

Case Report

POST RADICAL HYSTERECTOMY ABDOMINAL SCAR METASTASIS IN CANCER CERVIX

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ABSTRACT

The incisional site scar skin metastasis from cancer cervix is extremely rare with an incidence ranging from 0.1-2%. Scar site metastatic recurrence is usually associated with advanced intra abdominal and pelvic disease. Cutaneous recurrence is associated with poor prognosis and there are no definitive guidelines for the management of these patients. The various treatment modalities include- wide local excision, radiotherapy and chemotherapy. Herein we are reporting a rare case of a 45 year old P5 L5 lady with abdominal scar site metastatic tumor recurrence after one year of abdominal radical hysterectomy done for cancer cervix stage Ib1. Patient was given palliative treatment with radiotherapy and chemotherapy.

Keywords: Scar Site Metastasis, Cancer Cervix, Radical Hysterectomy, Radiotherapy, Chemotherapy

INTRODUCTION

Cervical Cancer is the fourth most common cancer in women with an estimated 528000 new cases in 2012 with 266,000 deaths worldwide. In India 123000 new cases and 67000 deaths were due to cervical cancer in 2012 (GLOBOCAN, 2012). Cervical cancer rarely presents with distant metastasis. Distant metastasis to the skin is an uncommon occurrence with an incidence rate of 5% or less (Brady *et al.*, 1977; Imachi *et al.*, 1993). The incisional site skin metastasis from carcinoma cervix is extremely rare with an incidence ranging from 0.1-2% (Greenlee *et al.*, 1981). Metastatic skin scar is usually associated with adenocarcinomas. Various presentations of cutaneous recurrence in cervical cancer patients are cutaneous nodules, scar metastasis, drain site recurrence and episiotomy scar recurrence. Usually presence of synchronous advanced intraabdominal or pelvic metastasis and carcinomatosis are associated with subcutaneous implantation denoting advanced stage of disease.

CASES

A 45 year old P₅ L₅ lady underwent Abdominal Radical Hysterectomy for carcinoma cervix stage Ib1, histopathology showed squamous cell carcinoma of cervix and was advised to follow up for radiotherapy. She was lost to follow up. After one year of surgery she presented in the gynaecology OPD with abdominal wall scar site metastatic cancer. On general examination- Patient's general condition was satisfactory. Her vitals were stable. No thyromegaly, no cervical lymphadenopathy present. Chest – b/l clear, B/l breast- soft, no palpable lump. Per abdomen examination showed a supra pubic pfannenstiel scar present in the lower abdomen. The scar was replaced by a reddish, fungating proliferative growth of about 6x7 cm with irregular margins (figure 1).

The growth was hard in consistency, did not bleed on touch. The margins of the growth were irregular, indurated and non-tender. The growth was immobile and fixed to the adjacent skin and the underlying tissue. Bilateral inguinal lymphadenopathy present. B/l hard 3x2 cm 3-4 inguinal lymphnodes palpable. They were hard, non-tender and fixed. On per speculum examination vault was congested with increased vascularity. No discharge or obvious growth seen. On per vaginal examination vault was indurated and fixed to the overlying abdominal growth. On per rectal examination rectal mucosa was free. Biopsy was taken from the growth which was histopathologically similar to the primary tumor of carcinoma cervix i.e. squamous cell carcinoma (figure 2). CT scan whole abdomen and pelvis showed distant metastasis. She was referred to the radiotherapy department where she was given radiotherapy and chemotherapy.

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DISCUSSION

Most of the cervical cancer recurrences occur as pelvic or distant metastasis. Metastatic recurrence of the cervical cancer tumor at the laparotomy scar is extremely rare. To best of our knowledge till date 27 cases of abdominal scar metastasis have been reported (Daga *et al.*, 2014) (table 1). According to Imachi *et al.*, (1993) the incidence of skin metastasis depends on the stage of cervical cancer, the more advanced the disease the higher are the chances of recurrence with an incidence of 0.8% in stage I. Imachi *et al.*, (1993) also suggested that the incidence of skin metastasis may vary according to the cell type in histopathology, higher incidence seen in adenocarcinomas (5.8%) than in squamous cell carcinoma (0.9%). Our case is rare as the recurrence was seen in stage Ib1 patient and with the histopathology report of squamous cell carcinoma. Total reported cases of abdominal metastasis after surgery in cervical cancer to the best of our knowledge is 48 cases (Daga *et al.*, 2014; Iavazzo *et al.*, 2012) of which 27 cases seen after laparotomies, 19 after laparoscopic surgeries and 2 cases after robotic surgery. Most common site of recurrence is abdominal wall seen in 18 cases out of the total 27 laparotomy cases (Daga *et al.*, 2014; Iavazzo *et al.*, 2012) (Table1).

