

中文題目:子宮頸鱗狀上皮癌合併十二指腸轉移及阻塞性黃疸

英文題目: Uterine Cervical Squamous Cell Carcinoma with Duodenal Metastasis
Causes Obstructive Jaundice

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Introduction

Uterine cervical cancer is the second most common gynecologic malignancy. Small intestine metastasis is rare. The clinical presentation is insignificant. Upper gastrointestinal endoscopy, computer tomography (CT) scan or endoscopic retrograde cholangiopancreatography (ERCP) can be applied for clinical approach. The final diagnosis is made by biopsy and pathology evaluation. The prognosis of cervical cancer with small intestine metastasis is poor. Here we present a rare case of small intestinal obstruction, and diagnosed as cervical cancer metastasis. To our knowledge, this is the first reported case in Taiwan and the fifth reported case of cervical squamous cell carcinoma with duodenal metastasis since 1981.

Case report

This 73-year-old female was diagnosed as uterine cervical squamous cell carcinoma (the International Federation of Gynecology and Obstetrics stage IIB), and received a series of concurrent chemoradiotherapy (CCRT). After 6 months of CCRT, she was admitted due to abdominal pain and nausea for one week. Physical examination disclosed mild epigastric tenderness and icteric sclera. Laboratory studies revealed alanine aminotransferase, 43 IU/L; total/direct bilirubin 74.56/55.23 $\mu\text{mol/L}$, alkaline phosphatase, 213 U/L; γ -glutamyltransferase, 258 U/L. Abdominal CT scan disclosed regression of primary cervical cancer, but increased infiltrative soft tissue at pancreatic head, with eccentric thickening of the wall of bulb to 1st-2nd portion of duodenum(**Figure 1**). Upper gastrointestinal endoscopy showed friable mucosa and narrowed lumen over the 2nd portion of duodenum, and biopsy was done

(**Figure 2**). Microscopic findings were intestinal mucosa tissue with nests or sheets of anaplastic tumor cells, which were positive for P16 (**Figure 3**) but negative for CK20 and thyroid transcription factor-1 (TTF-1) immunohistochemically. Metastatic carcinoma of uterine cervix was considered. Endoscopic retrograde cholangiopancreatography (ERCP) revealed distal common bile duct stricture, common hepatic duct dilatation and one metallic stent was inserted. The diagnosis was made as uterine cervical squamous cell carcinoma (SCC) with duodenal metastasis and intestinal obstruction.

Discussion

The incidence of small intestinal neoplasm is less than 1.0 per 100,000 worldwide. About two-thirds of small intestinal tumors are malignant. As the advancement of diagnostic technology, the incidence of small bowel tumors increased by almost 50% in the past 25 years. Age, gender, and race are important risk factors. The incidence peaks in the fifth to sixth decade. Over half tumors are noted in the duodenum (55.2%). The most common histologic classification is adenocarcinoma, then carcinoids, lymphomas, and sarcomas. Adenocarcinoma tends to be located in the duodenum and proximal jejunum, and lymphomas and carcinoids tend to be in the jejunum or ileum. Metastasis to small intestine is not common and the incidence is only 4-10.6% in patients with primary cancer, especially in stomach, colon and ovary cancer.

The clinical presentation includes vague abdominal pain, gastrointestinal bleeding, intestinal obstruction and jaundice. The average time from presentation to diagnosis is about 3.2 months. Gastrointestinal endoscopy, CT scan or ERCP could be used to detect obstructive lesion. However, the final diagnosis could only be made by biopsy according to immunohistochemical stain. Because it is difficult to identify and usually presents with intussusception and intestinal obstruction, the diagnosis is often made after surgery for acute abdomen.

Uterine cervical cancer is the second most common gynecologic malignancy and squamous cell carcinoma accounts for 80-85% of cervical cancer. Cervical cancer tends to be direct local invasion and lymphatic dissemination. Common distant metastatic sites of uterine cervical cancer are the liver, lung, and bone marrow. Gastrointestinal tract metastasis is found less than 8% of cervical cancer patients, and mostly reported in rectosigmoid region. PET-CT provides high sensitivity and specificity for distant metastases. For locally advanced cervical cancer, concurrent chemoradiotherapy is the main strategy; for distant metastasis, systemic chemotherapy and elective palliative radiotherapy are the treatment. The 5-year overall survival of locally advanced cervical cancer is about 70%. However, the prognosis of duodenal metastasis is poor without effective treatment.

Clinical physician should keep alert for small intestinal neoplasm, even the flat type, in the patients who have history of other primary malignancy, such as cervical cancer.

Figure and Figure Legends



Figure 1. CT image revealed a metallic stent in distal CBD and increased infiltrative soft tissue at pancreatic head, uncinate process, pancreaticoduodenal groove, with eccentric thickening of the wall of bulb to 1st-2nd portion of duodenum.

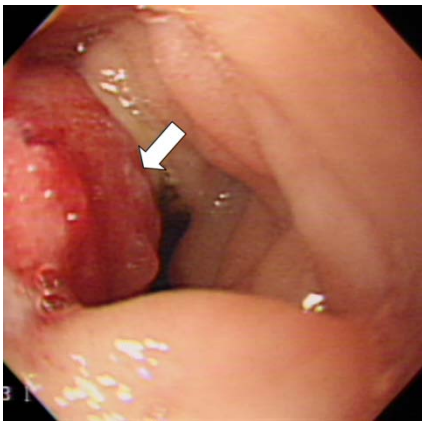


Figure 2. Upper gastrointestinal endoscopy showed friable with swelling mucosa and narrowed lumen over the 2nd portion of duodenum.

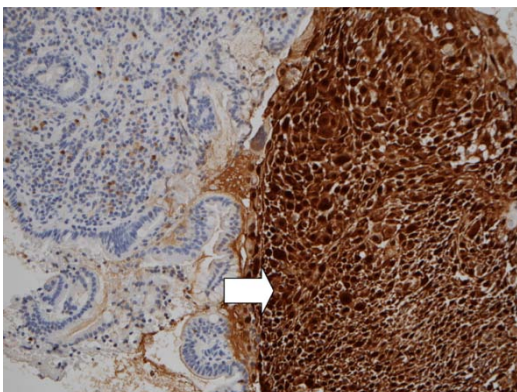


Figure 3. Microscopic findings revealed intestinal mucosa tissue with nests or sheets of anaplastic tumor cells, with positive for P16 immunohistochemically.