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Case Report

Rare case report of metastatic cervical carcinoma

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ABSTRACT

Although carcinoma of cervix is among the most common malignancies in women, cutaneous metastasis is very unusual. Here we report a case of a parous woman diagnosed with adenocarcinoma of cervix who did not undergo chemotherapy in spite of being advised after initial surgery, presenting with cutaneous metastasis at the operative scar site 2 years later.

Keywords: Cutaneous metastasis, Scar metastasis, Cervical carcinoma

INTRODUCTION

Carcinoma of cervix is a common neoplasm in Indian women. Incisional site metastasis is a rare complication of cervical cancer, the reported incidence ranging from 0.1-2%.[1] Most common sites of cutaneous metastases in cervical cancer are the abdominal wall and the lower extremities. Imachi et al. suggested that the incidence of skin metastases may vary depending on the cell type. Incidence was 0.9% in patients with squamous cell carcinoma, 5.8% in adenocarcinoma and 20% in undifferentiated carcinoma.[2] Prognosis associated with cutaneous metastases of cervical carcinoma is poor. The mean survival of these patients is usually 3-6 months.[3,4]

CASE REPORT

A 43 year old lady P2L2 presented to the gynaecology department on 10th October 2014 with complaints of mass & pain abdomen for 2 months and burning micturition. On examination, there was a bony hard mass of size 6X4X5 cm in the region of previous scar (suprapubic region)(Figure 1 & 2).

She had been admitted previously on 14th July 2012, with complaint of white discharge per vagina since 2 months. On examination at that time cervix showed a polypoidal growth from endocervix which bled on touch. Patient had undergone Total abdominal hysterectomy with bilateral salphingo-oophorectomy through a Pfannenstiel incision on 2nd August 2012.

- Histopathological report had shown proliferative endometrium, adenomyosis in the myometrium. Cervix showed moderately differentiated adenocarcinoma. Right ovary showed endometriosis, left ovary shows corpus albicans, both fallopian tubes were normal. Vaginal cuff showed endometriosis.
- Patient had been advised chemo radiotherapy but the patient did not follow-up for the same.

On this admission,

- Ultrasound of abdomen showed a heterogeneous lesion in the supravesical and suprapubic region of size 7x6x7cms suggestive of metastases, right iliac lymphadenopathy with right hydrouteronephrosis.
- CT scan of abdomen revealed irregular well-defined lobulated soft tissue lesion arising from anterior abdominal wall of supra-pubic region,

measuring about 8.3X6.3 cm with moderate enhancement (Figure 3). Similar lesion noted on right adnexal region adjacent to the right uretero-vesical junction. Bilateral iliac and left inguinal lymphadenopathy noted suggestive of metastases.

- Patient underwent DJ stenting on 16th December 2014 to relieve hydroureteronephrosis only on the left side, as the right ureter could not be stented due to complete blockage.
- Patient was advised 3 cycles of chemotherapy with paclitaxel and carboplatin every 21days.
- Following this patient has received her first cycle of chemotherapy on 29th Demeber 2014.

Figure 1: Abdominal mass underlying previous Pfannensteil scar.

Figure 2: Cutaneous metastasis in the suprapubic region underlying the abdominal scar.

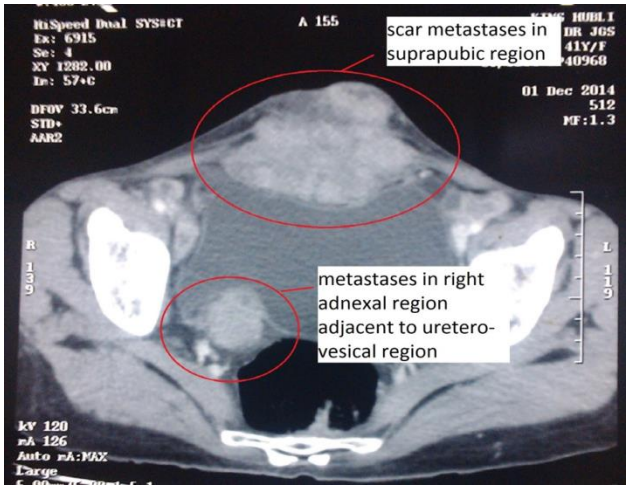

Figure 3: CT scan of abdomen showing the location of metastatic deposits.

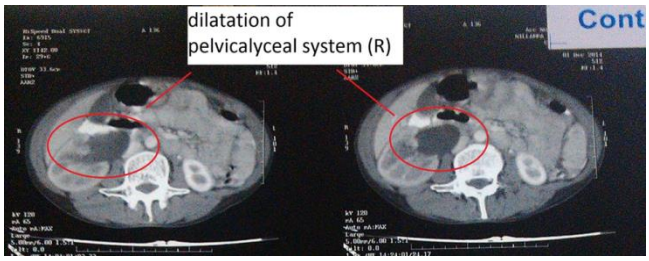

Figure 4: CT scan of abdomen showing Rt. hydronephrosis.

DISCUSSION

Metastases to the skin rarely occur in gynecological oncology, especially in cervical cancer. Although carcinoma of cervix is among the most common malignancies in women, cutaneous involvement is unusual even in terminal stage of the disease.

The most common sites of cutaneous metastases are the abdominal wall and lower extremities. 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, circulating tumor cells may become trapped by fibrin platelet deposits in microcirculation of the wound.[5] Depending on the different phases of the healing process cancer cells maybe recruited, replicated and selected at the surgical wound. It has also been suggested that abdominal incisions receive no more than one quarter of prescribed pelvic radiation dose.

The potential risk factors for such metastases are:

1. Parameters relative to the patient such as immunoreactions, wound hypoxia, acidosis leading to angiogenesis and hematogenous spread.

2. The disease itself – advanced disease, adenocarcinoma cell type, peritoneal carcinomatosis and lymph node disease.
3. Parameters relating to surgical technique-mechanical port irrigation and direct implantation by instruments and gloves.

Macroscopically 3 common patterns of skin metastases such as nodules, plaques and inflammatory telangiectasic lesion have been recognized. The most important prognostic factor is the time interval between the initial diagnosis of the primary genital tumor and the appearance of skin metastases.

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REFERENCES

1. Greenlee RM, Chervenak FA, Tovell HM. Incisional recurrence of a cervical carcinoma. Report of a case. JAMA. 1981;246(1):69-70.
2. Imachi M, Tsukamoto N, Kinoshita S, Nakano H. Skin metastasis from carcinoma of the uterine cervix. Gynecol Oncol. 1993;48(3):349-54.
3. Brady LW, O'Neill EA, Farber SH. Unusual sites of metastases. Semin Oncol. 1977;4(1):59-64.
4. Bordin GM, Weitzner S. Cutaneous metastases as a manifestation of internal carcinoma: diagnostic and prognostic significance. Am Surg. 1972;38(11):629-34.
5. Sugarbaker EV, Ketcham AS. Mechanisms and prevention of cancer dissemination: an overview. Semin Oncol. 1977;4(1):19-32.

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