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Case Report

Scar Metastasis: A Rare Case

Hooja Nupur[1], Mital Premlata[1], Seervi Nandaram[2], Choudhary Hemlata[2], Fatima Andaleeb[2], Priyanka[2]
[1]Professor, Department of Obst. & Gynae., S.M.S. Medical College & Hospital, Jaipur-302015, Rajasthan, India
[2]Resident, Department of Obst. & Gynae., S.M.S. Medical College & Hospital, Jaipur-302015, Rajasthan, India

***Corresponding author**
Dr. Nupur Hooja
Email: nupurhooja@gmail.com

Abstract: Skin metastasis from uterine cervical carcinoma is extremely rare. We present a case of a 50 year old woman presenting with thickening and pain in stitch line 14 months after Wertheim's Hysterectomy. FNAC from the site revealed Squamous Cell Carcinoma. Wide excision of the scar with placement of a mesh was done. There was no extension into the peritoneal cavity nor any adhesions. Histopathology confirmed the metastasis and showed the cut margins to be free. Available literature shows this to be a very rare complication.
Keywords: Scar metastasis, Wertheim's hysterectomy, Squamous Cell Carcinoma

INTRODUCTION

Skin metastasis from uterine cervical carcinoma is extremely rare [1-2]. We present a case of scar metastasis following Wertheim's hysterectomy.

CASE REPORT

A 50 year old woman presented in her regular follow-up visit with thickness and pain since 10 days in the scar of Wertheim's hysterectomy. The patient had been admitted in our hospital one year ago with complaints of postmenopausal bleeding. She had been menopausal since 10 years. On examination carcinoma cervix was suspected which was confirmed on biopsy. After complete work-up, Wertheim's hysterectomy had been performed in through a subumblical midline vertical incision. Stitches were removed on the 10^{th} postoperative day. Stitch line was healthy. Her postoperative period was uneventful. Histopathology had showed moderately differentiated squamous cell carcinoma extending into the fundus of uterus and upto the fallopian tubes. Lymph nodes had been negative for malignancy. Concomitant chemo-radiation was given, which was tolerated well by the patient. This included 6 cycles of weekly Inj. Cisplatin and 25 sittings of radiotherapy. Patient was under regular follow-up.

On examination: The whole length of the scar was thickened with softening at one point (Fig. 1). On per vaginum, examination, there was no growth or induration. Smear from the vaginal vault revealed no malignancy. FNAC of the swelling at the scar site was performed which showed squamous cell carcinoma.USG whole abdomen was normal. A CT scan was advised which the patient refused. After counseling, the patient was taken for surgery. A wide excision of the scar upto the peritoneum was done. Deficiency in the rectus sheath was closed by putting a prolenemesh. Skin was sutured with black silk. Stitches were removed on 10^{th} to 12^{th} postoperative day. Patient made an uneventful recovery. She continues to be under follow-up and shows no signs of recurrence. Histopathology showed squamous cell carcinoma, margins were free from tumor (Fig. 2).

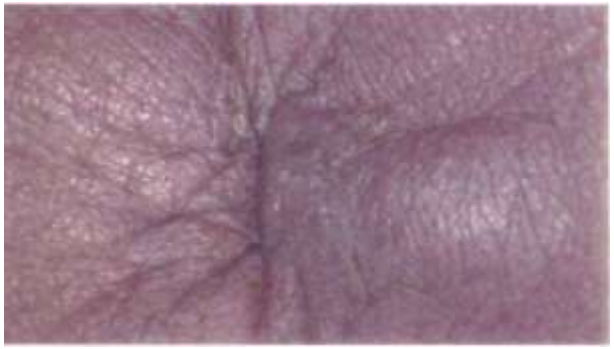

Fig. 1: Photograph of Scar Metastasis

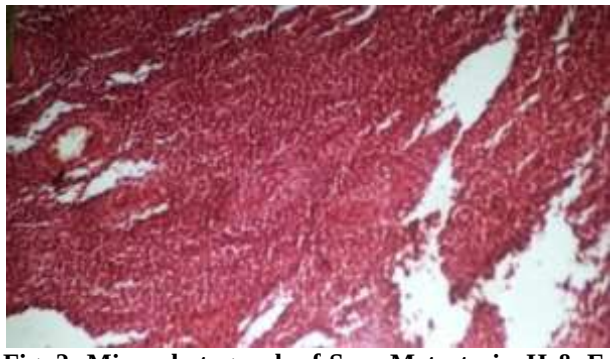

Fig. 2: Microphotograph of Scar Metastasis, H & E Stain 40X

DISCUSSION

In spite of the advances in the methods of treatment, approximately 30% of women with invasive cervical carcinoma die as a result of recurrent or persistent disease [4]. Cervical carcinoma often recurs within two years of treatment. The incidence of recurrence depends primarily on tumor bulk and the stage of the disease at presentation. Recurrence is categorised into four groups: a) recurrence at the primary site, involving the intrapelvic organs, b) extension to the pelvic side-wall, c) metastasis to pelvic and extrapelvic lymph nodes, or d) metastasis to distant organs. The common sites of distant metastasis are the lung, bone and the abdomen, in decreasing order of frequency. Because earlier additional treatment by chemotherapy or radiation therapy may improve the prognosis, the early detection of recurrence is clinically important.

The common primary sites in patients with skin or subcutaneous metastasis are the breast, colon, lung, and ovary. Skin metastasis from uterine cervical carcinoma is extremely rare. The most common sites of skin lesions are the abdominal wall and vulva, followed by the anterior chest wall, and in most patients there are multiple lesions. Recurrence at the site of a surgical scar is rare, but is a possible complication of hysterectomy It is classified as skin and subcutaneous involvement, and occurs mainly in patients who have not undergone combined radiation therapy or whose radiotherapeutic field did not include the surgical scar [3].

Similar case as ours has been reported by Choi *et al*. [3] who report subcutaneous metastasis in the surgical scar of a 55-yearold woman who underwent radical hysterectomy and radiation therapy.

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