Case Report

Indian Journal of Cancer Education and Research
Volume 7 Number 1, January - June 2019
DOI: http://dx.doi.org/10.21088/ijcer.2321.9815.7119.4

Carcinoma Cervix with Extensive Scar Site Metastasis after Simple Hysterectomy: A Rare Scenario

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Received on 09.12.2018, **Accepted on** 14.01.2019

Abstract

Recurrences after surgery or radiation for Carcinomas of uterine cervix are most commonly locoregional with the parametrium, lymph nodes and vagina as the most frequent sites of relapse. The occurrence of scar site metastases from carcinoma cervix is reported to be extremely rare ranging from 0.1 to 0.2%. We report here an unusual case of extensive scar site metastasisin patient with squamous cell carcinoma cervix operated earlier for simple hysterectomy and did not receive any adjuvant treatment. 60 year old female presented with 17x 10cm lower abdominal mass over the midline scar with multiple excavated ulcers on the surface. She was operated a year back for simple hysterectomy with bilateral salpingo-oophorectomy. Final histology came out as moderately differentiated squamous cell carcinoma of the cervix. Biopsy was taken from skin ulcer which was suggestive of squamous cell carcinoma. CECT scan was suggestive of a solid mass involving anterior abdominal wall and extensive areas of skin of around size 17 x15 x 12 cm and multiple omental metastasis. She was given taxane based chemotherapy after which she was also given palliative radiation to stop the bleeding ulcer but she succumbed to the disease. Scar site metastasis are an uncommon occurrence, with frequency of less than 5%. These have been frequently reported in cancers of colon, kidney, and bladder. The most common histopathology is adenocarcinoma and undifferentiated carcinoma, whereas squamous cell carcinoma is been rarely reported. The intent of treatment in advanced recurrent disease is palliation by surgery, chemotherapy, radiation therapy alone, and/or in combination.

Keywords: Carcinoma Cervix; Hysterectomy; Adenocarcinoma; Uterine cervix

How to cite this article:
Jeetendar Paryani, Parijat Suryavanshi, Shashi Singh Pawar. Carcinoma Cervix with Extensive Scar Site Metastasis after Simple Hysterectomy: A Rare Scenario. Indian J Canc Educ Res. 2019;7(1):23-25.

Introduction

Recurrences after surgery or radiation for Carcinomas of uterine cervix are most commonly locoregional with the parametrium, lymph nodesand vagina as the most frequent sites of relapse. Distant metastases which although rare are observedin the lungs, bone, and liver [1]. Cutaneous metastasis most commonly arises from primaries of cancer of breast, large intestine, lung, and ovary. The occurrence of scar site metastases from carcinoma cervix is reported to be extremely rare ranging from 0.1 to 0.2% [2]. We report here an unusual case of extensive scar site metastasisin patient with squamous cell carcinoma cervix operated earlier for simple hysterectomy and did not receive any adjuvant treatment

Case Report

Sixty (60) year old female presented with complains of lower abdominal mass since 8 months.

On examination she had a huge 17x 10 lower abdominal mass over the midline scar. The mass was hard, mobility restricted covering the hypochondrium, right and left iliac fossa, right and left lumbar regions with multiple excavated

ulcers on the surface. There was inguinal or supraclavicular lymphadenopathy.

She was operated a year back for simple hysterectomy with bilateral salphingo-oophrectomy. Final histology came out as moderately differentiated squamous cell carcinoma. She was advised for adjuvant radiotherapy but patient defaulted on it.

Biopsy was taken from skin ulcer which was suggestive of squamous cell carcinoma. CECT scan was suggestive of a solid mass involving anterior abdominal wall and extensive areas of skin of around size 17 x 15 x 12 cm and multiple omental metastasis.

In view of extensive abdominal wall involvement and omental metastasis patient was started on docetaxel, cisplatin and 5 FU based chemotherapy. Patient initially responded (Fig. 1) but again defaulted on treatment.

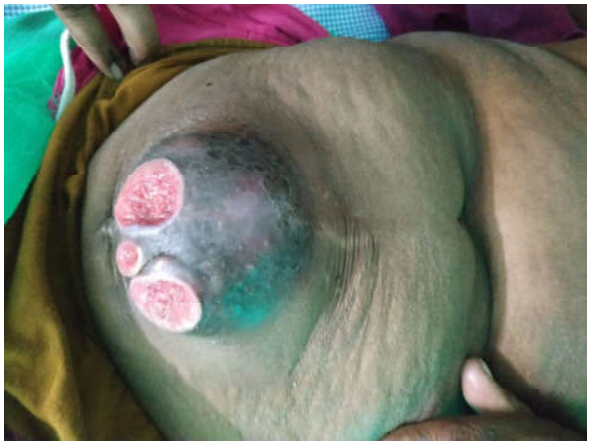

Fig. 1: Showing extensive scar site metastasis after 2 cycles of chemotherapy

Patient again presented with bleeding ulcer from anterior abdominal wall. She was given palliative radiation over the abdominal wall but she succumbed to disease about 5 days later.

Discussion

Scar site metastasis are an uncommon occurrence, with frequency of less than 5% [1]. These have been frequently reported in cancers of colon, kidney, and bladder [2]. Even after R0 surgical resection, solid cancers may recur locally up to 50% [3]. Scar recurrences are mostly regarded to be the result of the interaction of residual occult cancer with the surgical wound while contained inside a defined tissue plane or organ compartment [4].

Tumor implantation of malignancy at the time of surgery could be one of the mechanism for skin incision metastasis [5], whereas the retrograde spread of tumorsecondary to the lymphatic obstruction is believed to be mode of spread by other authors [6].

The most common histopathology is adenocarcinoma and undifferentiated carcinoma, whereas squamous cell carcinoma is been rarely reported [7]. There has been no difference in the incidence of skin metastasis among the clinical stage [7]. The most common site of skin metastasis in carcinoma cervix is anterior abdominal wall (especially at the drain site), vulva, and anterior chest wall [7].

The current principles of surgical oncology have to be revisited. A radical tumor operation must remove not only the macroscopic and microscopic tumor but also a maximum of the microscopically occult local cancer with a minimum of tissue trauma [8].

The intent of treatment in advanced recurrent disease is palliation by surgery, chemotherapy, radiation therapy alone, and/or in combination. Cis-platinum-based chemotherapy has been found to be an effective treatment in controlling the symptoms [6].

Conclusion

Scar Site metastasis are seen few and far in solid malignancies but mostly seen for breast colon and kidney. Common histology is adenocarcinoma. Cutaneous Metastasis from squamous cell carcinoma cervix is very rare situation described in only few case reports. Usually such stage represents advanced stage of malignancy and requires palliation.

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