A Unique Case of Metastatic Cervix Squamous Cell Carcinoma Presenting as a Large Bowel Obstruction

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INTRODUCTION

Cervical cancer is the third most common cancer in women. Histologically, squamous cell carcinoma (SCC) accounts for approximately 70% of all cervical cancers. Disease progression through metastasis or recurrence usually occurs within the first two years of treatment. Metastasis to the gastrointestinal tract is extremely uncommon.

CASE PRESENTATION

A 47 year-old female presented to the ED with abdominal pain and bloody stool for two days. Past history was significant for hysterectomy for uterine leiomyomas. Pathology revealed high grade dysplasia with squamous cell carcinoma in situ, and negative margins.

In the ED a CT scan was obtained which demonstrated dilated loops of bowel, with a transition point at the rectosigmoid junction secondary to a soft tissue density (figure 1). The patient was taken to the operating theatre for non resolving high grade colonic obstruction. A densely adherent mass was discovered in the pelvis. En bloc resection was performed of the rectosigmoid colon, bilateral ovaries, and portion of the bladder wall. Surgical pathology demonstrated poorly differentiated squamous cell carcinoma of cervical origin (figure 2).

The treatment was taken to the operating theatre for non resolving high grade colonic obstruction. A densely adherent mass was discovered in the pelvis. En bloc resection was performed of the rectosigmoid colon, bilateral ovaries, and portion of the bladder wall. Surgical pathology demonstrated poorly differentiated squamous cell carcinoma of cervical origin (figure 2).

REFERENCES


IMAGES

Figure 1: CT scan demonstrating mild dilatation throughout the colon, and dilatation of the small bowel (yellow arrow). Soft tissue nodular density (green arrow) at the rectosigmoid junction with apparent transition point.

Figure 2: Pathology from 2018 en bloc resection of adherent colonic mass. Islands of poorly differentiated carcinoma with squamous features (A, hematoxylin and eosin staining, ×40) infiltrate the desmoplastic stroma in the pericolic fat intestinal wall (B, hematoxylin and eosin staining, ×40). The colonic mucosa is focally eroded by the underlying tumor but is otherwise uninvolved.

DISCUSSION

Squamous cell carcinoma (SCC) of the colon is a rare entity. As a primary tumor its pathogenesis is unclear, and as a secondary tumor it arises through metastasis. It is important to differentiate between the two, as metastatic SCC to the colon carries a significantly worse prognosis. In either case, early detection and prompt intervention improve overall survival and disease free survival rates.

Colonic metastasis is often reported from primary sites such as the breast, kidney, ovary, and melanomas. It is rare that metastatic disease to the colon arises from the cervix. In advanced SCC of the cervix, distant metastasis occurs in 9-27% of patients. The most common sites include lung and para-aortic lymph nodes.

In general, sigmoid colon metastasis carries a poor prognosis due to its late presentation. The treatment for colonic metastatic tumor arising from cervical SCC remains controversial, as not enough cases have been reported to compare treatment outcomes. Surgery and debulking are the primary treatment modalities, while the role for radiotherapy and chemotherapy remain somewhat ambiguous.

In this report, we describe the case of colonic metastasis presenting as a large bowel obstruction. Surgery is the primary mode of therapy. Radiotherapy is indicated for unresectable masses, while the role of chemotherapy remains controversial. Ultimately, resection of metastatic lesions may help in palliative measures, and prevent recurrent obstructions.