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Oncology

COLONIC METASTASES OF CERVICAL CANCER, ABOUT A CASE WITH REVIEW OF THE LITERATURE.

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ABSTRACT The metastases of the colon of gynecological origin and in particular of cervical origin are described in a detailed way in the literature, their revelation by an occlusive syndrome is even rarer.

We report a case of a patient followed in oncology for a cervical tumor localized since 2011, and who presented three years later, a metastatic relapse in the colon.

The colic angle as a metastasis site of cervical cancer, treated in adjuvant setting, with a four-year interval is the first case reported in the literature. the place of chemotherapy in such a situation (after metastasectomy) is debatable, and therapeutic strategy still remains not well codified.

KEYWORDS : cervical cancer, colon metastasis, chemotherapy

Introduction

The most well-known metastatic sites of cervical cancer are mainly pulmonary, bone and para-aortic lymph node location, however, colonic metastases of cervical cancer are very rare (1). We report a case of metastases at the right colic angle of an epidermal carcinoma of the uterine cervix, presenting with an obstructive syndrome four years after the end of adjuvant treatment of the cervical tumor.

Patient and observation

This is a patient aged 52 years, followed in medical oncology for cervical carcinoma of the cervix initially classified stage IB1 according to FIGO (p T 1bNxM0), treated in adjuvant situation in 2011, with an enlarged colpohysterectomy without cleaning, associated to an exclusive radiotherapy of 46Gy.

The patient remained under clinical and radiological control, after four years of surveillance, the patient presented an occlusive syndrome with diffuse abdominal pain, hence her consulation in emergencies, the radiological assessment objectified a mass of the right colic angle with colonic distention in ament. the exploratory laparotomy carried out urgently revealed a large stenosing tumor of the right colic angle, whose gesture consisted in a right hemicolectomy with ileocolic terminiolateral anastomosis.

Histology confirmed the secondary nature of the tumor mass.

As part of the extension assessment, TAP CT and postoperative tumor markers were all negative.

The patient was placed on systemic chemotherapy with cisplatin 50mg / m2 plus paclitaxel at a dose of 175mg / m2 (D1 = D21), having received 6 courses of treatment and then put on therapeutic pause. the patient is still alive.

Discussion

Cervical cancer is the third most common gynecological cancer in women worldwide (2), the early stage is better prognosis and can be cured treatment including radical surgery or chemoradiotherapy (3), but unfortunately, based on of retrospective studies, up to 17% of patients with this disease recur (4,5).

generally, cervical cancer spreads in an orderly and predictable manner (6), the first sites of metastasis are seen in neighboring organs such as the vagina, peritoneum, bladder, ureters, and rectum (6) ; then, the metastatic spread is at a distance that is seen in 50% at the advanced stage (7) and can be at the hepatic, pulmonary and bone level. the gastrointestinal tract is involved in about 8% of patients with cervical carcinoma; (8), whose colonic location is rare in the literature, the etiopathogenesis of colonic metastases in this gynecological cancer is still poorly understood (9), however, the elimination can be either hematologic, lymphatic or transperitoneal (3), in our case, the patient had no peritoneal carcinomatosis, cons, lymph node dissection is not done at the time of the initial surgery, suggesting that the lymphatic and / or hematologic pathway is most likely incriminated.

Surgery for colonic metastases is recommended (9).

after the metastasectomy of the colonic mass, the postoperative therapeutic strategy of cervical cancer is not well codified in the literature, some authors propose a local or systemic postoperative treatment (3,9), and some others prefer surveillance (10).

Conclusion

The diagnosis of colonic metastases of cervical cancer is rarely described in the literature, the reflex of the neoplastic etiology must always be present in case of an occlusive syndrome in order to establish an adequate management and avoid complications which can be deadly.

Conflicts of interest:

All the authors declare no conflict of interest.

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