucosa intestinal. / mucosa rectal. / otros (indicar).
- Invasión linfovascular: no se observa. / presente.
- Márgenes quirúrgicos:
 - * Margen ectocervical: a mm.
 - * Margen circunferencial: a mm.
 - * Margen endocervical: a mm.
 - * Margen vaginal: a mm.
 - * Margen profundo: a mm
- Ganglios linfáticos regionales:
 - * Ganglios linfáticos aislados: .
 - * Ganglios linfáticos metastatizados: X ganglios linfáticos, X de ellos sin evidencia de infiltración / infiltrados por la neoplasia (/).
- Otros hallazgos:
 - * Lesión escamosa intraepitelial de bajo / alto grado (L-SIL / H-SIL).
 - * Anejo derecho: Quistes de inclusión en ovario derecho. / quistes paratubáricos en trompa.
 - * Anejo izquierdo: Quistes de inclusión en ovario derecho. / quistes paratubáricos en trompa.
 - * Cérvix: Quistes de Naboth en cuello uterino, metaplasia escamosa endocervical.
 - * Cuerpo uterino: endometrio atrófico-quístico. / útero polimiomatoso.
- Estudio IHQ:
 - * Positivo / Negativo para p16 (VPH).

**Clasificación pTNM (8ª edición): pT pN (sn) (0/)

**FIGO:

pT1a: Invasive carcinoma diagnosed by microscopy only. Stromal invasion with a maximum depth of 5.0 mm measured from the base of the epithelium and a horizontal spread of 7.0 mm or less.

Vascular space involvement, venous or lymphatic, does not affect classification.

pT1a1: Measured stromal invasion of 3.0 mm or less in depth and 7.0 mm or less in horizontal spread

pT1a2: Measured stromal invasion of more than 3.0 mm and not more than 5.0 mm, with a horizontal spread of 7.0 mm or less

pT1b: Clinically visible lesion confined to the cervix or microscopic lesion greater than T1a2/IA2.

Includes all macroscopically visible lesions, even those with superficial invasion

pT1b1: Clinically visible lesion 4.0 cm or less in greatest dimension

pT1b2: Clinically visible lesion more than 4.0 cm in greatest dimension

pT2: Cervical carcinoma invading beyond the uterus but not to the pelvic wall or to lower third of the vagina

pT2a: Tumor without parametrial invasion

pT2a1: Clinically visible lesion 4.0 cm or less in greatest dimension

pT2a2: Clinically visible lesion more than 4.0 cm in greatest dimension

pT2b: Tumor with parametrial invasion

pT3: Tumor extending to the pelvic sidewall# and/or involving the lower third of the vagina and/or causing hydronephrosis or nonfunctioning kidney

pT3a: Tumor involving the lower third of the vagina but not extending to the pelvic wall

pT3b: Tumor extending to the pelvic wall and/or causing hydronephrosis or nonfunctioning kidney

pT4: Tumor invading the mucosa of the bladder or rectum and/or exte

pN0: No regional lymph node metastasis

pN0(i+): Isolated tumor cells in regional lymph node(s) no greater than 0.2 mm

pN1: Regional lymph node metastasis

I: Carcinoma is strictly confined to the cervix (extension to the uterine corpus should be disregarded)

IA: Invasive cancer identified only microscopically. (All gross lesions even with superficial invasion are stage IB cancers.) Invasion is limited to measured stromal invasion with a maximum depth of 5 mm and no wider than 7 mm.

IA1: Measured invasion of stroma ≤ 3 mm in depth and ≤ 7 mm width.

IA2: Measured invasion of stroma > 3 mm and 4cm in size

II: The carcinoma extends beyond the uterus, but has not extended onto the pelvic wall or to the lower third of vagina.

IIA: Involvement of up to the upper two-thirds of the vagina. No obvious parametrial involvement.

IIA1: Clinically visible lesion ≤ 4 cm

IIA2: Clinically visible lesion > 4 cm

IIB: Obvious parametrial involvement but not onto the pelvic sidewall.

IIIA: Involvement of the lower third of the vagina but no extension onto pelvic sidewall.

IIIB: Extension onto the pelvic sidewall, and/or causing hydronephrosis/nonfunctioning kidney.

IVA: Spread to adjacent pelvic organs, ie, tumor invading the mucosa of the bladder and/or rectum and/or extending beyond the true pelvis (bullous edema is not sufficient)

IVB: Spread to distant organs.