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## Cervical cancer with a rare umbilical metastases in prior surgical site



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## ABSTRACT

**INTRODUCTION:** Port-site metastasis of cervical cancer is a relatively rare occurrence, and has been reported in the published literature as a pre-terminal event.

**PRESENTATION OF CASE:** We present the case of a 52-year-old female who was diagnosed with cervical cancer after presenting to our institution's hospital with urinary symptoms not relieved by multiple treatments with antibiotics. To fully evaluate the extent of disease, positron emission tomography-computed tomography imaging was obtained, showing an area of mildly increased fluorodeoxyglucose uptake in her umbilicus. While undergoing external-beam radiotherapy treatment for her cervical cancer, she began to experience pain in the umbilicus associated with a mass. A biopsy was taken, revealing metastatic cervical cancer at the site of a previous port-site incision for a cholecystectomy that the patient underwent 18 months before the finding.

**DISCUSSION:** Port-site metastasis have been reported following kidney, bladder, and colon cancer resections, with reports of cervical cancer cases being exceedingly rare. Several hypotheses have emerged as potential explanations for port-site metastasis.

**CONCLUSION:** To our knowledge, this represents the first reported case of a port-site metastasis to an incision site created for an unrelated laparoscopic surgery, performed well in advance of the diagnosis of cervical cancer.

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## 1. Introduction

In developed countries, cervical cancer is the eleventh most common type of cancer in women, and ninth most common cause of cancer mortality [1]. Cervical cancer usually spreads through direct invasion of the surrounding anatomical structures or through the lymphatics and circulatory system. Hematogenous spread typically results in metastasis to the bones, lungs, and liver, while lymphatic spread travels first to the iliac, obturator, and then parametrial lymph nodes [2,3].

Imachi et al. reported a mean interval time between diagnosis of cervical cancer and discovery of skin metastasis of 16.9 months [4], with skin metastasis becoming more likely as the stage of cervical cancer increases [5]. Cutaneous metastasis from cervical cancer has previously been reported as a preterminal event, with a time of diagnosis to death of 3 months [6].

## 2. Presentation of case

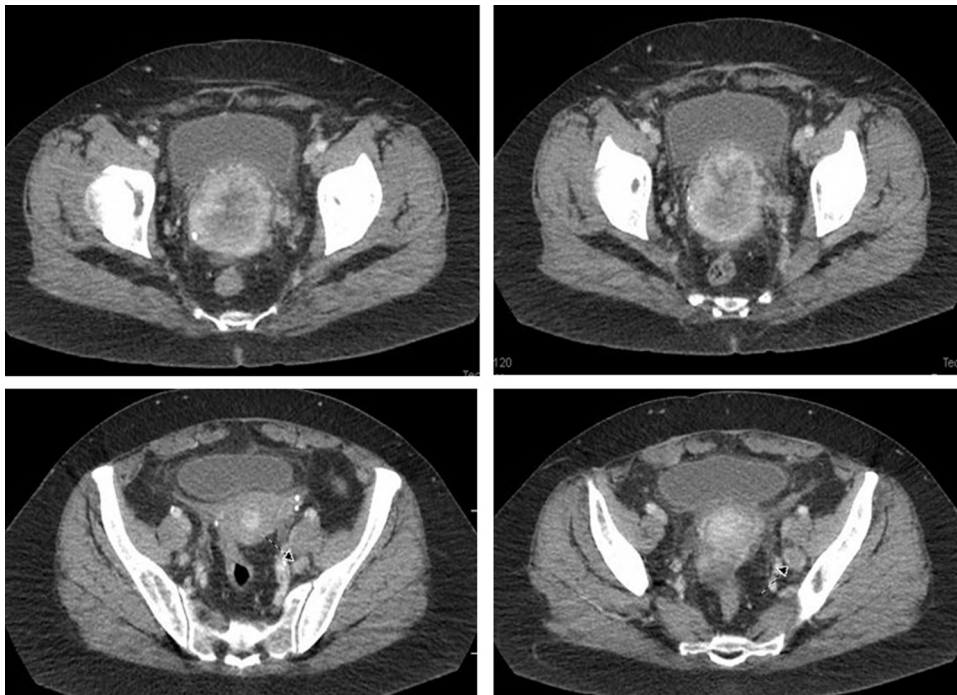
A 52-year-old female was presented to our hospital's emergency department with a 6-week history of urinary incon-

tinence, difficulty in initiating urination, and rectal pressure. She was previously treated with ciprofloxacin as an outpatient, but, despite treatment, her symptoms did not improve. On speculum examination, it appeared that the cervix was replaced with an exophytic tumor; on a subsequent speculum examination, the cervix measured about 6 cm with bilateral parametrial thickening.