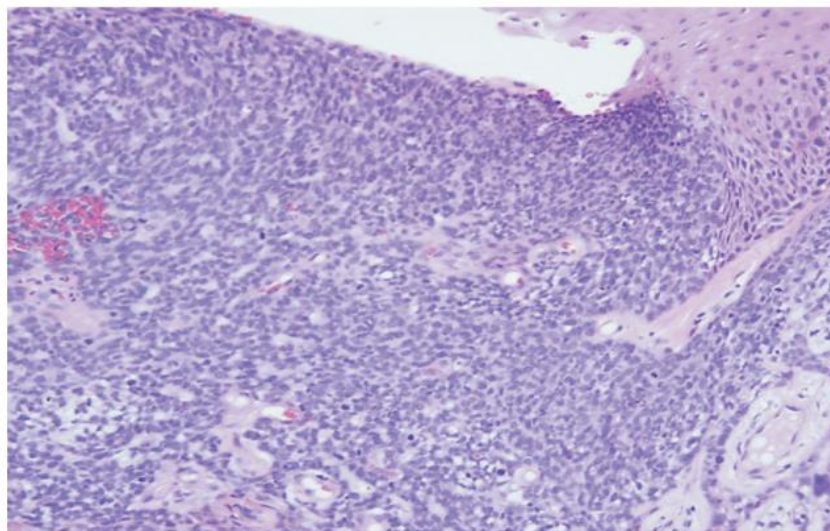


Figure 2: Showing Squamous cell carcinoma HPE slide



Figure 1: Abdominal scar metastatic recurrence

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Table 1: Showing comparative analysis of various previous studies on abdominal recurrence after surgery for cancer cervix.

Surgery Performed	Stage of Disease	Post-op RT	Sites of Metastasis	Time of Recurrence	Treatment
Radical Hysterectomy (22)	Stage IA (0)	Received (18)	Abdominal Wall (18)	≤6 months (10)	Wide excision (09)
TAH + BSO (02)	Stage IB (14)	Not received (09)	Drain Site (03)	6-12 months (05)	Chemotherapy (05)
Subtotal Hysterectomy (01)	Stage IIA (08)		Incision Site (05)	> 12 months (12)	Surgery+ Radiotherapy (06)
Pelvic exenteration (01)	Stage IIB (02)		Urinary Conduit Stoma (01)		Chemotherapy+ Radiotherapy (01)
Lymphadenectomy (01)	Stage IV (01)				Surgery+ chemotherapy (01) Combination (02)

