

Rare Presentation of Isolated Scar Site Recurrence in a Case of Carcinoma Cervix

Abstract

Scar site recurrence is a rare phenomenon and is even rarer in squamous cell carcinoma. We present a special case of isolated scar site recurrence in a patient with carcinoma cervix detected on fluorodeoxyglucose positron emission tomography-computed tomography, 2 years after hysterectomy and radiotherapy.

Keywords: *Carcinoma cervix, fluorodeoxyglucose positron emission tomography-computed tomography, scar site metastases*

A 55-year-old woman, with a history of squamous cell carcinoma cervix, for which she underwent hysterectomy followed by local radiotherapy 2 years back, now presented with pain abdomen for the last 2 months. On clinical examination, there was a hard, fixed mass palpable in the lower anterior abdominal wall. With the suspicion of recurrence, she was referred to our department for fluorodeoxyglucose positron emission tomography-computed tomography (FDG PET-CT). FDG PET-CT showed metabolically active heterogeneous density lobular lesion in the lower anterior abdominal wall involving bilateral rectus abdominis muscles, along the hysterectomy scar as seen in MIP [Figure 1a], CT [Figure 1b-d], and fused PET-CT images [Figure 1e-g], suggesting scar site metastases. No other hypermetabolic lesion in the rest of the body was noted. This lesion was later confirmed on histopathological examination.

The mechanism of scar site metastases has not been clear. Few authors have suggested tumor implantation at the time of surgery as a mechanism for incision site metastasis,^[1] while others have suggested the mode of retrograde spread of tumor secondary to the lymphatic obstruction.^[2] Scar site recurrences have been known to occur in laparotomy scar, cesarean delivery scar, episiotomy scar, etc. The selection criteria for scar site

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

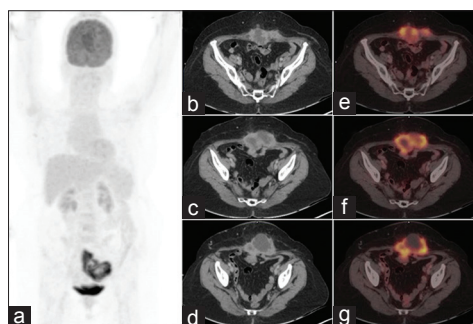


Figure 1: Fluorodeoxyglucose positron emission tomography-computed tomography images show metabolically active heterogeneous density lobular lesion in the lower anterior abdominal wall involving bilateral rectus abdominis muscles, along the hysterectomy scar as seen in the MIP (a), computed tomography (b-d), and fused positron emission tomography-computed tomography images (e-g)

recurrence include recurrences in or near the scar, which is visible or palpable, and are histologically confirmed.^[3] Metastatic scar site recurrences have been documented in adenocarcinoma of ovary, colon, gallbladder, and pancreas; however, such a phenomenon is rare in cervical carcinoma and even rarer in squamous type.^[4-7] Our case is an unusual one as scar site was the only site of recurrence.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be

How to cite this article: Parida GK, Mitra S, Jena S, Suman A, Muthu GS. Rare presentation of isolated scar site recurrence in a case of carcinoma cervix. Indian J Nucl Med 2020;35:68-9.

Girish Kumar Parida, Sujata Mitra, Sanghamitra Jena¹, Akchata Suman, Gopal Sonai Muthu

Departments of Nuclear Medicine and PET-CT and ¹Surgical Oncology, Tata Main Hospital, Jamshedpur, Jharkhand, India

Address for correspondence:
Dr. Girish Kumar Parida,
Department of Nuclear Medicine and PET-CT, Tata Main Hospital, Jamshedpur - 831 001, Jharkhand, India.
E-mail: grishh135@gmail.com

Received: 25-09-2019,
Revised: 14-10-2019,
Accepted: 21-10-2019,
Published: 31-12-2019.

Access this article online

Website: www.ijnm.in

DOI: 10.4103/ijnm.IJNM_176_19

Quick Response Code:



published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

1. Malfetano JH. Skin metastases from cervical cancer: A fatal event. *Gynecol Oncol* 1986;24:177-82.
2. Imachi M, Tsukamoto N, Kinoshita S, Nakano H. Skin metastasis from carcinoma of the uterine cervix. *Gynecol Oncol* 1993;48:349-54.
3. van den Tillaart SA, Schoneveld A, Peters IT, Trimbos JB, Van Hylckama Vlieg A, Fleuren GJ, *et al.* Abdominal scar recurrences of cervical cancer: Incidence and characteristics: A case-control study. *Int J Gynecol Cancer* 2010;20:1031-40.
4. Iavazzo C, Madhuri K, Tailor A, Butler-Manuel S. Incisional site metastasis in a patient with cervical carcinoma: A case report and review of the literature. *Case Rep Obstet Gynecol* 2012;2012:593732.
5. Wahlqvist L. Resection of the abdominal wall in metastasis from cancer of the bladder, kidney or colon. *Eur Urol* 1977;3:26-8.
6. Selo-Ojeme DO, Bhide M, Aggarwal VP. Skin incision recurrence of adenocarcinoma of the cervix five years after radical surgery for stage 1A disease. *Int J Clin Pract* 1998;52:519.
7. Naumann RW, Spencer S. An umbilical metastasis after laparoscopy for squamous cell carcinoma of the cervix. *Gynecol Oncol* 1997;64:507-9.