

Cutaneous Metastasis of Cervical Cancer: About a Case and Literature Review

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Abstract

Cutaneous metastases of cervical cancer are rare. We report the case of a patient with a secondary cutaneous localization of cervical squamous cell carcinoma treated at the medical oncology department of HASSAN II university hospital in Fez. The patient had a cutaneous nodule in the left axillary fossa appeared 4 years after the end of radiochemotherapy. Histological examination confirmed the metastatic nature of cervical cancer. But considering the presence of multiple metastatic sites in the liver the lung and the bone, palliative chemotherapy has been administered.

Keywords: Cervical Cancer, Cutaneous Metastases, Poor Prognosis

Introduction

Cutaneous metastases of cervical cancer are rare and can be confused with dermatitis [1]. Their presence is a factor of poor prognosis and their treatment remains palliative [2].

Case Presentation

We report a case of 40 year old woman treated in the department of medical oncology at Hassan II hospital University in Fez for a squamous cell carcinoma of the cervix who received radiochemotherapy and then remained under good control.

Four years later, the patient had a relapse in the liver and bone with the appearance of a nodule in the left axillary fossa measuring 1 cm evolving for a month.

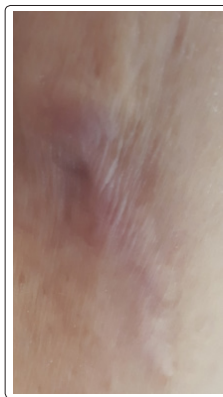


Figure: Axillary cutaneous nodule

The cutaneous nodule biopsy returned to an axillary localization of squamous cell carcinoma with P63 and CK5 / 6 expression in the immunohistochemical study.

The patient received seven courses of carboplatin paclitaxel with clinical and radiological progression. Then she received three other therapeutic lines: gemcitabine, navelbine and docetaxel currently in stability.

Discussion

The most common metastatic sites of cervical cancer are lung, liver and bone [3,4].

Cutaneous metastases of cervical cancer remain rare. Their incidence varies between 0.1% and 2% and appears to be higher in patients with adenocarcinoma of the cervix and undifferentiated carcinomas than squamous cell carcinomas [5-7].

In the Imchi et al series, 1190 patients had cervical cancer, 15 of whom had developed cutaneous metastases. Its incidence was 0.8% in stages I 1.2% in stages II and III and 4, 8% in stages IV [8].

The usual mode of spread is the lymphatic and hematogenous system [9]. The site of cutaneous metastases is variable, the abdominal wall the vulva as well as the anterior chest wall [10,11].

Other unusual localizations have been reported in the Pertzborn et al series, particularly in the hand, the face and the scalp [12,13].

Clinically, cutaneous metastases of cervical cancer may be single or multiple and occur as erythematous nodules, plaques or telangiectatic lesions [8,14].

Our patient had a single nodular lesion measuring 1 cm on the left axillary fossa.

The most common differential diagnoses are subcutaneous phycromycosis, benign dermatitis, mycosis fungoid and Kaposi's sarcoma [15].

The prognostic factor remains the time interval between the diagnosis of the primary tumor and the appearance of cutaneous metastases [7]. The earlier the metastasis is, the worse the prognosis is [7].

The average survival is 3 months and the survival of more than one year is in only 20% of patients [1,16,17].

Treatment of cutaneous metastases remains palliative. Palliative chemotherapy can be proposed. Radiation therapy may reduce symptoms [7,18].

For our patient she remained stable one year after the discovery of the cutaneous nodule and after receiving several lines of chemotherapy.

Conclusion

Cutaneous metastases of cervical cancer remain rare and represent a poor prognostic factor. Any unusual skin lesion must impose a biopsy. Their treatment remains palliative.

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