CASE REPORT
Cutaneous Metastasis from Carcinoma of the Cervix at the Drain Site

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Background. Metastasis to the skin occurs rarely in gynecologic cancer, especially in cervical carcinoma. Although carcinoma of the cervix is the second to the fourth most common malignancy in women, cutaneous involvement originating from cervical cancer is particularly unusual, even in the terminal stage of the disease.

Case. We present a case of cervical cancer recurrence with skin metastasis. The extensive skin lesion on the abdominal wall occurred 4 years after radical surgery and postoperative radiotherapy. This was a biopsy-proven metastasis from the patient’s primary cervical carcinoma.

Conclusion. As far we know this is the second case (after Copas et al., Gynecol Oncol 1995;56:102–4) of skin and subcutaneous tissues metastasis from cervical carcinoma at the drain site. Palliative chemotherapy and radiotherapy have a useful role in controlling symptoms. © 2002 Elsevier Science (USA)

Key Words: cervical cancer; skin metastasis.

INTRODUCTION
Carcinoma of the uterine cervix is a common neoplasm and it metastasizes mainly to the lung, bone, and liver [1, 2]. On the other hand, the common primary sites of patients with skin metastasis are the breast, large intestine, lung, and ovary [3]. Skin metastasis from carcinoma of the uterine cervix is a rare event. The reported incidence ranges from 0.1 to 2% [4].

The main sites of cutaneous metastasis in these cases were the abdominal wall or lower extremities [5]. However, we describe a 50-year-old woman with cervical cancer who developed a metastatic lesion on the lower abdominal wall.
The pelvis showed a large mass (6 cm) in the anterior abdominal wall extending to the abdominal cavity with no extension to any other organ (Figs. 1 and 2). This was consistent with the findings on physical examination. The patient received six courses of chemotherapy with cisplatin (50 mg/m² on day 1 and fluorouracil (1 g/m²/4 per day × 4 days; 24-h infusion) every 3 weeks. She received the treatment on schedule. At the end of the chemotherapy courses there was a 50% reduction in the size of the lesion. She received palliative radiotherapy of 3000-CGy external beam irradiation in 10 sessions (cobalt) over 2 weeks.

**DISCUSSION**

Metastatic carcinoma to the skin is an uncommon occurrence, with incidence rates of 5% or less [4, 6]. Breast cancer is one of the most common primary tumors to metastasize to skin [7]. The most common sites of cutaneous metastases in cervical carcinoma are the abdominal wall and lower extremities [5, 8]. This is consistent with other carcinomas, in that metastatic spread to the skin is commonly located near the site of the primary tumor [9]. The usual mode of spread has been suggested to be the lymphatic system [10]. There was no difference in the incidence of skin metastasis among the clinical stages [6].

In general, the histological type that most commonly gives rise to skin metastases is adenocarcinoma in women, whereas squamous cell carcinoma rarely does [11]. Macroscopically, three common patterns of skin metastases, such as nodules, plaques, and inflammatory telangiectatic lesions, have been recognized [11].

Skin metastases from cervical carcinoma occur predominantly in cases of tumor recurrences, with metastases developing up to 10 years after initial diagnosis and averaging less than 1 year [10, 12]. The prognosis associated with cutaneous metastasis of cervical carcinoma is poor. The mean survival of patients with this finding is 3 months [4, 13, 14].

Systemic treatment in patients with advanced disease is palliative. *Cis*-platinium is the single most active agent for treatment of cervical cancer. Palliative radiation is useful for
controlling symptoms [15]. At the end of chemotherapy and irradiation, we hope to consider the patient a candidate for surgical excision.

REFERENCES