CASE REPORTS

SQUAMOUS CELL CARCINOMA OF THE CERVIX METASTATIC TO THE UMBILICUS

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A patient with umbilical metastasis from a primary squamous carcinoma of the cervix is presented and the literature is reviewed.

Metastasis to unusual sites occurs in a significant number of patients with malignant disease. Metastasis to the skin from internal malignancies is generally considered to be a preterminal event, and occurs in 1 to 5 percent of cases. Umbilical metastases account for 10 percent of the lesions involving the abdominal wall, and are generally adenocarcinomas. Metastases from a squamous cell carcinoma of the cervix are extremely rare, and only a few cases are reported.

CASE REPORT

An 86-year-old, gravida 2, para 2, black woman was admitted to the tumor service with a three-month history of rectovaginal bleeding. General examination revealed a firm, solid 3 to 4 cm mass encircling the umbilicus (Figure 1). Gynecological examination revealed 3 to 4 mL of clotted blood in the vagina. An exophytic, friable lesion arising from the cervix involved the upper half of the vagina, extended onto the pelvic sidewalls, and involved the bladder. Biopsies of the cervix, umbilical mass, and the bladder wall revealed moderately differentiated squamous cell carcinoma (Figures 2, 3, and 4). The patient was staged as IVB, treated palliatively with external irradiation, and discharged for follow-up by the oncology clinic. She did well during the interval, but was readmitted to the hospital about four months later with recurrent vaginal bleeding and increased growth and hemorrhage of the umbilical mass. Treatment at this time consisted of an additional 1,000 rad to the pelvis and 2,000 rad to the umbilical mass. She died a few weeks after completion of therapy, six months after diagnosis.

DISCUSSION

Because of the embryological and anatomical communications of the umbilicus with the intraabdominal organs, the umbilicus may harbor a variety of tumors. Tumors may arise from the attachments of the round and falciform ligaments, the urachus, and vestiges of the omphalomesenteric duct. Lymphatic and venous communications with the umbilicus may carry tumor from the upper and lower portions of the body. Direct extension from the peritoneal surfaces may occur, and tumor may lodge in the umbilicus via the arterial system.

Many adenocarcinomas metastasize to the umbilicus.[1] More common are lesions from the gastrointestinal tract and the gynecological system. Of the lesions of known origin, the most common metastatic tumors to the umbilicus in women are carcinoma of

continued on page 1296

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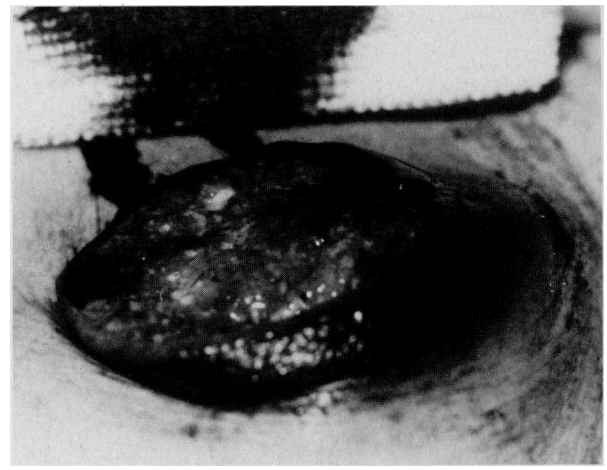

Figure 1. Squamous carcinoma metastatic to umbilicus.

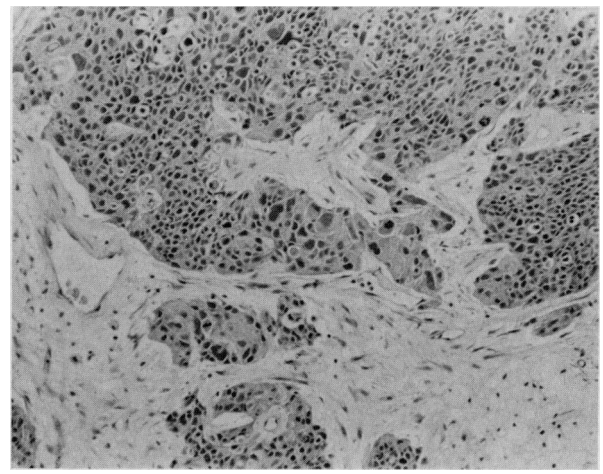

Figure 2. Cervical stroma with fragments of infiltrating moderately differentiated squamous cell carcinoma

