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ILEAL METASTASIS FROM CARCINOMA CERVIX WITH INTESTINAL OBSTRUCTION: AN UNCOMMON PRESENTATION

Obstetrics & Gynaecology

Priyanka Yoga P Assistant Professor, Dept. of Obstetrics & Gynecology, All India Institute of Medical Sciences, Mangalagiri.

Abhishek Raghava KS* Assistant professor, Dept. of Medical Oncology, Guntur Medical College, Guntur. *Corresponding Author

ABSTRACT

Intestinal metastases presenting at initial diagnosis of squamous cell carcinoma of the uterine cervix is extremely rare. It is extremely uncommon for squamous cell carcinoma of the cervix to spread to the ileum. We report a case of 55 years old female presented to the casualty with acute abdominal pain. She was evaluated and diagnosed with intestinal obstruction and underwent segmental resection with double barrel ileostomy. Intraoperatively multiple mesenteric, omental, serosal deposits were detected over entire small bowel. A mass arising from the cervix involving the anterior wall of rectum was detected. Post-operative histopathological examination showed features of metastatic carcinoma infiltrating wall of ileum (serosa, muscularis propria and submucosa) with omental deposits. Biopsy from the cervical lesion showed non keratinizing squamous cell carcinoma. She was planned for palliative radiotherapy to pelvis followed by palliative chemotherapy. Metastasis to the gastrointestinal tract from carcinoma of the uterine cervix is uncommon. The ileum is an unusual site for metastasis from carcinoma cervix.

KEYWORDS

Carcinoma cervix, intestinal obstruction, ileal metastasis

INTRODUCTION

Intestinal metastases presenting at initial diagnosis of squamous cell carcinoma of the uterine cervix is extremely rare. It usually indicates the late stage of disease in which most of them are associated with other hematogenous metastases. It is extremely uncommon for squamous cell carcinoma of the cervix to spread to the ileum. 9-27% of patients with carcinoma cervix develop distant metastasis, after radical radiotherapy.[1] Lungs, bones, and para-aortic lymph nodes are the most common sites of metastasis. After pelvic radiotherapy, intestinal obstruction is a rare complication. In the gastrointestinal tract, small intestine is the most frequent site affected with metastasis and can present with obstruction, hemorrhage, mal-absorption and perforation. Most common presentation is obstruction.[2] Metastasis from an extra-abdominal malignancy presenting with perforation is rare. Malignant diagnosis of small bowel lesions constitutes for 0.4% of all cancers and 0.2% of cancer-related mortality.[3]

Squamous cell carcinoma of the cervix is the second most common gynecologic malignancy. Most of the patients die from local extension rather than distant metastases. We present a case of ileal metastasis from cervical carcinoma confirmed by histopathological diagnosis, presenting with an acute intestinal obstruction at presentation.

CASE PRESENTATION

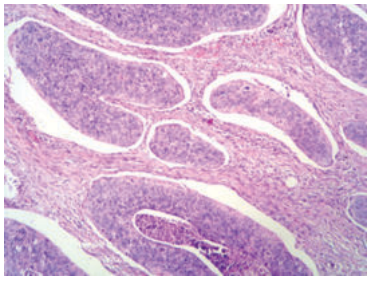

Figure 1: Metastatic carcinoma infiltrating wall of ileum (serosa, muscularis propria and submucosa)

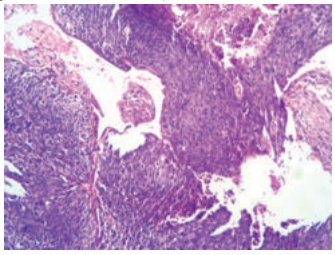

Figure 2: Photomicrograph of the lesion in the cervix showing the presence of malignant nonkeratinizing squamous cells

