

Metastatic Squamous Cell Carcinoma of the Cervix Presenting as Polycystic Lesions of the Liver: A case Report

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Abstract: The cervical cancer is common among Thai females and in its advanced stage, it is more commonly found as the local infiltration into the surrounding organs than as the distant multiple metastases via the blood stream. The isolated liver metastasis from the cervical cancer has been rarely reported especially the multiple cystic lesions due to the squamous cell carcinoma as in our patient. She was 56-year-old Thai woman who presented with mild right upper quadrant pain and low graded fever for a month. The computerized tomography of the abdomen showed multiple cysts with solid part and peripheral enhancement at the segments 6, 7, 8 of the liver, the largest one was 5x6 cm in size. Eight months ago, she was pathologically proved to have the squamous cell carcinoma of the cervix, moderate differentiation, stage IIIB. And she was medically treated with cis-platin followed by BCT until complete remission was achieved in 4 months. But her liver biopsy specimen yielded by the ultrasonography guidance was pathologically proved to be the squamous cell carcinoma, the presumably primary site was the cervix. She was again treated with cis-platin with higher dosage. In general, the liver metastasis is always solid, the multiple cystic lesions in the liver in the combination with fever may remind the clinicians of the bacterial liver abscess or metastatic adenocarcinoma from the colon or ovary. Only the pathology of the tissue biopsy is able to clearly differentiate the definite diagnosis of these entities.

Key words: Squamous cell carcinoma of the cervix, Polycystic liver metastasis

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บทคัดย่อ: มะเร็ง squamous cell จากปากมดลูกกระจายสู่ตับแบบถุงน้ำหลายถุง: รายงานผู้ป่วย 1 ราย
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มะเร็งปากมดลูกเป็นมะเร็งที่พบได้บ่อยในหญิงไทยเมื่อมะเร็งลุกลามมากขึ้น มะเร็งจะค่อยแทรกซึมบุกรุกออกไปตามอวัยวะรอบข้างมากกว่าที่จะกระจายตัวไปไกล ๆ ผ่านทางกระแสโลหิต การกระจายไปที่ตับแต่เพียงอย่างเดียวของมะเร็งปากมดลูกยังพบได้น้อยมากโดยเฉพาะชนิดที่เป็นแบบถุงน้ำหลายถุง เนื่องจากมะเร็ง squamous cell แบบผู้ป่วยของเราซึ่งเป็นหญิงไทยอายุ 56 ปี ที่มาตรวจด้วยอาการปวดท้องเล็กน้อยที่ซีกขวาด้านบนร่วมกับมีไข้ต่ำ ๆ เป็นเวลา 1 เดือน ผลการตรวจช่องท้องด้วยคลื่นรังสีเอ็กซเรย์คอมพิวเตอร์พบถุงน้ำที่บรรจุด้วยของแข็งเป็นบางส่วนและมีวงขอบเข้มขึ้นหลายถุงที่ส่วนที่ 6, 7, 8 ของตับ, ถุงที่ใหญ่สุดขนาด 5x6 เซนติเมตร ก่อนหน้านี้ 8 เดือน ผู้ป่วยได้รับการวินิจฉัยจากการตรวจชิ้นเนื้อว่าเป็นมะเร็งปากมดลูกชนิด squamous cell, moderate differentiation, ระยะที่ IIIB ได้รับการรักษาด้วยยา cis-platin ต่อด้วยการฝังแร่กัมมันตภาพรังสีรอยโรคมะเร็งหายภายใน 4 เดือน แต่ผลการตรวจทางพยาธิวิทยาชิ้นเนื้อจากตับที่ตัดโดยใช้เครื่องสะทอนคลื่นเสียงความถี่สูงนำทางพบว่าเป็นมะเร็งชนิด squamous cell ซึ่งเชื่อมั่นว่ากระจายมาจากมะเร็งปากมดลูก ผู้ป่วยได้รับการรักษาด้วย cis-platin ขนาดสูงกว่าเดิม โดยทั่วไปมะเร็งที่กระจายมาที่ตับมักจะเป็นแบบก้อนเนื้อเสมอ การพบรอยโรคแบบถุงน้ำหลายถุงในตับร่วมกับการมีไข้ ชวนให้แพทย์นึกถึงโรคฝีในตับจากเชื้อแบคทีเรียหรือไม่ก็เป็นมะเร็งชนิด adenocarcinoma ที่กระจายมาจากลำไส้ใหญ่หรือรังไข่ มีเพียงการตรวจทางพยาธิวิทยาเท่านั้นที่จะช่วยวินิจฉัยแยกโรคเหล่านี้ได้อย่างถูกต้อง

คำสำคัญ: มะเร็ง squamous cell ที่ปากมดลูก, มะเร็งกระจายมาที่ตับแบบถุงน้ำหลายถุง

Introduction

Carcinoma of the cervix is the most commonly found cancer of females in Thailand. In 2003, there were 6,243 new cases of cervical cancer reported with the death of 2,620 women.⁽¹⁾ And its two common pathologies are squamous cell and adenocarcinoma.⁽²⁾ When the cervical cancer progresses, it always invades and produces the local infiltration and results in the local involvement of the surrounding organs. On the contrary, the distant metastasis from cancer of the cervix via the blood stream is very unusual whereas its common sites include the peritoneal spread, supraclavicular,

mediastinal, or para-aortic lymph nodes, lung, liver, or bone which may be simultaneously presented with the primary lesion or as the recurrent disease outside the pelvic cavity.⁽³⁾ Although 8-26 % of the primary cervical cancer may recur within the median time of 7-36 months⁽⁴⁾, the liver metastasis from the cervical cancer is still considered uncommon particularly the multiple cystic metastatic lesion that is far more rarely seen as compared with the solid lesion.⁽⁵⁾ And herein, we report such a case whose provisional diagnosis was misunderstood to be the bacterial liver abscess.