the colon and ovaries. Lesions may, however, arise from the small bowel, appendix, rectum, liver, gallbladder, fallopian tubes, uterus, kidney, and breast. Notably absent are reports of lymphoma, leukemia, recticuloendothelial and bladder and genitourinary tract tumors metastasizing to the umbilicus.

In general, metastasis to the skin from internal organs occurs in about 1 to 5 percent of cases, but umbilical metastasis from a cervical carcinoma is extremely rare, and only a few cases have been reported. Squamous lesions metastasizing from the cervix to the skin have previously been reported.[2-4] In review-

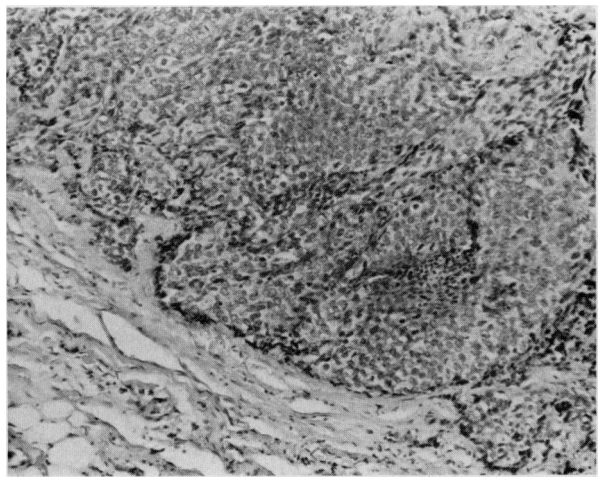

Figure 3. Nests of poorly differentiated squamous cell carcinoma infiltrating the soft fibroadipose connective tissue of the umbilicus and periumbilical region

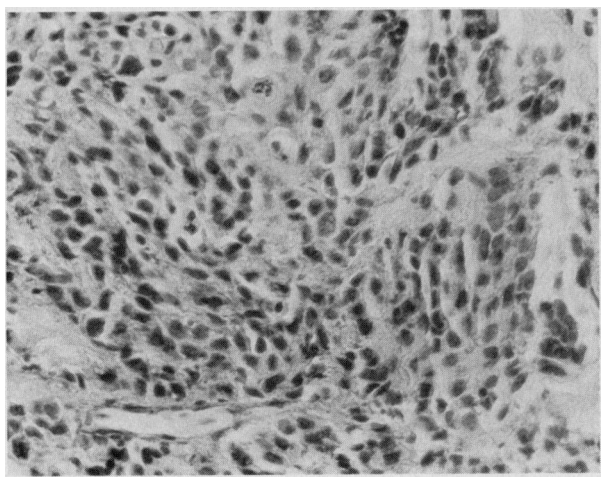

Figure 4. Squamous cell carcinoma infiltrating the bladder wall

ing 112 cases of umbilical metastases from the Armed Forces Institute of Pathology, Steck and Helwig[5] found only one case arising from the cervix. Daw and Riley[6] reported an additional case. The case reported here constitutes the third report.

Metastasis to the skin portends a poor prognosis with the average survival being approximately three months from discovery of the lesion. Patients with ovarian cancers, however, tend to survive for longer periods, up to approximately seven months. Steck and Helwig[5] recommended wide excision of the lesion with provision for abdominal exploration pending results of a frozen-section examination, particularly when the primary site is unknown. Because of the size of the lesion in the case report by Daw and Riley,[6] excision was not possible, and treatment was not given. In reports by others[7,8] dealing with different primaries, wide local excision of the umbilicus has been utilized as the method of treatment.

Because of the rarity of these tumors, the best treatment is not known. A wide local excision with removal of the lesion is the recommended treatment at the present time.

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