

# **Title: Abdominal scar metastasis in a patient with carcinoma cervix- a case report**

## **INTRODUCTION**

Incisional site scar metastasis from cancer cervix is extremely rare with an incidence 0.1-2 %. Cutaneous recurrence is associated with poor prognosis and there are no definite guidelines for management of these patients

## **CASE PRESENTATION**

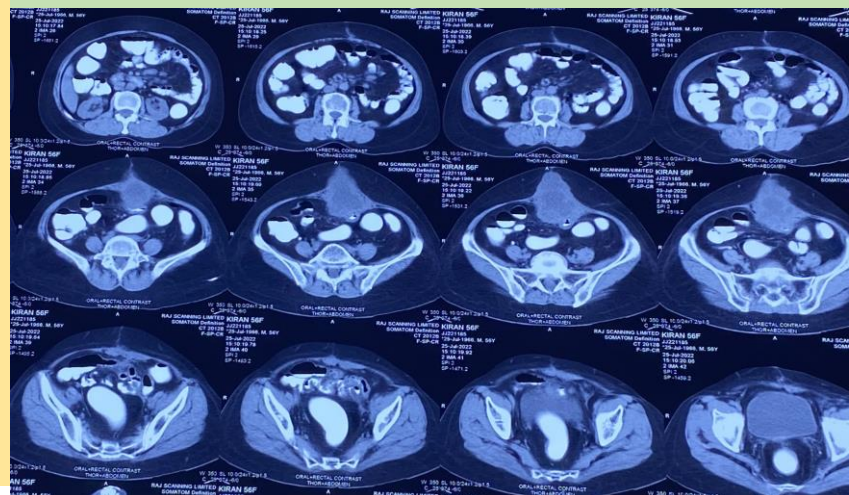
We present a case of a patient who underwent radical hysterectomy at a private hospital for ca cervix stage IB2 (DOS 22/5/21) and then referred at KSSCI for adjuvant treatment. Patient received EBRT and ICRT (DOC 2/9/21). On follow up visits, in Feb 2022 CECT showed an ill-defined heterogeneously enhancing soft tissue lesion 3X2.3X2.7 cm in anterior wall at scar site. The lesion was infiltrating underlying mesentery causing adjacent fat stranding. Patient was advised USG guided core biopsy from mass but she defaulted. Patient returned in July 2022 with a 10\*8 cm size hard fixed per abdomen, FNAC from which was suggestive of metastasis from squamous cell carcinoma. She was offered palliative chemotherapy (paclitaxel 240mg, Carboplatin 350 AUC). Patient died in Nov 2022 after 4 palliative chemotherapy.

## **CONCLUSION**

Though abdominal scar metastatic recurrence in cancer cervix is extremely rare and associated with poor prognosis, following protective measures can be undertaken during surgery to reduce the risk of recurrence- en block resection of the tumor, avoid excessive manipulation of tissues, lavage of the peritoneal cavity with heparin, providone iodine, normal saline post tumor resection. Cancer cervix patients must be kept on close follow up including clinical examination and imaging investigations with special emphasis to the incisional, port or drain sites for early detection of the recurrence

## **DISCUSSION**

Cutaneous metastasis from cervical cancer is relatively rare. With the estimated incidence of 1.3% in 1,190 patients with cervical cancer (1) Various mechanisms for the recurrence at the incision site have been proposed as direct implantation of the tumor cells at the site of surgery or through the local dermal lymphatics in a loco regional pattern. A biopsy should be performed for any suspicious cutaneous lesion. The treatment is mainly palliative in these cases due to the paucity of evidence and scanty number of reported cases no definite guidelines for the treatment of skin recurrences are present (2) The main treatment modalities are- surgical wide excision of lesion, radiotherapy and chemotherapy (platin based)



## **REFERENCES**

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