Case Report

A 56-year-old Thai woman complained of mild right upper quadrant pain and low graded fever for one month. The physical examination revealed unremarkable but the computerized tomography of the abdomen showed multiple cysts with solid in part and peripheral enhancing lesions at the segments 6, 7, 8 of the liver, the largest one at segment 7 about 5x6 cm, no nodes, no ascites.

Eight months ago, she complained of lower abdominal pain with watery vaginal discharge for a month. The vaginal examination revealed the induration of fornix, and a cervical infiltrative mass 4 cm in diameter, extending to both sided parametria. The microscopic pathology was found to be the cervical cancer, squamous cell carcinoma, moderate differentiation, clinically staged IIIB. And she was treated with 4 cycles of cis-platinof 40 mg/m² followed by BCT 7.5 Gy for 3 times. Within 4 months, she was in complete remission and the Pap smear showed only the inflammation.

Blood tests: Hct 24.6%, WBC 8,900/mm³, platelet 271,000/mm³, creatinine 0.86 mg%, total bilirubin mg% 0.3, direct bilirubin 0 mg%, AST 18 U/L, ALT 8 U/L, alkaline phosphatase 90 U/L, albumin 3.8 g%, globulin 3.8 g%, ferritin 436 ng/mL

HBsAg-positive, HBeAg-positive, viral load 5,345,187 copies (1 IU/ml=3.41 copies/ml), anti-HCV and anti-HIV-negative, E.histolytica titer and melioid titer-negative

The chest film was unremarkable.

The ultrasonography-guided aspiration and biopsy of the cystic mass at the right lobe of the liver was performed, 30 ml of turbid fluid and the 4 pieces of tissue were yielded. The microscopic pathology

showed the presence of squamous cell carcinoma, favorably primary site was the cervix. The immunohistochemistry study revealed the tumor cells were positive for CK5/6, CK7 and P16INK, but negative for CK20 and hepatocyte. The fluid cytology also showed positive for metastatic squamous cell carcinoma.

She was diagnosed as having squamous cell carcinoma of the liver supposed to be the distant metastasis of the cervical cancer. She was again treated with higher dosage of cis-platinof 75 mg/m².

Discussion

The definite diagnosis of squamous cell carcinoma of the cervix and later of the liver is based on the microscopic pathology with the immunohistochemistry stain of tissue specimens from biopsy.⁽⁶⁾ The liver metastases from the gynecological cancers are much more commonly found as a part of disseminated form than the isolated lesion confining only in the liver.⁽⁷⁾ Kim et al found only 1 from 20 liver metastasis patients developed an isolated hepatic lesion.⁽⁸⁾ In our case, the metastatic cystic lesions confine solely in the liver, so multiple bacterial liver abscesses are firstly impressed and treated until the pathological diagnosis of squamous cell carcinoma was yielded.

The median time from the appearance of primary carcinoma of the cervix to detection of hepatic metastases was 39 months. However, the late metastases after 5 years might not be uncommon. Liver metastasis in 16 patients mainly consisted of multiple tumors distributed in either one or both anatomical lobes whereas only 4 patients had a solitary lesion confined within a single lobe. Patients with hepatic metastases were unlikely to survive to 2 years with

a median survival of 10 months.⁽⁸⁾ However the lesions in our patient are multiple and scattering, they cannot be completely resected without serious complication therefore chemotherapy with high dose cis-platin was started again.

The squamous cell carcinoma that is solely found in the liver may be the primary cancer of the liver itself⁽⁹⁾ or the relapse of the squamous cell carcinoma of the cervix. Our case had multiple cystic masses within the liver which favored the diagnosis of secondary squamous cell carcinoma of the liver whereas the single lesion is the characteristic of the primary tumor.^(9,10)

Our case presented with fever and multiple cystic lesions in the liver, therefore the bacterial abscess is firstly considered and it was seemingly confirmed to be after the fluid from the cyst was yielded by the ultrasonography-guided liver aspiration⁽⁵⁾ until it was finally proved to be the metastatic squamous cell carcinoma.

In fact, the liver metastasis is usually solid while the cystic lesion has been rarely seen. Furthermore, the pathology of the cystic metastasis is always the metastatic adenocarcinoma from the colorectum or ovary, sarcoma and carcinoid but our case was proved to be multiple cystic metastatic lesions due to squamous cell carcinoma primarily from the cervical cancer.⁽⁵⁾

Acknowledgement:

Dr. Ariya Thanasunthonroeg for her performance of the ultrasonography-guided liver aspiration and biopsy.

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