

# Unusual Cutaneous Metastasis from Carcinoma of the Uterine Cervix.

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**Introduction:** Carcinoma of uterine cervix is the commonest of malignancy seen in the Indian females. It is one of the curable cancers, when detected early. However, most of the patients present in an advanced loco-regional disease. Primarily the disease spreads through the lymphatics. The most common pattern of failure seen

in cervical cancer is at the primary site, followed by pelvis, lymph nodes, bones, lung and liver. Very rarely it metastasises to the skin which shows the aggressiveness of the disease. We present an interesting case of a 45 year old woman who had a cutaneous spread from carcinoma of cervix and managed with chemoradiation.



Fig-1: The clinical photograph showing the cutaneous nodule below the umbilicus.

**Case Report:** A 45 year old woman presented with a history of bleeding and watery discharge per vagina, pain in the lower abdomen and back. On clinical examination she had a large exophytic growth over the cervix. Both the vaginal fornices were obliterated. Upper one third of the vagina was also indurated. Per rectal evaluation the involvement of the parametrium upto lateral pelvic wall on both sides. The histopathological examination of the mass showed the features of large cell non-keratinising squa-

mous cell carcinoma. Routine Haemogram, liver and renal function tests, skiagram of chest were normal. Cystoscopy and rectosigmoidoscopy were normal. Subsequently she was planned for radical radiation therapy. The total dose of radiation therapy administered to the pelvis was 50 Gy in 27 fractions over a period of five and half

weeks by four field technique. After 40 Gy, mid-line shielding was done. At the end of treatment she was assessed for intracavitary radiation therapy and found to have significant residual disease locally as well as in the pelvis. A dose of 30 Gy was administered by intracavitary radiation therapy. Then the patient was followed in com-

bined gynecology cancer clinic. Six weeks later she presented with a skin nodule just below the umbilicus (Fig-1). A fine needle aspiration of that nodule confirmed the secondary spread of the disease to the skin. Considering the aggressive nature of the disease, she was considered for palliative chemotherapy consisting of Bleomycin, Iphosphamide and Cis-platinum (BIP). She received two cycles of chemotherapy but succumbed to the disease.