

Rare site of Metastasis in Cancer Cervix: A Case Report

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ABSTRACT

Cervical cancer rarely metastasizes to skin. This occurs in <2% of patients. It is more common in patients who do not receive radiotherapy after surgery but can be seen in patients after radiotherapy who have deferred taking radiotherapy by few months. We report a patient who received radiotherapy four months after surgery and remained asymptomatic for 5 months. She then noticed a lump in abdomen for which she underwent excision of the lump and it was reported as squamous cell carcinoma. The patient was concluded to have abdominal wall recurrence of cancer cervix.

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Introduction

Cervical cancer is the leading cancer in India and the third most common cancer in the world (1). It spreads through direct local and lymphatic pathways. Hematogenous metastasis is relatively rare and so is the abdominal wall metastasis of cervical cancer. This is associated with poor prognosis, with average survival reported in literature to be around 8-9 months (2).

Case Report

We hereby report a 38-year-old female who presented to our Radiotherapy department in June 2015. Her presenting complaints were pain in abdomen and white discharge per vagina. 18 months ago she had developed similar problems along with bleeding per vagina, for which she underwent hysterectomy elsewhere and later diagnosed to have squamous cell carcinoma of cervix. She was advised Radiotherapy, which she deferred for 4 months. She received external beam radiotherapy along with concurrent chemotherapy followed by intracavitary radiotherapy and remained symptom free for following 5 months.

Abdominal examination on this visit revealed 6cm by 5cm globular lump in midline above the pubic symphysis reaching upto the umbilicus (Fig 1). It was hard to palpate but non-tender. Overlying skin was shiny and no colour change was noticed. Margins were clearly defined and surface of the lump was smooth. The lump was found to be irreducible but mobile. Per vaginal examination revealed a smooth cervical vault and no growth was felt.

Further work up was advised in the form of blood investigations including complete blood count,renal and liver function tests. Radiological investigations included chest radiograph and contrast enhanced computed tomography. The CT scan revealed hyperdense cystic and solid mass containing approximately 21 cc fluid in anterior abdominal wall. Vaginal vault region appeared mildly bulky with a small 1 cm by 1 cm hypodense area. Fine needle aspiration was done from the abdominal wall mass, which showed features of metastatic squamous carcinoma.

The patient was then referred for surgical opinion. She was taken for exploratory laparotomy. The lump was found involving the rectus sheath. Wide local excision with sheath removal was done. In view of the defect and difficulty in closure of abdominal wall, composite mesh was placed. Histopathology of excised mass confirmed squamouscarcinoma (Fig 2). Resected margins were free of tumour (Fig 3).

The pain in abdomen and vaginal discharge persisted and 3 months later she again reported with another palpable mass in paraumblical region. Pap smear and FNAC from





Fig. 2: Histopathology of excised mass confirming squamous carcinoma.



Fig. 3: Resected margins free of tumour.

abdominal lump showed features of malignancy and granulomatous inflammation.

Discussion

Metastasis to abdominal wall from cancer cervix is fairly an uncommon occurrence. Such metastasis to incisional scar site has been noticed to be higher in patients with either adenocarcinoma or undifferentiated carcinoma than in patients with squamous cell carcinoma. In cases of cervical carcinoma abdominal wall metastasis occurs mostly in cases of tumour recurrences, with cases reported even upto 10 years and averaging less than 1 year(3). There are two possible mechanisms that could explain metastatic recurrence at the incision site. Firstly, it is possible for direct tumor seeding to occur at the time of surgery. Secondly, fibrin platelet deposits in microcirculation of the wound may trap circulating tumor cells. Depending on the different phases of the healing process cancer cells maybe recruited, replicated and selected at the surgical wound.

Prognosis in such cases depends upon time interval between the initial diagnosis of primary malignancy and the appearance of abdominal wall metastasis. The earlier is the metastasis, worse is the prognosis.

The treatment options remain palliation, either by radiation, chemotherapy or surgery, either alone or in combination (4, 5, 6). The best bet is carefully handling the carcinomatous tissue during surgery and including the surgical scar site during radiotherapy.

These days, laparoscopy has also been resorted to during surgery for cervical carcinoma. Port site metastasis has also been reported after laparoscopic lymphadenectomy. Picone et al reported a case of adenocarcinoma cervix in which laparoscopic ovarian transposition was done prior to radiotherapy and patient developed trocar site metastasis after 5 months (7).

Conclusion

Incisional scar site metastasis in cases of cancer cervix is a rare clinical entity and is associated with a poorer prognosis. We propose that cervical carcinoma patients who, develop lumps at scar site, should undergo FNAC/ biopsy at the earliest to rule out metastasis. Early diagnosis and treatment would improve the chances of survival and quality of life.

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Competing Interests

None Declared

Reference

- Ferlay J, Shin HR, Forman D, Mathers C, Parkin DM. Estimates of Worldwide burden of Cancer in 2008: GLOBOCAN 2008. Int J Cancer 2010; 127:2893-917.
- Imachi M, Tsukamoto N, Kinoshita S, Nakano H. Skin metastasis from carcinoma of the uterine cervix. Gynecol Oncol 1993;48:349-54.
- Copas PR, Spann CO, Thoms WW, Horowitz IR. Squamous cell carcinoma of the cervix metastatic to a drain site. Gynecol Oncol 1995;56:102-4.
- 4. Tharakaram S, Rajendran SS, Premalatha S, Yesudian P, Zahara A. Cutaneous metastasis from Carcinoma Cervix. Int J Dermatol 1985;24:598-9.
- Diehl LF, Hurwitz MA, Johnson SA, Butler WM, Taylor HG. Skin metastases confined to a field of previous irradiation; report of two cases and review of the literature. Cancer 1984;53:1864-8.
- Behtash N, Mehrdad N, Shamshirsaz A, Hashemi R, Amouzegar F. Umblical metastasis in cervical cancer. Arch Gynecol Obstet 2008;278(5):489-91. Epub 2008 Apr 1.
- 7. Picone O, Aucouturier J.S, Louboutin A, Coscas Y, Camus E. Abdominal wall metastasis of cervical adenocarcinoma at Laparoscopic tracer insertion site after ovarian transposition: case report and review of literature. Gynecol Oncol 2003;90:446-49.