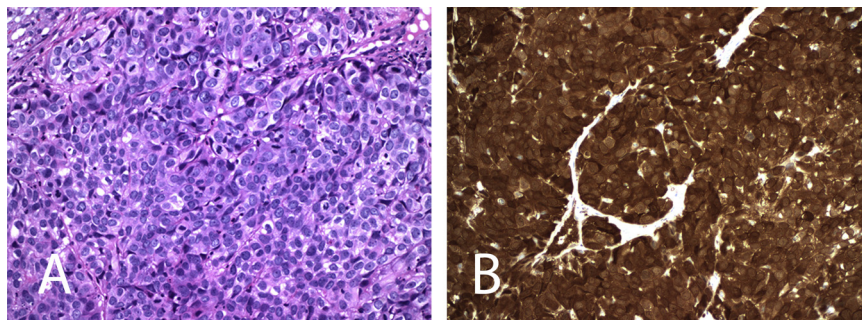
A computed tomography (CT) scan of the abdomen and pelvis with intravenous contrast was obtained and showed a 5.8 × 5.7-cm enhancing mass in the cervix with involvement of the left parametrium and left ureter, causing mild hydronephrosis, with 2 left external iliac pathologic lymph nodes (Fig. 1). A papanicolaou test was also performed, revealing HPV 16 positivity, and, once discharged from the emergency department, an ectocervical biopsy was performed showing moderately differentiated invasive squamous cell carcinoma of the cervix (Fig. 2). This malignancy was determined to be stage IIIB T3b N1 M0 HPV-positive squamous cell carcinoma of the cervix. The patient underwent a positron emission tomography (PET)-CT in her staging workup that also demonstrated a focus of increased fluorodeoxyglucose uptake in the umbilicus. The radiologist noted it corresponded to an area of umbilical thickening measuring 2 cm (Fig. 3). They noted it may represent granulation tissue, previous infection, or even a tumor implant, though the latter seemed less likely. Correlation with history was recommended. Further questioning of the patient revealed that she previously had her gallbladder removed through the umbilicus; thus it was suggested that this was inflammation from scar

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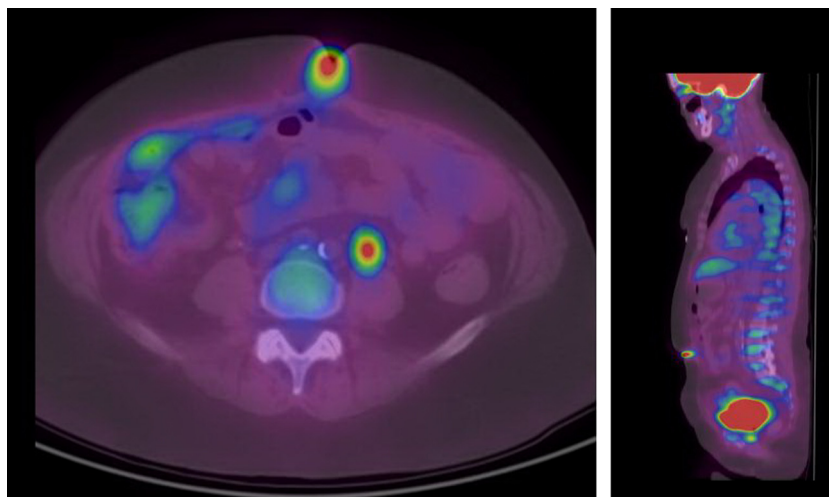
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**Fig. 1.** The patient's pretreatment computed tomography (CT) scan. The top two images show the primary cervical mass. The bottom two images demonstrate the left external iliac lymphadenopathy.



**Fig. 2.** (A) This histological section of the cervical tumor shows nests of infiltrating poorly-differentiated carcinoma cells with pleomorphic nuclei and cleared-out cytoplasm. Abundant mitoses and individual cell tumor necrosis is also noted. (B) The tumors cells were strongly and diffusely positive for the surrogate HPV marker, p16INK4a, as demonstrated by nuclear and cytoplasmic staining.



**Fig. 3.** These images demonstrate the positron emission tomography (PET) positivity of the umbilical mass in the anterior abdominal wall. The left one is the axial slice and the right one is the sagittal reconstruction.

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