

Case Report

Carcinoma cervix with metachronous solitary abdominal wall secondary mimicking an irreducible incisional hernia

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ABSTRACT

Carcinoma cervix is the most common malignancy among rural women in India. Skin secondaries in carcinoma cervix are rarely encountered and usually indicate an advanced disease. We had a 65 year old post-menopausal woman who presented with an inflammatory abdominal swelling which also mimicked an irreducible incisional hernia. Postoperative histopathological examination (HPE) revealed it to be cutaneous metastasis from squamous cell carcinoma cervix. This case has been presented due to the rarity of a metachronous lesion appearing 10 years after surgical treatment of the primary and for the unexpected intra operative finding.

Keywords: Carcinoma cervix, Cutaneous metastasis, Metachronous

INTRODUCTION

Squamous cell carcinoma of the cervix is the most common malignancy among rural women in India. Cutaneous deposits from malignancies indicate an advanced disease and are rarely reported.¹ These cutaneous secondary's may rarely mimic other benign conditions. We present a case of carcinoma cervix with cutaneous secondary which mimicked an irreducible incisional hernia.

METHODS

A 65 year old post-menopausal woman presented to the emergency with acute onset of abdominal pain. There was history of a swelling over the upper abdomen for the past 6 months; along with constipation and abdominal distension of one week duration. She had undergone open abdominal radical hysterectomy (OARH) and adjuvant chemotherapy with Cisplatin and 5-Fluorouracil for stage 2A well-differentiated squamous cell carcinoma of the

cervix, 10 years back. There was also a history of incisional hernia, for which mesh repair was done two years ago. General examination was unremarkable except for pulse rate of 110 per minute. Abdominal examination revealed a 10 cm × 10 cm sized, soft, tender, parietal wall swelling in the supraumbilical region in the midline, without any cough impulse as shown in Figure 1. The skin over the swelling was warm and shiny. The abdomen was moderately distended and tender without any guarding or rigidity. Bowel sounds were present and shifting dullness was present. She had an infraumbilical midline vertical surgical scar. Digital rectal examination was normal with a loaded rectum. Vaginal examination did not reveal any recurrence.

Her blood reports were unremarkable except for leukocytosis (Total counts=16,400/mm³) with neutrophilia. X-ray films taken showed clear lung fields, no air under the diaphragm but with only gas filled non dilated jejunal loops.



Figure 1: Clinical picture of the abdominal wall swelling.

The patient underwent an emergency surgical exploration through an upper midline vertical incision. Deep to the subcutaneous plane, there was about 50 ml of pus, superficial to the mesh. After drainage of the pus, the mesh was seen infiltrated with a tumour, which was excised and sent for HPE as given in Figure 2.

There was no bowel loop inside the cavity. The pus inside cavity was the probable cause of tenderness and warmth over the swelling. The mesh was left undisturbed. The wound was closed after thorough debridement and wash. Patient had an uneventful postoperative period. Postoperative CT abdomen and thorax did not reveal any other metastases or recurrence. HPE report was suggestive of metastatic squamous cell carcinoma. She received palliative radiotherapy for the solitary cutaneous metastasis.

DISCUSSION

Cutaneous metastases from solid organ primaries are rare. They are usually caused by primaries from the breast, gastrointestinal tract and ovary.¹ Carcinoma of the cervix usually spreads by lymphatics or infiltrates into nearby structures. It may spread to lungs, bones by hematogenous route. It rarely spreads through dermal lymphatics to involve the skin, vulva.^{2,3} Synchronous cutaneous secondaries are reported in advanced disease and the prognosis is grave in these patients.¹ Skin secondaries have been reported in the inguinal region, scalp, abdominal wall, umbilicus etc.⁴⁻⁶ All cases reported in literature are synchronous metastases.



Figure 2: Intraoperative picture showing the mesh with the metastatic tumour around it.

Skin metastases usually indicate an advanced disease. Our patient developed it 10 years after the primary was treated. She presented with a warm and tender swelling mimicking an irreducible incisional hernia. These inflammatory findings in our patient may be explained by the abscess inside the metastatic deposit. After surgical extirpation and postoperative local adjuvant radiotherapy the patient is doing well on follow up, which may be partly explained by the fact that the primary is a well differentiated tumour.

CONCLUSION

This case is a rare instance of cutaneous metastasis from carcinoma cervix occurring very late (10 years). This case has been presented to emphasize the importance of high index of suspicion for such metastasis and the need for detailed imaging while dealing with a cancer survivor with acute abdomen.

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