A 55-year-old woman presented to the casualty with acute abdominal pain. She was evaluated and diagnosed with intestinal obstruction and underwent segmental resection with double barrel ileostomy. Intraoperatively multiple mesenteric, omental, serosal deposits were detected over entire small bowel and 0.7 x 0.5 mm surface deposit over liver was identified. Multiple serosal deposits were present over body and fundus of uterus. A mass arising from the cervix involving the anterior wall of rectum was detected. Post-operative histopathological examination showed features of metastatic carcinoma infiltrating of serosa, muscularis propria by nest of tumor cells with marked pleomorphism and increased mitotic count 26/10 hpf, as shown in the figure 1. Angiolymphotic emboli is seen with evidence of extensive coagulative necrosis and surface mucosa is uninvolved. Omental nodule showed metastatic deposits. Mucosa was free of tumor. Biopsy from the cervical lesion showed non keratinizing squamous cell carcinoma, as shown in the figure 2. Diagnosis of peritoneal and ileal metastases of squamous cell carcinoma of cervix was made. She was planned for palliative radiotherapy 30 Gray in 10 fractions to pelvis followed by palliative chemotherapy. Metastasis to the gastrointestinal tract from carcinoma of the uterine cervix is uncommon. The ileum is an unusual site for metastasis from carcinoma cervix.

DISCUSSION

Small bowel metastases, as initial presentation for squamous cell carcinoma of the cervix, is extremely rare. Incidence of metastatic lesions is more common in small bowel as compared to that of primary lesions. Malignant melanoma is the most common extra-gastrointestinal primary to spread to the small intestine. The second most common gynecologic malignancy is squamous cell carcinoma of the cervix which accounts for 80-85% of all cases of cervix and adenocarcinomas constitute 15-20%.[4] Carcinoma of the cervix usually spreads by direct extension to the contiguous structures including the vagina, peritoneum, urinary bladder, ureters, rectum and paracervical tissue. Distant metastatic spread most commonly involves liver, lungs, and bone marrow. Involvement of gastrointestinal tract is seen in approximately 8% of patients, mostly affecting rectosigmoid.[5] Spread to the small bowel usually occurs through the lymphatics and less often through the blood stream or by peritoneal seedlings. Partial or complete bowel obstruction is the most common presenting symptom of small bowel lesions and perforation, hemorrhage and abdominal pain are less common.[6] Hemorrhage is often associated with benign tumors when compared to malignant lesions. Long- term prognosis is very poor with symptomatic small bowel metastases and treatment usually involves local resection of symptomatic lesions and end-to end anastomosis.

Small bowel neoplasms are rare, with an incidence of less than 1.0 per 1,00,000.[7] Small bowel malignancies are extremely unusual, accounting for only 1-5% of all gastrointestinal tract malignancies.[8] Adenocarcinoma accounts for 35-50% of small bowel tumors, and amongst them, 20-40% constitutes carcinoids and 14% lymphomas.[8]

The histopathological tumor subtype is associated with the distribution of the metastases in the small bowel. Most of the duodenal and proximal jejunal malignancies are adenocarcinomas whereas jejunal and ileal malignancies are lymphomas and carcinoids while sarcomas are seen through the entire small bowel.[8,9]

The survival rates of patients with cervical cancer have greatly increased over the past several decades which has been attributed to improved screening, as well as advances in chemotherapy and radiotherapy. The main causes of mortality in these patients are due to an increase in rates of recurrence and metastasis. In general, small bowel metastases carries a poor prognosis due to its non-specific symptoms.

CONCLUSION

Though extremely rare, intestinal metastasis from carcinoma cervix can present with features of intestinal obstruction and it is necessary to diagnose and treat appropriately. Resection of the metastatic lesion relieves acute intestinal obstruction and prevents perforation, which can be life-threatening.

Conflicts of interest

There are no conflicts of interest.

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The authors received no financial support for their research.

Consent

Written informed consent was obtained from the patient to publish this case report.

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N/A

Clinical Trial Registration

N/A

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