CASE REPORT

Abdominal Incision Metastasis from Carcinoma Cervix After Wertheim's Hysterectomy

Sinhasane Hema · Rao Sarvottam B.

Received: 20 May 2008 / Accepted: 27 June 2012 / Published online: 12 March 2013
© Federation of Obstetric & Gynecological Societies of India 2013

Introduction

Cervical malignancy accounts for 15 % of female malignancies, which metastasizes to the pelvis, lungs, bones, and liver [1]. Metastasis to the skin is an unusual presentation during the course of carcinoma of the cervix. The prognosis after skin metastasis is poor and often a terminal presentation.

Case Report

Mrs. K, a 68-year-old woman, was admitted on October 28, 2005, with complaints of pain and mass per abdomen for the past 1 month associated with fever, chills, rigors, and loss of appetite.

She underwent Wertheim's hysterectomy 4 years ago for carcinoma of the cervix Stage II A, followed by external beam radiotherapy. She was known to suffer from diabetes and hypertension. The patient was well built and anemic with pedal edema (Fig. 1).

A midline parietal wall solitary mass over the infra-umbilical vertical scar was visualized. The mass measured

8 × 6 cms in size, was firm in consistency, and had irregular margins.

Ultrasound and Computed tomography showed an anterior abdominal wall tumor of size 8 × 6 cms in the muscle and over it.

Incision and drainage under short general anesthesia yielded minimum amount of thick blood-stained discharge. Biopsy of the tissue showed squamous cell carcinoma, similar to histopathology of the primary tumor.

Discussion and Conclusion

Skin involvement is a late complication that rarely occurs in cervical carcinoma [2]. Most cancer recurrences are either pelvic or distant metastasis. Recurrences in the laparotomy scar are extremely rare [3].

Common postoperative irradiation does not deliver a sufficient dose to the anterior abdominal wall to prevent this kind of failure [1].

Prognosis after skin metastasis is poor [4]. The most important prognostic factor associated with survival is the interval time between diagnosis of cancer and documentation of cutaneous involvement.

Caution should be observed during laparotomy to remove the malignant neoplasm in order to prevent parietal discrimination.

Curative resection was not feasible in this patient. Partial resection of the adherent parietal wall was performed. Chemo-radiation was advised to improve the quality of life

Sinhasane H. (✉) · Rao S. B.
Department of Obstetric and Gynecology, M R Medical College,
Gulbarga, India
e-mail: hemsan94@yahoo.com

Fig. 1 Photograph showing secondaries in the laparotomy scar

of the patient. A survey of the literature showed few reported cases till date [5, 6, 7].

References

1. Macias V, Baiotto B, Pardo J, et al. Laparotomy wound recurrence of endometrial carcinoma. *Gynecol Oncol.* 2003;91(2):429–34.
2. Kagen MH, Ruhl KK, Aghajanian C, et al. Squamous cell carcinoma of the cervix metastasis to the skin. *J Am Acad Dermatol.* 2001;45(1):133–5.
3. Behtash N, Ghaemaghani F, Yarandi F, et al. Cutaneous metastasis from carcinoma of a cervix at drain site. *Gynecol Oncol.* 2002;85(1):209–11.
4. Srivastava K, Singh S, Srivastava M, et al. Incisional skin metastasis of a squamous cell cervical carcinoma 3.5 years after radical treatment—a case report. *Int J Gynecol Cancer.* 2005;15(6):1183–6.
5. Pradhan S, Asthana AK, Sharan GK, et al. Recurrence of carcinoma cervix in the scar of previous cesarean section: a case report. *Int J Gynecol Cancer.* 2006;16(2):900–4.
6. Sharma DN, Chawla S, Chander S, et al. Cervical carcinoma recurring in an abdominal wall incision. *Clin Oncol (R Coll Radiol).* 2000;12(6):354–6.
7. Chen CH, Chao KC, Wang PH. Advanced cervical squamous cell carcinoma with metastasis. *Taiwan J Obstet Gynecol.* 2007;46(3):264–6.