

## CARCINOMA CERVIX WITH CUTANEOUS METASTASIS

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A 70-year-old female had cutaneous metastasis on the face and neck from carcinoma cervix. She had itching and oedema of the face and neck which was waxing and waning, but persisted later on. There were no complaints regarding the primary malignancy, though carcinoma cervix stage III was detected on routine examination. Histopathology of the lesion on the neck revealed a poorly differentiated carcinomatous deposit.

**Key words :** Cutaneous metastasis, Carcinoma.

Skin is a relatively uncommon site for metastases from internal carcinoma.<sup>1</sup> The incidence of cutaneous metastases from such tumours ranges from less than 1% to approximately 5%.<sup>1,2</sup> Incidence of cutaneous metastasis from carcinoma cervix accounts for only 3.1% and cervical lymph node involvement for only 1.5%.<sup>2</sup> A case of cutaneous metastasis on the face and neck from carcinoma cervix was recently detected in our department. Because of its rarity and unusual presentation the case is being reported.

### Case Report

A 70-year-old female was seen for swelling on the face and sides of neck of six months duration. She had itching of scalp followed by oedema of both eyelids, right cheek and both sides of neck. Initially, the oedema was waxing and waning. She had been treated with anti-histamines and diethyl carbamazine. The oedema gradually extended to involve the whole of face and was persisting for the last four months. She could not open her right eye because of the oedema. There was no history of fever or drug intake.

She was moderately built and nourished. She had pitting oedema of the whole of face including eyelids, and well defined erythematous,

oedematous, indurated skin lesions over both sides of neck. At some areas the lesion showed peau-de-orange appearance, and at certain other areas vesicles were present (Figs. 1 and 2). One anterior cervical lymph node on the left side was palpable, mobile and hard in consistency. Other cervical groups of lymph nodes could not be palpated because of oedema. No other group of lymph nodes was palpable. Oral cavity was normal. There was no hepatosplenomegaly. Other systems were within normal limits. A provisional diagnosis of secondary cutaneous metastasis was made. The patient was investigated to find the site of primary tumour. She was found to have unhealthy cervix which bled on touch. It was fixed and showed induration which extended to the pelvic side walls. It was diagnosed as carcinoma cervix stage III.



**Fig. 1.** Oedema and induration of the face.

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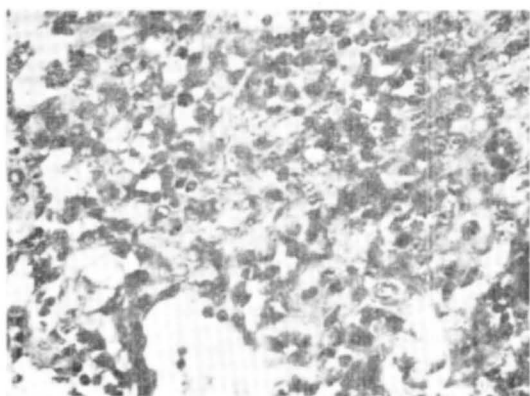
**Fig. 2.** Oedema and induration on the sides of neck.

Her haemoglobin was 10 gm% and ESR 60 mm. Her total and differential WBC counts, blood sugar, urea, liver function tests, X-ray chest and skull, barium swallow, barium meal and follow through, and urinalysis were normal. Biopsy from the skin lesion showed poorly differentiated carcinoma (Fig. 3).

She received weekly radiation of 800 rads for five weeks. The oedema of the face decreased and the indurated skin lesions on the sides of neck started subsiding.

#### Comments

Carcinoma cervix may spread by direct extension, lymphatic spread, or by vascular



**Fig. 3.** Skin infiltration with anaplastic carcinoma.

permeation and probably also by interstitial spread.<sup>3-4</sup> In this case, the oedema and induration of the skin may have resulted from metastasis into the lymphatics of the cervical region. The incidence of cutaneous metastasis from carcinoma cervix is very low.<sup>2</sup> In women, breast is the commonest site of primary tumour metastasizing to the skin, while carcinoma of the colon, kidney, stomach and ovary are next. But it is possible for primary tumour of virtually any internal organ to metastasize to the skin.<sup>1,3,6</sup>

Cutaneous metastasis usually appear in the vicinity of the primary tumour. Accordingly, tumours of the urinary tract and genital organs tend to metastasize to the lower abdominal wall.<sup>1,3,6</sup> Renal carcinoma and breast carcinoma are the ones which usually metastasize to the distant sites like face and scalp.<sup>1,8</sup> Carcinoma en cuirasse has diffuse brawny induration due to lymphatic obstruction, and inflammatory carcinoma shows acute erythema and swelling resembling erysipelas. These changes also result from lymphatic invasion and venous thrombosis.<sup>1,5,6</sup> This is common with carcinoma breast, but is not reported with carcinoma cervix.

The presence of lymph node metastasis is an adverse prognostic factor.<sup>4</sup> Distant spread usually occurs in the course of the disease.<sup>7</sup> An increased incidence of lymph node metastasis occurs with the poorly differentiated tumours.<sup>4,7</sup>

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