



## Late Diagnosis of Malignancy in Pregnancy

### Key Issue

In Queensland, maternal mortality reviews over the past eight years have consistently reported cases where women have died following a delayed diagnosis of malignancy during pregnancy. This is a significant concern as the symptoms of pregnancy often overlap with those of malignancy, leading to potential misdiagnoses or delayed diagnoses.

### Case Presentation\*

A 32-year-old woman, gravida 3 para 2, presented at 12 weeks of gestation with persistent nausea, vomiting, and abdominal discomfort. These symptoms were initially attributed to hyperemesis gravidarum. Despite treatment, the symptoms persisted and worsened over the following weeks.

The patient had a history of irregular cervical screening, no HPV vaccination and had a positive oncogenic HPV test result on a Cervical Screening Test three years prior. No recent cervical screening had been performed and no cervical screening had occurred in her current pregnancy.

Between weeks 10 and 16, the patient experienced persistent nausea, vomiting, fatigue, and altered bowel habit, with rectal bleeding attributed to haemorrhoids. She had iron deficiency anaemia. At 18 weeks, she presented with persistent vaginal bleeding which was initially attributed to a low-lying placenta seen previously on a scan and was managed conservatively without further investigation. By 22 weeks, her condition had significantly worsened, with abdominal pain, weight loss, and continued vaginal bleeding. An urgent ultrasound and MRI revealed advanced cervical cancer with metastases. A biopsy confirmed a poorly differentiated squamous cell carcinoma.

The patient was informed of the malignancy diagnosis.

Initiating aggressive cancer treatment could harm the fetus.

After multidisciplinary consultations, the patient was presented with two options:

1. Immediate termination to prioritise the patient's life and initiate aggressive cancer treatment.
2. Continuing the pregnancy with potential risk to both mother and child, and a less aggressive treatment plan.

The patient opted for termination of the pregnancy to pursue the best chance of survival with immediate treatment.

\* Scenario based on a fictional clinical incident to maintain confidentiality

Despite aggressive treatment post-termination, sadly the patient succumbed to the malignancy two months later due to the advanced stage of the disease at the time of diagnosis.

### Key Learnings

1. Importance of Symptom Evaluation: Consider malignancy when symptoms persist or worsen during pregnancy, even if they may seem pregnancy related.
2. Cervical Cancer Screening: All pregnant women, particularly those who are under or never screened, should undergo updated cervical screening. Persistent vaginal bleeding warrants immediate investigation.
3. Ethical Considerations: In cases of advanced malignancy during pregnancy, careful consideration must be given to the ethical implications of continuing the pregnancy versus prioritising the mother's treatment. Open discussions with the patient and family about termination options should be conducted with sensitivity.

### Considerations

This case highlights the critical need for vigilance, monitoring and investigating symptoms that persist during pregnancy, especially when they overlap with those of malignancy. In this case, the delayed recognition of serious symptoms like rectal bleeding and persistent nausea led to a late diagnosis of advanced cervical cancer, resulting in a tragic outcome.

### Good Practice Point

Prompt diagnosis and appropriate management can improve outcomes for both the mother and the baby, and potentially prevent avoidable maternal mortality.

### References:

[Cancer Council Australia: Clinical Guidelines - Screening in Pregnancy](#)

<https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening/screening-in-pregnancy>

