



CERVICAL CARCINOMA METASTASIZING TO INTESTINE: A RARE CASE REPORT

Pathology

Dr. Lisa Varma Consultant Pathologist

Dr. Satyajee* Junior Resident, Department of Pathology, RIMS, Ranchi, India *Corresponding Author

Dr. Ajay Kumar Shrivastava Professor, Department of Pathology, RIMS, Ranchi, India

ABSTRACT

Cervical Carcinoma characteristically spreads by direct extension to the vagina, uterus, parametrium lower urinary tract and uterosacral ligaments. Apart from these lymph node metastasis is also common, which is directly related to the stage of disease. Hematogenous spread is rare and most commonly occurs to lung and bones.[1] We present a case of 52 year female with bowel obstruction which on investigations came out to be squamous cell carcinoma of cervix with distant metastasis to the intestine, which is very rare.

KEYWORDS

INTRODUCTION:

Cervical cancer is the second leading cause of cancer deaths among women in India. India alone accounts for about one-fourth of global burden of cervical cancer. Although the standard testing procedure in India for cervical cancer has been cytological examination (pap smear), VIA approach (visual inspection with acetic acid) has aided in early detection of the cancer. Recently, with the improvement of cervical cancer screening, the worldwide incidence and mortality of cervical cancer has decreased.^[2] However the incidence has increased in young individuals.

Almost all invasive squamous carcinomas are HPV associated, but rare HPV independent tumors do occur^[3] especially verrucous carcinoma.

Risk factors for developing squamous cell carcinoma reflect increased HPV exposure as well as cigarette smoking.

Grossly cervical carcinoma can be polypoid or deeply infiltrative. Microscopically three cellular variants of cervical squamous cell carcinoma exists, large cell non-keratinizing, keratinizing and small cell.^[4] Squamous cell carcinoma is the most common histologic subtype, accounting for approximately 80% cases, followed by adenocarcinoma constituting about 15% cases and remainder 5% adenosquamous an neuroendocrine carcinomas.

Immunohistochemically squamous cell carcinomas of cervix express keratins (nearly 100% cases), CEA(90%), p63 and p40. There may also be reactivity for β -HCG^[5] and parathyroid hormone related gene.^[6] Advanced cervical carcinoma spreads by direct extension to contiguous tissues, including paracervical soft tissues, urinary bladder, ureters, rectum and vagina. Distant metastasis may be found in liver, lungs, bone marrow, and other organs.^[7] Most patients with advanced cervical cancer die of the consequences of local tumor invasion rather than distant metastasis.

CASE REPORT:

A 52 year old female presented with intestinal obstruction. She underwent surgery for the same. Specimen of an ovarian mass, omentum and a part of intestine was received.

GROSS EXAMINATION:

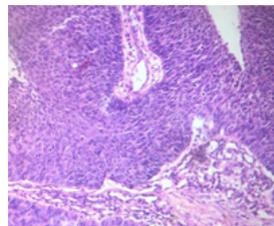
The ovarian tumor measured 12cm x 10cm x 5cm. Capsular breach was noted, the tumor was bosselated and external surface showed vascular congestion. Cut section showed predominantly solid, grey-white areas with areas of hemorrhage. Omentum measured 7cm x 5cm x 2cm and appeared unremarkable grossly. No palpable lymph nodes were found. The intestine measured 9cm in length and its cut section showed thickened wall and a constriction measuring 3cm which was located about 4cm from the proximal end and 1cm from the distal end.

MICROSCOPIC EXAMINATION:

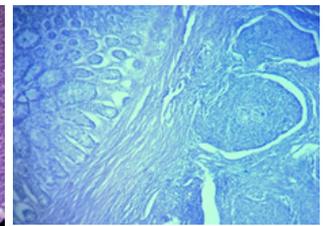
Cervix: Moderately differentiated Squamous cell carcinoma

Intestine: Moderately differentiated Squamous cell carcinoma extending upto muscularis propria of the intestine. Lymphovascular emboli were also seen.

Omentum: Uninvolved



Squamous cell carcinoma of the cervix; non-keratinizing type



Nests of squamous cells extending upto the muscularis propria of intestine

DISCUSSION

Cervical cancer is the second most common cause of cancer related death in women in India after Breast cancer and third largest cause of cancer related death in both men and women. It accounts for 22.86% of all cancer related deaths in women and 12% of all cancer related deaths in both men and women. According to Globocan 2012 data, total 1,23,000 new cases registered in the year 2012, out of which approximately 67,500 patients died of the disease.

Median age of presentation is about 38 years. Rural women are at higher risk of developing cervical cancer as compared to urban counterparts.

Prognosis of cervical squamous cell carcinoma is related to the clinical stage^[8] of the disease, nodal status^[9], size of primary tumor, depth of invasion^[10], endometrial extension, parametrial involvement and hematogenous spread^[11].

The relative 5 year survival rate is about 48.7% and chances of survival increases if it is diagnosed early.

Cervical carcinoma spreads characteristically by direct extension to the vagina, corpus (endometrium and myometrial wall), parametrium, lower urinary tract, and uterosacral ligaments. Lymph node involvement occurs in sequential fashion. Initially it involves the paracervical nodes, hypogastric nodes, obturator nodes and external iliac nodes and then the sacral, common iliac, aortic and inguinal group of nodes.

Hematogenous spread was considered very rare earlier, but with better control of the local lesion, its frequency has increased. Hematogenous

spread most commonly occurs to lungs and bones. Ovarian metastasis is less common than from endometrial adenocarcinoma. Spread to the intestine is very rare and has been reported in only a handful of cases.

Treatment is based on the stage of cancer and includes surgical intervention and irradiation with or without chemosensitization.

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