

Research Journal of Pharmaceutical, Biological and Chemical Sciences

Squamous Cell Carcinoma of Cervix – Superficial Spreading to the Entire Endometrium along with Tubo-Ovarian Metastasis: A Rare Entity.

Rajashree Pradhan, Ranu Roy Biswas, Sajeeb Mondal, Supratik Bhattacharyya*,
Subrata Pal, and Arindam Bandopadhyay.

West Bengal Medical Education Services (WBMES), West Bengal, India.

ABSTRACT

Cancer of the uterine cervix is one of the commonest malignancies of the female genital tract particularly the squamous cell carcinoma. Involvement of uterine corpus from cervical Scc is usually through wall, superficial spreading to replace endometrium is unusual while only occasional reports of its spread to ovaries are available and is significantly a rare phenomenon of metastasis to fallopian tube. We report a case of 60 yrs old woman having squamous cell carcinoma of cervix associated with intraluminal spread to unilateral tube & ovary and superficial spreading into endometrial cavity without any lymph node involvement.

Keywords: Cervical squamous cell carcinoma, intraluminal spread, , fallopian tube metastasis.

**Corresponding author*

INTRODUCTION

Cervical squamous cell carcinoma generally invades directly into the uterine wall. Superficial spreading to replace the endometrium is quite unusual & been rarely reported. [1] The ovary is the commonest pelvic genital organ involved in tumor metastasis. [2,3] Cervical squamous cell carcinoma metastasizing to the ovary is rare, [4] the incidence varying from 0% to 1.3%. [2] In case of fallopian tube commonest malignancy is metastatic tumors [5] which usually arises from ovary, endometrium, breast, lung etc. But metastasis from cervical carcinoma is apparently never seen. [6]

Case Summary

A 60 years old post menopausal female gravida 3 para 3 visited the Gynaecology OPD with chief complaints of heavy vaginal bleeding. Subjected to colposcopic biopsy of cervix, whose histopathology shows keratinizing squamous cell carcinoma. Then the patient underwent TAH & bilateral salpingo-oophorectomy. Histopathologic analysis revealed keratinizing squamous cell carcinoma of cervix with superficial spreading into the endometrium and intraluminal spread to one of the fallopian tube & ovary in the absence of any lymphnode involvement.

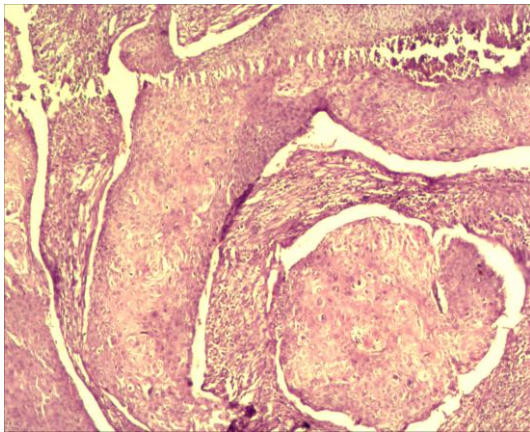


Figure 1: Foci of Squamous cell Carcinoma

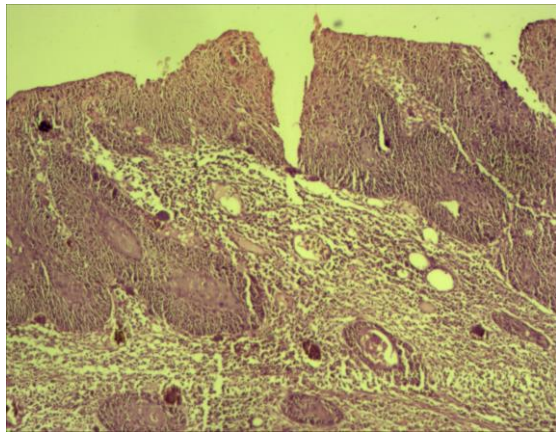


Figure 2: Superficial Foci of Carcinoma

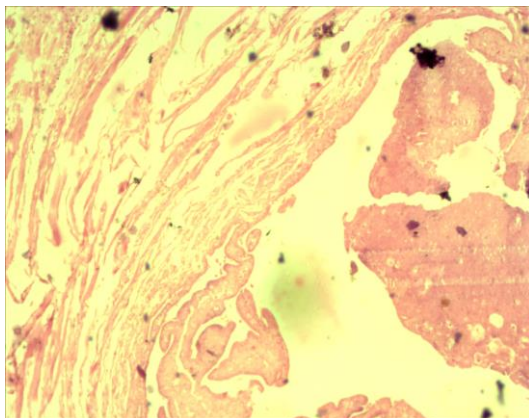


Figure 3: Metastatic deposit within tubal lumen

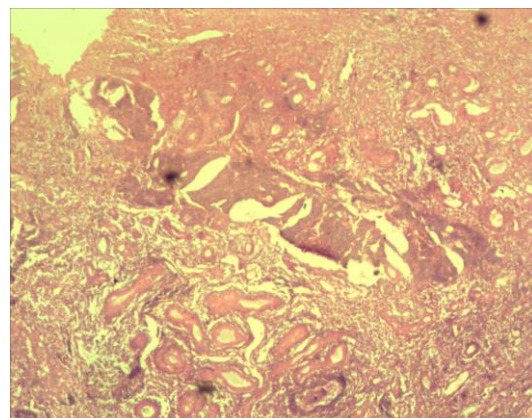


Figure 4: Deposit within ovarian stroma

DISCUSSION

Cervical squamous cell carcinoma generally invades directly into the uterine wall with or without parametrial involvement. Cervical squamous cell carcinoma that spreads superficially to the inner surface of the uterus and replace the endometrium with carcinoma cell is called superficial spreading squamous cell carcinoma and has been extreme rarely reported. [1,7,8] Cervical squamous cell carcinoma metastasizing to

fallopian tube is an extremely rare event (practically never seen). [6] In this case there is intraluminal spread involving fallopian tube mucosa. Cervical cancer is a rare cause of ovarian metastasis. [9] The incidence is higher in adenocarcinoma (18.6%) followed by adeno-squamous carcinoma (6.7%) and the least in squamous cell carcinoma (0%). Recent studies reported a significantly lower incidence squamous cell carcinoma compared to adeno-carcinoma from the same site. [4]

REFERENCES

- [1] Gurgor T, Actinkaya SO, Ozat M, Akbay S and Mollamahumtuglu L. Arch Gynecol Obstet 2011; 283: 323-327
- [2] Aida H, Kodoma S, Aoki Y, Shimizuk Horma S, Karazawa K, etal. Nihon Saraka Fujinka Gakkai Zasshi 1992; 44: 315 – 22
- [3] Toki N, Tsukamoto N, Kak T, Toh N, Saito T, Kamura T et al. Gynaecol Oncol 1991; 41: 46-51
- [4] Maheshwari V, Jain A, Alam K, Sharma R. Indian J Pathol Microbiol 2008; 51 : 311-2
- [5] Haines & Taylor. Obstetrical and Gynaecological pathology, Churchill Livingstone, fifth ed. 2002, pp 605,613
- [6] Haines & Taylor. Obstetrical and Gynecological pathology, Churchill Livingstone, fifth ed. 2002, pp 613
- [7] Tan GC, Isa MR, Ng SP Jamil MA. J Obstet Gynaecol Rcs 2004; 30 : 363-367
- [8] Kushima M, Fujii H, Murakami K et al. Int J Gynecol Pathol 2001; 20: 353-358
- [9] Young Rlt, Gersell DJ, Roth LM, Scully RE. Cancer 1993; H (2) : 407-418