

Skin Metastasis of Cervical Cancer: About an Unusual Case

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Abstract

Although carcinoma of the cervix is one of the most common malignancy in women, haematogenous metastasis are relatively infrequent, and cutaneous metastases are unusual even in the late stage of disease.

We report an unusual case of cutaneous metastasis in a 37-years-old woman that preceded the diagnosis of cervical carcinoma. Following investigations revealed a carcinoma of the uterine cervix without other metastasis, so after the excision of the cutaneous metastasis the patient received three cycles of chemotherapy followed by pelvic chemoradiation on the primary tumor. The patient died three months after.

Like what we found in the literature, cutaneous metastasis of cervical cancer are associated with a poor prognosis and physicians should be aware of signs of skin metastasis from cervical carcinoma and judiciously select patients with subcutaneous nodule for biopsy.

Keywords: Skin metastases; Carcinoma of the uterine cervix

Introduction

Carcinoma of the uterine cervix is the most common gynecological malignancy in developing countries and if hematogenous metastases are uncommon at initial diagnosis, 15 to 61% women with cervical cancer will develop distant metastases within the first two years of completing treatment [1]. The most frequently seen metastases sites are lungs, bone and liver [2-4]. Skin metastases are unusual even in the late stages of disease with a quoted incidence ranging from 0.1% to 4.4% [5-11]. Mostly these metastases occur as a first sign of recurrence and are associated with poor prognosis.

We report an unusual case of cutaneous metastasis in a 37-years-old woman that preceded the diagnosis of cervical carcinoma.

Patient and Observation

A 37-year-old woman with no significant past medical history presents with a nodule in the upper back region that has been progressively enlarging over 1 month. Examination raised a subcutaneous nodule of 2×1.0 cm (Figure 1). There was no regional lymphadenopathy. A biopsy was done which showed a squamous cell carcinoma.

She also had a 6-month history of menorrhagia and abdominal pain. Pelvic examination revealed a 6-cm cervical lesion extending to the mild vagina with bilateral parametrial involvement. Examination under anesthesia confirmed a FIGO stage IIIB lesion.

Computed tomographies of the abdomen and pelvis revealed a

large tumor of the cervix and multiple pelvic lymph nodes. There were no distant metastases.

The nodule was secondly removed and the patient received three courses of cisplatin at 50 mg/m² with 3 weeks interval. After that, she was treated with concurrent chemotherapy and radiation followed by low-dose brachytherapy. Three months after the end of the chemoradiotherapy, the disease subsequently progressed and the patient died 10 months after the appearance of cutaneous metastatic disease.

Discussion

Cervical cancer is the third most common cancer in women and in many western countries screening programs have reduced the incidence of invasive disease and permitted an early diagnosis [12,13]. In our country, such programs are not available and if most of our patients present with locally advanced stages, metastatic disease represent only 4% of cervical cancer admitted in our institution. Indeed, hematogenous metastases in cervix carcinoma are relatively infrequent and usually occur in lungs, liver and bones [2-4].

Cutaneous metastases from an internal malignancy are uncommon. Multiple retrospective reports of non-melanoma cancers found such metastases in 0.7 to 10% patients [5-9].

When cutaneous metastases occur in women the breast (60–69%), large intestine (9%), lung, kidney, and ovary are the most likely primary tumours [6].

Cutaneous metastases from carcinoma of the cervix are rare, even in the late stages of disease with a reported incidence of 0.1 to 4.4% [5-11]. These metastases tend to be close to the site of the primary



Figure 1: Cutaneous metastatic nodule in the upper back region.

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tumour, [8] and the usual mode of spread has been suggested to be the lymphatic system [10,11,14]. In uterine cervical cancer, the most common sites of skin metastases are the abdominal wall and vulva followed by the anterior chest wall [3,6,9]. But some authors report unusual localizations such the hand, the face or the scalp [14-18]. In such cases of metastases the possible reason could be attributable to a retrograde spread of tumour secondary to lymphatic obstruction [10] or to a hematogenous spread [19].

Our patient had a cutaneous metastasis in the left upper back. We believe that our case is the second described in this such unusual localization after the case described by Haye and Berry in 1992 [20]. The three most common morphological presenting symptom are nodules, plaques, and inflammatory telangiectatic lesions [6,10,11,21]

Skin metastases from cervical carcinoma occur predominantly in cases of tumour recurrence with metastasis developing up 14 years after the initial diagnosis [21,22]. In most cases, these patients are not amenable to curative treatment because of the advanced disease or recurrence at primary with multiple distant metastases. [10,21]. Only two cases of cutaneous metastasis at initial presentation have been reported in the literature [19,23]. Our case demonstrates that cutaneous metastases may be the primary presentation of the disease.

Finally, it appears that skin metastases are generally an ominous sign of widespread terminal disease, the mean survival being 3 months and survival for more than 1 year is seen in only 20% patients [5,10,15,21].

Our results are consistent with these reports: even with extirpation of the skin metastasis followed by neoadjuvant chemotherapy and chemoradiation for the primary cervical cancer the patient died 10 months after the diagnosis of her cancer.

Conclusion

Cervical carcinoma is a common gynecologic malignancy in the worldwide; however cutaneous metastasis remains extremely rare and physicians should be aware that skin manifestations may be the first sign of carcinoma of the uterine cervix.

Consent

Written informed consent was obtained from the patient for publication of this case report.

Competing Interests

The authors declare no competing interest.

Authors' contributions

All the individuals listed as co-authors in this manuscript have participated in the research work and manuscript write-up in ways that conform to ICMJE authorship criteria.

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