CASE REPORT

Metastatic Clear Cell Carcinoma of Cervix

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Introduction

Metastasis to the cervix from renal carcinoma (clear cell carcinoma), although reported in the literature, is very uncommon. The following case presented with massive hemorrhage due to metastatic clear cell carcinoma of the cervix, where bilateral ligation of the internal iliac arteries had been carried out.

Case Report

A 67-year-old postmenopausal lady, P1 + 0, was admitted to the gynecology department with severe vaginal bleeding. At the time of admission, she was in shock. Her history revealed that she had another bout of bleeding 3 months ago. She had attained menopause 18 years ago. Her history revealed that she had a left-sided renal clear cell carcinoma for which a left-sided nephrectomy was performed in 1995. Later, in 2008, she also developed a right-sided renal carcinoma with bone metastasis. She was treated conservatively by the surgeons, possibly because she had the left-sided nephrectomy earlier. She also had COPD and Type II

DM for the past 20 years and hypertension for the past 15 years. At the time of admission, her pulse was 110/min and BP was 80/50 mm of hg. She was severely anemic and in shock. Abdominal examination revealed a non-tender mass felt in the right lumbar region. The mass was about 8 × 10 cm, firm and fixed. There was no ascites. On Speculum examination, there was excessive bleeding with a passage of large clots and the cervix was bulky with friable fungating growth. On vaginal examination, the uterus was bulky and a large friable growth was found in the cervix extending to both lateral fornices. The mass bled on touch. On rectal examination, the rectal mucosa was free, the growth involved the parametrium up to the lateral pelvic wall, and no nodule was found in the POD. Clinically, she was diagnosed as a case of carcinoma of the cervix stage-IIIB. Hb was 5.2 gr%, TC-11700/cumm, Platelet count 311000/cumm, Urea 29 mg%, Creatinine 1.1 mg%, and all other parameters were within normal limits. The USG revealed a bulky uterus, cx bulky heterogeneous with ill-defined SOL(4 × 4) cm, and no fluid in the POD. The ovaries could not be traced. The right kidney was enlarged with heterogenous SOL. She was treated with I.V. fluids and 6 units of blood were transfused. Finally, her vitals stabilized. Cervical biopsy was taken on April 14, 2009. Histopathologic examination showed clear cell carcinoma of the cervix. She was bleeding almost everyday for which vaginal packing with acriflavine and betadine was given. But, it was difficult to stop her bleeding with all available hemostatic agents, blood transfusion, and vaginal packing. A total of 20 units of packed cell were transfused

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over a span of 1 month. Still, she continued to bleed vaginally and her Hb could not be raised above 7 gm%. The radiotherapist denied permission for radiotherapy because of her low Hb level. So, bilateral internal iliac artery ligation was planned and permission was taken from the radiotherapy department. Accordingly, bilateral internal iliac artery ligation was performed on May 08, 2009, through the extraperitoneal approach. Sampling of the pelvic lymph nodes was done and on histopathologic examination, it was found to be negative. The postoperative period was uneventful. Her vaginal bleeding stopped subsequently. She became stable and her Hb was raised to 10.2 gm%. Then, the radiotherapy was begun.

Discussion

Metastasis to the cervix from the distant primary foci is rare, the most common sites being the gastrointestinal tract (colon and stomach), the ovary, and the breast [1]. Instances of metastatic carcinoma of the kidney, gallbladder, pancreas, lung, and thyroid have also been described

[1]. Unusual gross appearance or histologic patterns like clear cell carcinoma may provide a clue to the possibility of the origin from a distant primary site [1]. We report a patient with clear cell carcinoma of the left kidney and metastasis to the cervix uteri. Metastasis from renal cell carcinoma to the female genitalia is uncommon and very rare. To our knowledge, not more than 5 cases have been published [2–4].

References

1. Felix J, Wright TC, Noel W. Modern surgical pathology, vol. II. 1st ed. Philadelphia: Saunders; 2003. p. 1320.
2. Seseke F, Kugler A, Hemmerlein B, et al. Metastasis from renal cell carcinoma to cervix uteri. *Scand J Urol Nephrol.* 1998;32: 290–2.
3. Bozaci EA, Atabekoglu C, Sertcelik A, et al. Metachronous metastasis of renal cell carcinoma to uterine cervix and vagina: case report and review of literature. *Gynecol Oncol.* 2005;99:232–5.
4. Lialios G, Plataniotis G, Kallitsaris A, et al. Vaginal metastasis from renal adenocarcinoma. *Gynecol Oncol.* 2005;98:172–3.