Metastatic skin recurrences can occur in three common forms as nodules, plaques and inflammatory telangiectatic lesions (Brownstein *et al.*, 1972). In our case the lesion occurred as a fungating proliferative growth at the scar site. Various mechanisms for the recurrence at the incision site have been proposed as direct implantation of the tumor cells at the site of surgery. Sugarbaker *et al.*, (1977) reviewed and proposed that the fibrin platelet deposits may trap the circulating tumour cells in the micro circulation of the wound. Reingold *et al.*, (1986) proposed that the cervical carcinoma may metastasise through the local dermal lymphatics in a loco regional pattern. The treatment is mainly palliative in these cases due to the paucity of evidence and scanty number of reported cases no definite guidelines for the treatment of skin recurrences are present. The main treatment modalities are- surgical wide excision of lesion, radiotherapy and chemotherapy (platin based). The treatment mainly depends on the extent and stage of disease at the time of presentation of recurrence. The most important determinant and prognostic indicator of survival of patients with cutaneous recurrence is the time interval between diagnosis of cervical cancer and presentation of cutaneous recurrence. Prognosis associated with the skin metastasis is usually poor. The mean survival of patients with skin metastasis is about three months (Brady *et al.*, 1977; Bordin and Weitzner, 1972). Daga *et al.*, (2014) reported three cases of abdominal wall recurrences in which two were of the scar site recurrence and one abdominal wall recurrence after radical surgery in carcinoma cervix; one was treated by palliative chemotherapy and the other two by wide excision. In our case the recurrence occurred at the scar site and as the disease was advanced at the time of diagnosis of recurrence as evidenced by the presence of distant metastasis on CT scan, patient was given palliative chemotherapy and radiotherapy. Venkateshwaralu *et al.*, (2014) reported a case of isolated but bilateral scar recurrence on either end of the pfannenstiel scar one year after radical hysterectomy and external beam radiotherapy in cancer cervix patient. In our case the whole of the previous scar was replaced by fungating proliferative growth one year after radical hysterectomy for cancer cervix. Iavazzo *et al.*, (2012) also reported a case of a patient who had undergone abdominal radical hysterectomy for moderately differentiated cervical adenocarcinoma stage Ib1 and later presented with incisional site metastasis 36 months after her operation. In our case the patient had cancer cervix stage Ib1 with histopathology showing squamous cell carcinoma had undergone radical hysterectomy and came with scar site metastatic recurrence one year after surgery.

Conclusion

Scar site metastatic recurrence is extremely rare in cancer cervix patients post laparotomy. The prognosis of these patients is poor. Treatment of these patients is mainly palliative including radiotherapy, chemotherapy or wide local surgical excision.

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Take home messages- Though abdominal scar metastatic recurrence in cancer cervix is extremely rare and associated with poor prognosis, following protective measures⁶ can be undertaken during surgery to reduce the risk of recurrence- en block resection of the tumor, avoid excessive manipulation of tissues, lavage of the peritoneal cavity with heparin, providone iodine, normal saline post tumor resection. Cancer cervix patients must be kept on close follow up including clinical examination and imaging investigations with special emphasis to the incisional, port or drain sites for early detection of the recurrence.

REFERENCES

- Bordin GM and Weitzner S (1972).** Cutaneous metastases as a manifestation of internal carcinoma: diagnostic and prognostic significance. *American Journal of Surgery* **38** 629-34.
- Brady LW, O'Neil EA and Farber SH (1977).** Unusual sites of metastasis. *Seminars in Oncology* **4** 59-64.
- Brownstein MH and Helwig EB (1972).** Patterns of cutaneous metastasis. *Archives of Dermatology* **105** 862-8.
- Dhiraj Daga and Rohitashwa Dana (2014).** Abdominal wall recurrence in uterine cervix carcinoma: report of 3 cases and review of literature. *European Journal of Oncology* **19**(2) 104-111.
- GLOBOCAN (2012).** Cervical cancer - Estimated Incidence, Mortality and Prevalence Worldwide.
- Greenlee RM, Chervenak FA and Tovell MMH (1981).** Incisional recurrence of a cervical carcinoma- report of a case. *JAMA* **246** 69-70.
- Iavazzo C, Madhuri K, Tailor A and Butter-Manuel S (2012).** Incisional site metastasis in patients with cervical carcinoma: A case report and review of literature (Hindawi Publishing Corporation). *Case report in Obstetrics and Gynaecology*, Article ID 593732, Doi: 10.1155/2012/593732.
- Imachi M, Tsukamoto N and Kinoshita S et al., (1993).** Skin metastasis from carcinoma of uterine cervix. *Gynecologic Oncology* **48** 349-54.
- Reingold IM (1986).** Cutaneous metastases from internal carcinoma. *Cancer* **19** 162-8.
- Sugarbaker EV and Ketcham AS (1977).** Mechanisms and prevention of cancer dissemination: an overview. *Seminars in Oncology* **4** 19-32.
- Venkateshwaralu K and Asayas Bosco Chandra Kumar et al., (2014).** Abdominal wall scar recurrence of carcinoma cervix- a rare entity. *CIBTech Journal of Surgery*, ISSN: 2319-3875 (online) **3**(1) 1-4.