

Subcutaneous Metastasis From Squamous Cell Carcinoma of the Cervix. – Case Report

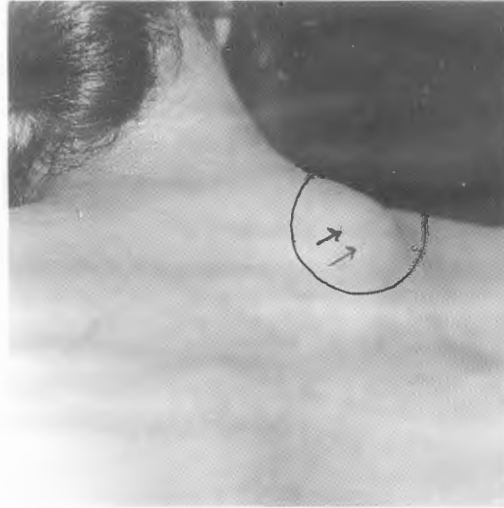
Monali Desai, Bharadwaj Desai.

1429, Akashdeep Society, Behind 'Akashwani', Makarpura Road, Vadodara.

A 40yr. old female patient Mrs. J.M.P. 3G 3P was diagnosed as having keratinising large squamous cell carcinoma FIGO stage II B in Nov.'96. She had received External Radiotherapy and branchy branchy-therapy which was completed in Jan.'97. scan was not done.

On 7 Feb 97 she presented with sudden swelling of the lower extremity since 1 week. She had severe backache and radiating pain in the same leg which was not relieved by analgesics and anti-inflammatory agents. On examination there was gross oedema of the left leg and sacral region. There was severe calf tenderness, minimal increase in temperature, no change in skin colour and decreased pulsations in Dorsalis pedis and popliteal artery.

On per speculum examination the vault was healthy. Bimanual examination showed left parametrium shortening and induration. CT scan revealed enlarged left pelvic and para-aortic nodes. CT guided FNAC of the enlarged para-aortic node was positive from metastasis. Renal and liver function tests were normal. X-Ray chest was normal. S. Alkaline phosphatase was normal. Bone



Right Suprascapular subcutaneous metastatic nodule.

showed metastasis from squamous cell carcinoma. 3rd cycle of CT was given and local XRT to the nodule was started. There was no reduction in pain or size of nodule and patient stopped all treatment and was lost to follow-up.

After 2 mths in May 97, patient presented with severe pain, Hb 4mg%, S. creatinine 5.2gm/dl, bilateral pedal oedema more on left side and subcutaneous nodule of 10 x 10cm size. Patient is given only symptomatic treatment now.

Low dose Aspirin, leg elevation, exercise, crepe bandage was given. Bleomycin 30iu, Ifosphamide 5g/m² and cisplatin 50mg/m² were given. On follow up after 20 days, patient had marked decrease in the left pedal oedema but no decrease in the pain. She complained of pain in Rt. suprascapular region but clinically there was no anomaly. 2nd cycle of CT was given.

After 7 days patient came with a painful 5 x 5cm subcutaneous nodule in the right suprascapular region which was increasing in the size. FNAC of the nodule